



**Georgia Dept
of Early Care
and Learning**

BRIGHT FROM THE START

Family Child Care Learning Homes

Rules & Regulations

Indicator Manual

Chapter 290-2-3

July 1, 2025

INTRODUCTION

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

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

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

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

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

The Indicator Manual is organized in the following format:

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

Indicator Manual
Chapter 290-2-3
Rules for Family Child Care Learning Homes

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290-2-3-.01 Legal Authority

These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) § 20-1A-1 *et seq.*

Rule Type: Non-Core Rule

290-2-3-.02 Title and Purpose

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

The purpose of these rules is to provide for the licensure of Family Child Care Learning Homes within Georgia.

Rule Type: Non-Core Rule

290-2-3-.03 Definitions

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

- (a) “Adult” means any competent individual eighteen (18) years of age or older.**
- (b) “Adverse Action” means any Intermediate or Closure Action issued as a result of one or more rule violations.**
- (c) “Child” or “Children” means any person(s) under 18 years of age for whom child care service(s) is (are) provided in a Home. For purposes of these rules, the terms shall not include Children that are related to the License Holder or applicant as defined in these rules or Children whose Parent(s) reside in the same residence as the License Holder or applicant.**
- (d) “Closure Action” means the most restrictive category of Enforcement Actions including emergency closure, long-term suspension and revocation.**
- (e) “Comprehensive Records Check Determination” means a satisfactory or unsatisfactory determination by the Department, based upon a Federal Bureau of Investigation fingerprint based criminal record check, a search of appropriate sex offender registries, repositories, or data bases, compliance with relevant state and federal law, and a search of the following registries, repositories or databases in the state where the actual or potential employee or provider resides and in each state where such individual resided during the preceding five years: criminal registry or repository; state sex offender registry or repository; and state based child abuse and neglect registry and database.**
- (f) “Crime” means:**
 - 1. Any felony pursuant to O.C.G.A. § 20-1A-30 and in accordance with 42 U.S.C. § 9858f(c)(1)(E);**
 - 2. A violation of O.C.G.A. § 16-5-23, relating to simple battery, where the victim is a minor;**
 - 3. A violation of O.C.G.A. § 16-5-23.1, relating to battery, where the victim is a minor;**
 - 4. A violation of O.C.G.A. § 16-21-1, relating to contributing to the delinquency of a minor;**
 - 5. A violation of O.C.G.A. § 16-6-1 *et seq.* relating to sexual offenses;**
 - 6. A violation of O.C.G.A. § 16-5-29, relating to battery of an unborn child;**
 - 7. A violation of O.C.G.A. § 16-5-60, relating to reckless conduct causing harm when the victim is a minor;**
 - 8. A violation of O.C.G.A. § 16-5-70, relating to cruelty to children;**
 - 9. A violation of O.C.G.A. § 16-12-1.1, relating to child care facility operators being prohibited from employing or allowing to reside or be domiciled persons with certain past criminal violations;**

10. A violation of O.C.G.A. §§ 16-12-100, 16-12-100.1, 16-12-100.2, 16-12-100.3, relating to obscenity and related offenses where the victim is a minor;
11. A violation of O.C.G.A. § 40-6-391, relating to endangering a child while driving under the influence of alcohol or drugs;
12. A violation of O.C.G.A. § 19-7-5, relating to a failing to report if mandated to do so by law;
13. Child pornography, in accordance with 42 U.S.C. § 9858f(c)(1)(E);
14. Abuse of, endangerment of, or sexual assault against a child by an adult, in accordance with 42 U.S.C. § 9858f(c)(1)(E);
15. Any other violent misdemeanor against a child by an adult, in accordance with 42 U.S.C. § 9858f(c)(1)(E);
16. A violation of O.C.G.A. § 16-4-1, relating to criminal attempt when the crime attempted is any of the crimes specified by this paragraph; or
17. Any other offenses committed in another jurisdiction which, if committed in this state, would be one of the enumerated crimes listed in this paragraph.

(g) “Criminal Record” means:

1. Conviction of a crime; or
2. Arrest, charge, and sentencing for a crime where:
 - i. A plea of nolo contendere was entered to the charge; or
 - ii. First offender treatment without adjudication of guilt pursuant to the charge was granted; provided, however, that this division shall not apply to a violation of O.C.G.A. § 16-13-1 *et seq.*, relating to controlled substances, or any other offense committed in another jurisdiction which, if it were committed in this state, would be a violation of O.C.G.A. § 16-13-1 *et seq.* if such violation or offense constituted only simple possession; or
 - iii. Adjudication or sentence was otherwise withheld or not entered on the charge; provided, however, that this division shall not apply to a violation of O.C.G.A. § 16-13-1 *et seq.* relating to controlled substances, or any other offense committed in another jurisdiction which, if it were committed in this state, would be a violation of Chapter 13 of Title 16 if such violation or offense constituted only simple possession; or
3. Arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. § 17-3-1 *et seq.*

(h) “Department” means Bright from the Start: Georgia Department of Early Care and Learning.

- (i) **“Employee” means any person, other than the Provider or Provisional Employee, who has submitted a Records Check Application and has received a satisfactory Comprehensive Records Check Determination and who:**
- 1. Regardless of age, is compensated by a Home for the care of children;**
 - 2. Regardless of age, cares for, supervises or has unsupervised access to children at the Home; or**
 - 3. Is 17 years of age or older and resides at the Home; or**
 - 4. Regardless of age, performs duties for or services that benefit the Home, with or without compensation, which involve personal contact between that person and any child being cared for by the Home, including but not limited to volunteers that perform consistent services for the Home, where services are considered consistent when provided more than once in a ninety calendar day period; or**
 - 5. Regardless of age, is a parent or legal guardian of a child in care who is deemed an employee by the Home or either resides at the Home and is age 17 or older, or is compensated in any fashion by the Home except through appropriate state or federal funds; or**
 - 6. Regardless of age, is an independent contractor hired by the Home to offer supplemental educational or physical activities for Children in care; or**
 - 7. Regardless of age, is a Student-in-Training.**
- (j) **“Enforcement Action” means any action issued as a result of one or more rule violations ranging from technical assistance to a Closure Action.**
- (k) **“Family Child Care Learning Home” or “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.**
- (l) **“Fingerprint” means any inked fingerprint card or an electronic image of a person’s fingerprint.**
- (m) **“Fingerprint Records Check Determination” means a satisfactory or unsatisfactory determination made by the Department that is based on national criminal history record information obtained by the use of Fingerprints.**
- (n) **“Intermediate Action” means a moderately restrictive category of Enforcement Actions including public reprimands, fines, per rule fines, per day fines, restrictions, emergency monitoring and short-term suspension.**
- (o) **“License” means the document issued by the Department to authorize the License Holder to whom it is issued to operate a Family Child Care Learning Home in accordance with these rules.**

- (p) **“License Holder”** means the individual issued a License by the Department to operate a Home at a particular location who is responsible for the operation and maintenance of the Home and who primarily provides care in the Home in accordance with these rules.
- (q) **“Parent”** means a person related within the second degree of consanguinity by either blood or marriage, or a person with lawful custody, or a state-regulated foster parent, or a legal guardian of a child in care. For purposes of these rules, a Parent shall not be considered an Employee unless such Parent is deemed an Employee by the Home or either resides in the Home or is compensated in any way by the Home other than through appropriate state or federal funds.
- (r) **“Plan of Correction”** means a written plan prepared by the License Holder or applicant and submitted to and approved by the Department which states the procedure(s), method(s) and time frame(s) that will be used to correct the area(s) of noncompliance with these rules.
- (s) **“Prevention Action”** means the least restrictive category of Enforcement Actions including technical assistance, citation, formal notice letter and office conference.
- (t) **“Provider”** means the License 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.
- (u) **“Provisional Employee”** means a person other than the Provider or Employee, who has submitted a Records Check Application to become an Employee and has not received a Comprehensive Records Check Determination but who has received a satisfactory Fingerprint Records Check Determination and who must be supervised at all times by another Staff member who has a current and valid satisfactory Comprehensive Records Check Determination on file.
- (v) **“Records Check Application”** means a document created by the Department to be completed and submitted to the Department by every actual and potential Provider, Employee and Provisional Employee of the Home that indicates such information as the Department deems appropriate and which authorizes the Department to receive any sex offender registry, child abuse and neglect registry and criminal history record information pertaining to the individual from any local, state or national agency of appropriate jurisdiction and render a Fingerprint or Comprehensive Records Check Determination.
- (w) **“Records Check Clearance Date”** means the date upon which an individual’s fingerprint report was generated.
- (x) **“Related” or “Related Children”** means children that are related to the Provider within the third degree of consanguinity or affinity by either blood or marriage (i.e. sons, daughters, grandchildren, nieces, nephews, first cousins), or under the legal guardianship, custody or state-regulated foster care of the Provider.
- (y) **“Staff” or “Personnel”** means all persons including the Provider, Employees and Provisional Employees.

- (z) **“Supervision” and “Supervised”** means that the Provider or authorized Adult providing care is alert, is providing watchful oversight to the Children, is able to respond promptly to the needs and actions of the Children and can intervene promptly in the case of an emergency.
- (aa) **“Student-in-Training”** means a student currently enrolled in either a high school recognized by the Department of Education or an early education curriculum through an accredited school of higher education which requires or permits the student to observe and participate in the care of Children at a Home during a limited period of time, i.e., one quarter, one trimester or one semester, provided that they are under the direct supervision of Home personnel at all times.
- (bb) **“Valid Evidence”** means electronic proof of a satisfactory Fingerprint Records Check Determination or a satisfactory Comprehensive Records Check Determination as follows:
1. **Providers** – a valid and current satisfactory Comprehensive Records Check Determination letter issued by the Department; provided that the letter for the Provider must have a Records Check Clearance Date that is no older than the immediate preceding 12 months of the date of licensure of the Home, and the Provider has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer;
 2. **Provisional Employees** – a valid and current satisfactory Fingerprint Records Check Determination issued by the Department; provided that the letter for a newly hired Provisional Employee must have a Records Check Clearance Date that is within the immediate preceding 12 months of the Provisional Employee’s date of hire, and the Provisional Employee has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer;
 3. **Employees** – a valid and current satisfactory Comprehensive Records Check Determination letter issued by the Department; provided that the letter for a newly hired Employee must have a Records Check Clearance Date that is within the immediate preceding 12 months of the Employee’s date of hire, and the Employee has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.
- (cc) **“Violation Class”** means the category on the compliance and enforcement chart that corresponds with the level of risk of harm or actual harm as a result of a rule violation.
- (dd) **“Violation History Level”** means the category on the compliance and enforcement chart that corresponds with the prior history of continued rule violations.

Rule Type: Non-Core Rule

Intent

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

290-2-3-.04 Requirements for Applications and Licenses

(1) General

- (a) No person shall operate a Family Child Care Learning Home in the State of Georgia unless a License has been obtained from the Department.**
- (b) A License is nontransferable. A License to operate a Home is not transferable in any way. A change of residence or address or Provider requires a new License. Each License shall become invalid immediately upon the final closure of the Home, or the final suspension, revocation, or restriction of the License in accordance with Georgia law.**
- (c) Any person that provides care for at least three but not more than six Children for pay 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 shall make application to the Department for a License to operate a Family Child Care Learning Home.**
- (e) No Home shall claim to be a licensed Family Child Care Learning Home unless it has been issued a current and valid License by the Department.**

Rule Type: Non-Core Rule

Intent

To make applicants aware of the Department's licensing requirements.

290-2-3-.04 Requirements for Applications and Licenses

(1) General

- (d) Any Person that provides care for more than six children for pay, related or unrelated, as defined in these rules, shall make application to the Department for a License to operate a Child Care Learning Center, except as provided in 290-2-3-.07(15).**

Rule Type: Core Rule

Intent

To make applicants aware of the Department's licensing requirements.

Clarification

For the purpose of this rule, "children" are defined as under 13 years of age (12 and younger). A Family Child Care Learning Home (FCCLH) is defined as 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 FCCLH license limits the number of children who may be cared for in the Home to no more than six children for pay unless the Provider has obtained the Department's approval to care for two additional children for two designated one-hour periods daily. In order to care for more than six children for pay outside of the two designated one-hour periods, the Home must be licensed as a Child Care Learning Center.

When a Home provides 24-hour care, no child shall be permitted to attend the program for the full 24 hours, as this does not meet the definition for a FCCLH. Children may not attend the program over multiple days/nights without a break in care. Child care is a physically and emotionally demanding profession which requires constant supervision and interaction with children. Any Home that is open for 24-hour operation shall provide staff work schedules that allow sufficient time for staff to rest, relax, and to attend to personal matters. Limiting the maximum hours worked within a 24-hour period enables staff to have the energy they need for their job responsibilities and leads to better staff morale and ensures children are supervised at all times.

Indicators

- ✓ Observe the number of children present in the Home. If more than six children are present, ask the Provider about the pay status of each child (i.e., for pay or not for pay) and check to ensure a No Compensation Affidavit is on file for each child for whom no pay is received.

- ✓ Ask the Provider if there are additional children enrolled who are not present during the time of the visit and review attendance records to ensure there are no more than six children for pay present at any time (except for the care of two additional children for two designated one-hour periods, if approved).
- ✓ Check to ensure that no child is in care for 24 hours or more.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.04(1)(d) - A person that cares for more than 6 children for pay, related or unrelated, shall make application for a CCLC license	Never	Never	If planning to serve more than 6 unrelated children for pay in the future	7-8 children present outside of the two-hour allowed period (additional children must be 3 years and older)	7-8 children present outside of the two-hour allowed period (additional children must be under 3 years of age) OR 9-12 children present; child(ren) in care for 24 hours or more	13 or more children present regardless of relationship or pay status; child(ren) in care for 24 hours or more with incident or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- The Department's No Compensation Affidavit can be found at: <http://www.decal.ga.gov/documents/attachments/RelationshipStatusandNocompAffidavit.pdf>
- Contact Child Care Services at 404-657-5562 for information regarding a Child Care Learning Center license.

290-2-3-.04 Requirements for Applications and Licenses

(f) License Fees. Every License and Commission issued by the Department to operate a Family Child Care Learning Home shall be subject to an annual fee of \$50.00. If such annual fee is not paid by the date set forth by the Department, the Department may issue a late fee of up to \$250.00 within 30 days of the due date. If such annual fee and any imposed late fees are not paid within 30 days of the due date, the Department shall revoke the License or Commission.

Rule Type: Non-Core Rule

Intent

To make applicants aware of the requirements and processes to obtain and maintain a license or permit from the Department.

290-2-3-.04 Requirements for Applications and Licenses

(2) License Applications and Requirements

- (a) An application for a License to operate a Family Child Care Learning Home shall be submitted to the Department on the forms provided by the Department.**
- (b) 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, communication, developmentally appropriate practices, 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 or trainers and approved by the Department, which include emergency care for infants and children.**
- (c) Pre-Licensing Visit.** Following receipt and review of the complete license application package, the Department shall conduct an on-site inspection of the potential Family Child Care Learning Home to assess compliance with these rules. The Department may deny the application for License if conditions are found during the on-site inspection that pose health and/or safety risks to children.
- (d) Criminal Records.** Before a License to operate a Home may be issued there shall be on file a valid, current satisfactory Comprehensive Records Check Determination issued by the Department for the Provider and every potential Employee of the Home, including persons age 17 or older who reside at the Home or who, with or without compensation and regardless of age, perform duties at the Home which include personal contact between that person and Children in care.
- (e) Qualifications.** Before a License to operate a Home may be issued the Provider of the Home and all Employees must be qualified, as defined in these rules, to administer or work in a Home. The Department may require additional reasonable verification of the qualifications of the Provider and Employees at the time of application for a License or at any other time the Department has reason to believe or is shown by credible evidence that a Provider or Employee is not qualified under these rules to administer or work in a Home. Reasonable verification which may be required by the Department may include, but need not be limited to, any or all of the following: statement(s) from an attending physician or other health care professionals attesting to the mental and/or physical health of the Provider or Employee; letters of reference from designated persons in the community where the Provider and/or Employee intends to work or is working; certified copies of court orders and additional records check submissions.

- (f) A License will be issued, upon presentation of evidence satisfactory to the Department that the Home is in compliance with applicable statutes and these rules. The License is valid for one year unless voluntarily surrendered, reduced to a restricted License or suspended or revoked by the Department.**
- (g) Denial of License. The Department may deny a License to an applicant for knowingly making any false statement in connection with the application for a License, for failing to comply with these rules and regulations, for flagrant and continued operation of an unlicensed Home in contravention of the law, for prior denial or revocation of any License within one year of the date of the application, or for failure to provide the Department access to the Home or to information pertinent to the initial License of the Home.**

Rule Type: Non-Core Rule

Intent

To make applicants aware of the requirements and processes to obtain a license from the Department. To inform applicants of their responsibility to provide accurate and truthful information to the Department.

290-2-3-.05 Inspections and Investigations

The Department is authorized and empowered to conduct investigations and on-site inspections of any Home during the operating hours of the Home.

- (a) Inspections and Investigations. The Department may conduct inspections and investigations in the following instances:**
- 1. At regular intervals as the Department may determine or at the expiration of the current License or Permit;**
 - 2. Upon receiving a report alleging child abuse, neglect or deprivation which occurred while the child was in the care of the Home Provider, Provisional Employees or Employees;**
 - 3. Upon receiving a complaint concerning the Home which could endanger the health, safety or welfare of the children in care;**
 - 4. Upon the Department or its duly authorized representative being made aware of any flagrant abuses, derelictions or deficiencies during the course of the inspection or at any other time. The Department shall immediately investigate such matters and may make an on-site inspection so as to take such actions as conditions may require;**
 - 5. Subsequent to the receipt of a Plan of Correction, as determined necessary by the Department to monitor whether the Plan of Correction is being complied with by the Home.**
- (b) Consent to Entry. An application for a License to operate a Home or the issuance of a License by the Department constitutes consent by the applicant and Provider to allow any representative of the Department to enter the premises at any time Children are being cared for in the Home. This consent applies to both scheduled and unscheduled inspections and includes consent for meaningful access to all Staff, all parts of the premises of the Home, all Children present, and all records, to include but not limited to, audio, video, photos, written documentation, social media posts, and other electronic information. The Department shall have the right to a photocopy or reproduction of any record maintained by or on the behalf of the Home as needed for any inspection or investigation related to the initial or continued Licensure of the Home.**
- (c) Failure to Allow Access. Failure to allow access of the Department's representative to the Home, its Staff, or the Children receiving care at the Home or the records, maintained by or on the behalf of the Home to include but not limited to, audio, video, photos, written documentation, social media posts, and other electronic information related to initial or continued Licensure, or failure to cooperate with an inspection or investigation by the Department shall constitute good cause for the denial, restriction, revocation or suspension of a License, or other penalty as provided by law.**
- (d) Failure to Cooperate. The proposed and current Provider, Provisional Employees and Employees shall cooperate with any inspection or investigation by responding truthfully to any legitimate Departmental inquiry. Failure to cooperate with a Department inspection or investigation shall constitute good cause for the denial, restriction, revocation or suspension of a License, Permit or commission.**

(e) False or Misleading Statements. No Provider shall make or condone any Provisional Employee or Employee making false or misleading statements to the Department in connection with any authorized investigation or inspection being conducted by the Department.

Rule Type: Non-Core Rule

Intent

To make Family Child Care Learning Homes aware of the Department's right to enter the Home and evaluate all parts of the premises and all records during business hours while conducting inspections and investigations as deemed necessary by the Department to ensure the health and safety of the children in care. To inform the Home of the Department's right to copy and/or reproduce all records kept or used by or on behalf of the Home while conducting inspections and investigations. To inform all individuals associated with the ownership and operation of the Home of their responsibility to thoroughly cooperate with and to provide accurate and truthful information to the Department at all times.

290-2-3-.06 Parental Access

The Parent(s) of a Child shall be permitted access to all child care areas of the Home at all times a Child is in attendance, unless otherwise ordered by a court of proper jurisdiction.

Rule Type: Non-Core Rule

Intent

To promote good relations with parents and provide consistency for children. To ensure parents' right of access to a Home, providing the opportunity to monitor the quality of care their children receive.

Clarification

Parents should be encouraged to observe and participate in the care of their children. An open-door policy may be the single most important method for preventing the maltreatment of children. When access is restricted, areas observable by the parents/guardians may not reflect the care the children actually receive. Parents should be allowed to enter child care areas, but policy should mandate that they check with the Provider before entering the children's areas and/or taking their child from the Home.

Indicators

- ✓ Ask the Provider about the Home's parental access policy.
- ✓ Observe parents' access to the Home's premises, if possible.
- ✓ Review the Home's policies and procedures for parental access information.

Things for child care programs to consider:

- Obtain legal documentation of custody agreements and maintain them on file (if applicable, due to custody situations).
- Post the parental access statement near the entrance to the child care area.

290-2-3-.07 Staffing and Supervision

- (1) The Provider shall be at least 21 years of age.**
- (2) Providers must possess and submit valid evidence/documentation of one of the following credentials/degrees issued by either the organizations listed below, an accredited educational institution, or another organization approved/recognized by the Department:**
 - (a) Child Development Associate (CDA) credential (issued by the Council for Professional Recognition and kept current); or**
 - (b) Technical Certificate of Credit (TCC) in Early Childhood Education; or**
 - (c) Technical College Diploma (TCD) in Early Childhood Education; or**
 - (e) Associate Degree in Early Childhood Education (AA, AAS, AAT); or**
 - (f) Paraprofessional Certificate (issued by the Georgia Professional Standards Commission and kept current); or**
 - (g) Bachelor's degree in Early Childhood Education; or**
 - (h) Master's degree in Early Childhood Education.**
- (3) Providers and applicants who have submitted an application for License on or before June 30, 2009 shall be exempt from the requirement stated in (2)(a) through (g) above, except if the Family Child Care Learning Home closes for business and then submits a new application for License on or after July 1, 2009. Any Provider who has submitted an application for License on or after July 1, 2009 must meet one of the education requirements listed above. Any Provider who submits a new application for License on or before June 30, 2009 shall have a high school diploma, General Education Diploma (GED), or similar credentials and shall submit valid evidence/documentation of such credential.**

Rule Type: Non-Core Rule

Intent

To ensure that the Provider has qualifying credentials including the age, knowledge, skills, and experience required to manage the daily operations of the Home.

Clarification

A Family Child Care Learning Home Provider interacts with children on a daily basis and plays an essential role in children's lives. The Provider should be nurturing with mature judgement and the ability to understand and carry out the procedures that ensure children's safety and well-being in the Home. In assuming responsibility for operations, the Provider serves as the primary contact and decision maker for not only the program operations, but for the children and staff present as well. Providers who have received formal education from an accredited college or university have been shown to provide better quality of care thus

improving the child care program's outcome. Providers are required to routinely be on-site and present at the Home during at least 80% of the Home's operating hours. This is to always ensure responsible program management, as the Provider's primary responsibility is to be familiar with the Home's children and families, able to access employee and children's files, and oversee proper procedures during routine operation, emergencies, etc.

Indicators

- ✓ Check to ensure the Provider meets the education requirements as specified by the rule(s). Observe that a copy of the credential or degree is on file at the Home and check to ensure it is valid and current.

Things for child care programs to consider:

- The Paraprofessional License is issued to individuals employed as a Paraprofessional in Georgia's Pre-K through 12th-grade settings, however, this type of certification requires renewal and since FCCLH providers would no longer be working in these settings, they will not qualify for renewal and must obtain a qualifying education credential as listed above, on or before the expiration of the current Paraprofessional certification.
- A diploma from a nationally accredited Montessori organization plus six (6) months of qualifying child care experience is an acceptable education credential for a Provider. This credential is only accepted if the child care program is licensed as a Montessori program. A search for accredited Montessori programs by state can be found at: <http://www.macte.org/accreditation/accreditedinstitutions.html>.
- Register and maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). The GaPDS can be accessed at the following link: <https://gapds.decal.ga.gov/>.
- Information on scholarships and incentives can be found at: <https://www.decalscholars.com/>.

290-2-3-.07 Staffing and Supervision

- (4) A Home must maintain a personnel file on the Provider, all Employees, Provisional Employees, Personnel, Staff, Students-in-Training, Volunteers, Clerical, Housekeeping, Maintenance and other Support Staff for the duration of the term of employment plus one (1) calendar year, and it shall contain the following: identifying information to include: name, date of birth, social security number, current address and current telephone number; employment history for the past ten years; as applicable to the position held: evidence of education and qualifying work experience, evidence of required program orientation including date and signature of person providing the orientation; evidence of all training required by these rules which shall include: title of training, date of training, trainer's signature, location of training and number of clock hours obtained; a statement completed by the staff member that the information provided is true and accurate; and any other records required by these rules.

Rule Type: Non-Core Rule

Intent

To ensure that essential information on each staff person is documented and readily available to the Home and to the Department.

Clarification

Complete identification of staff, paid or volunteer, is an essential step in safeguarding children in child care. The documentation contained in a staff person's record provides important information for the employer and maintaining complete records on each staff person is a sound administrative practice. The information in a staff person's record is subject to the Department's review during inspection visits and complaint investigations and is used to determine that the Home's staff meet all aspects of the rule requirements. For reference purposes, personnel files for staff who are no longer employed by the Home must be retained for one calendar year from the date of termination.

Indicators

- ✓ Review 100% of staff's personnel records to ensure the records contain all information and documentation as specified by the rule requirements.

Best Practices:

- Maintain staff records in an organized manner for ease of access by the Home and the licensing consultant.
- Create a plan for routinely checking staff records to ensure they are complete and up to date.

Things for child care programs to consider:

- Check staff application forms at the point of submission to ensure that the staff person has documented all required information on the application form. Remember that 10-year employment history information should include how the staff person spent his/her time in-between jobs (if applicable) for the past 10 years.
- Ensure that the staff forms used by the Home are the most recent and up-to-date forms available from the Department's website. If the Home creates and uses different staff forms than the Department's samples, the forms must contain all information as required by the rules.
- The Department's sample staff application and orientation form can be found under the Staff section on the Department of Early Care and Learning's (DECAL) website at:
<http://www.decal.ga.gov/Bfts/FormList.aspx?cat=Family Child Care Home>

290-2-3-.07 Staffing and Supervision

- (5) Program Orientation.** Prior to assignment to children or task, the Provider and all Employees (i.e., Volunteers, Students-in-Training, Independent Contractors, etc.) and Provisional Employees must receive initial program orientation.
- (6) The initial program orientation must include the following subjects:**
- (a) the Home's policies and procedures;**
 - (b) the portions of these rules dealing with the care, health and safety of children;**
 - (c) the Staff person's assigned duties and responsibilities;**
 - (d) reporting requirements for suspected cases of child abuse, neglect or deprivation;**
 - (e) communicable diseases and serious injuries;**
 - (f) emergency weather plans;**
 - (g) the program's emergency preparedness plan;**
 - (h) childhood injury control;**
 - (i) the administration of medicine;**
 - (j) reducing the risk of Sudden Unexpected Infant Death (SUID) which includes Sudden Infant Death Syndrome (SIDS);**
 - (k) hand washing;**
 - (l) fire safety;**
 - (m) water safety;**
 - (n) and prevention of HIV/AIDS and blood borne pathogens.**

Rule Type: Non-Core Rule

Intent

To ensure that staff are aware of the rules and regulations that govern the operation of the Home, and particularly their performance requirements. To provide staff with the information necessary to assume the duties and responsibilities of their assigned positions. To ensure that staff are aware of the legal reporting requirements in the state of Georgia. To enhance the quality of care provided to children in the Home.

Clarification

Orientation ensures that all staff members receive specific training for the work they will be doing and are informed about their new responsibilities. It is essential that each staff member understands and have the ability to implement the Home's policies, procedures, rules and regulations. In addition to handling routine responsibilities, it is important for children's health and safety that staff be familiar with procedures for handling medical emergencies, reporting suspected cases of child abuse, etc. Clear communication of goals and objectives during orientation training can ensure orderly operations, enhance staff performance and reduce stress. Research indicates that a major factor in the quality and effectiveness of programs for young children is the specialized training and experience of staff. Initial orientation prepares staff for what they will encounter in the facility and child care setting; therefore, it is essential that they obtain this training prior to assignment to children or tasks and before beginning work in the program.

Indicators

- ✓ Review 100% of staff's personnel records for evidence of orientation training.
- ✓ Check the orientation training documentation to ensure that all required training topics were covered in the training and to verify that staff received the training prior to assignment to children or task.
- ✓ Ask staff about the training topics that were covered during their orientation, if questionable.

Best Practices:

- Provide orientation training to all volunteers, independent contractors and students-in-training. Periodically provide refresher orientation training to all staff.

Things for child care programs to consider:

- A sample staff orientation form can be found under the Staff section on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/Bfts/FormList.aspx?cat=Family%20Child%20Care%20Home>.

290-2-3-.07 Staffing and Supervision

- (7) Health and Safety Orientation.** The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics:
- (a) prevention and control of infectious diseases (including immunization);**
 - (b) prevention of sudden infant death syndrome and use of safe sleeping practices;**
 - (c) administration of medication, consistent with standards for parental consent;**
 - (d) prevention of and response to emergencies due to food and allergic reactions;**
 - (e) building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;**
 - (f) prevention of shaken baby syndrome, abusive head trauma and child maltreatment;**
 - (g) emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility);**
 - (h) handling and storage of hazardous materials and the appropriate disposal of bio contaminants;**
 - (i) precautions in transporting children;**
 - (j) recognition and reporting of child abuse and neglect; and child development to include all major domains: cognitive; social and emotional; physical development and motor skills; communication, language, and literacy; and approaches to play and learning.**

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children. To ensure staff know how to properly respond in an emergency situation. To educate staff to plan and implement intentional, developmentally appropriate learning experiences that promote the major developmental domains of each child served.

Clarification

When child care staff are knowledgeable in health and safety practices, programs are more likely to be healthy and safe. The American Association for Health Education (AAHE) and the National Commission for Health Education Credentialing (NCHEC) research data supports that there is an increased quality of children's health and safety in the child care environment when staff have been properly trained in health and safety related topics. Child care staff must receive their health and safety training from a state of Georgia approved trainer or

training entity within the first 90 days of employment. Approved trainers/trainings can be found in the Georgia Professional Development System (GaPDS) at: <https://gapds.decal.ga.gov/>.

The health and safety training is referred to as the Health and Safety Orientation Certificate. The health and safety training provides an overview of the topics specified in the rule requirements. Staff will be allowed to transfer their Health & Safety Orientation Training if they change employment to another program, if the following conditions are met:

- The Health & Safety Orientation Training is an approved training course that is a minimum of 10 credit hours and meets the requirements specified by the rule.
- The training has been obtained in the preceding 12 months.
- The training certificate is verifiable through the employee's GaPDS account.

If the Health & Safety Orientation Training date is outside of the previous 12 months, the training was not approved for at least 10 credit hours, or the training certificate is not documented in the employee's GaPDS account, the Staff person will be required to take this training again, within their first 90 days of employment at a new program.

Indicators

- ✓ Observe evidence of health and safety training for all staff with direct care responsibilities.
- ✓ Check the health and safety training documentation to verify that staff completed the training within the timeframe specified by the rule requirement (as determined by the staff member's hire date).

Best Practices:

- Though voluntary, it is highly recommended that staff register and maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). This allows staff to maintain an electronic record of their education credentials and completed training. The GaPDS can be used to document each staff person's professional development, and an individual resume can be printed directly from the website. The electronic record can also expedite licensing visits since the consultant can verify a staff person's training hours with a quick review of the information contained in the GaPDS. Furthermore, it eliminates the need to keep track of paper copies of training documents. GaPDS is managed by the Professional Standards Commission, the same agency that certifies Georgia teachers, and can be found at the following link: <https://gapds.decal.ga.gov/>

Things for child care programs to consider:

- It is acceptable for staff to provide documentation of completed health and safety training from a prior employment as long as the documentation reflects that the training was provided by a state-approved source and covered all required topics as specified by the rule.
- The Georgia Early Learning and Development Standards ([GELDS](#)) are a tool child care program caregiver staff may use to promote quality learning experiences for children from birth to age five. The GELDS are a set of appropriate, attainable standards for Georgia's youngest learners and are designed to be flexible enough to support children's individual rates of development, approaches to learning, and cultural context. The standards are written as a continuum of skills, behaviors, and concepts that children

develop throughout this time of life. They are divided into age groups for convenience and serve as a framework for learning.

290-2-3-.07 Staffing and Supervision

(8) First Aid and CPR.

- (a) Every Provider, Provisional Employee and Employee with direct care responsibilities shall have current evidence of successful completion of a biennial training program in pediatric cardiopulmonary resuscitation (CPR) and a triennial training program in pediatric first aid which have been offered by certified or licensed health care professionals or trainers. Such training must be completed by the Provider prior to initial licensure. Training must be completed within 45 days from the date of hire for Provisional Employees and Employees. Current and valid evidence of the successful completion of such training shall be maintained on the Home's premises.**
- (c) The Provider, a Provisional Employee, or Employee with current evidence of successful completion of pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid must always be present on any field trip or during the transportation of children.**

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

Indicators

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

Best Practices:

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

Things for child care programs to consider:

- Providers must have first aid and CPR training prior to licensure.
- First aid and CPR training requirements for child care staff can be found at: <http://www.decal.ga.gov/CCS/Training.aspx>
- Remember that first aid training is valid for three years, and CPR training is valid for two years from the date of completion, regardless of the expiration date on the card or certificate.
- First aid and CPR training does not have to be certified by the American Heart Association or the American Red Cross. For example, certifications by the National Safety Council and American Safety and Health Institute are also acceptable. In addition, a licensed or certified health care professional who meets the rule requirement can also provide this training.
- Staff who provide direct care for children include, but are not limited to, helpers, staff involved with transportation, etc.

290-2-3-.07 Staffing and Supervision

(8) First Aid and CPR.

- (b) The Provider, a Provisional Employee or Employee with current evidence of successful completion of pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid training must always be on the Home's premises whenever any Child is present.

Rule Type: Core Rule

Intent

To ensure the health and safety of children in a child care setting, someone who is qualified to respond to life-threatening emergencies must be present at all times in the Home whenever any child is present.

Clarification

Pediatric CPR and first aid training are designed to concentrate on medical emergencies that affect children in a unique way. Effective training can teach staff how to identify signs and symptoms associated with pediatric illness or acute conditions, and to address them properly. In the minutes immediately following an emergency, how quickly a child is treated can significantly impact his/her future health. Caregiver staff trained in pediatric CPR and first aid located on the Home premises when children are present increases the likelihood that a trained staff person is closer in proximity if an emergency arises; therefore, lessening the occurrences of injury and reduce the potential for death from life-threatening conditions and emergencies.

Indicators

- ✓ Observe the Home's premises to ensure that a staff person with pediatric first aid and CPR training is on site while children are present and review staff records for evidence to ensure training is current.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.07(8)(b) - The Provider, a Provisional Employee or Employee with current evidence of successful completion of pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid training must always be on the Home's premises whenever any Child is present.	Never	Never	N/A	Only one staff person present in the Home with pediatric first aid and CPR training, but the training is expired.	No staff person present in the Home with any evidence of pediatric first aid and CPR training without an incident and/or injury	No staff person present in the Home with any evidence of pediatric first aid and CPR training with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

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

Things for child care programs to consider:

- First aid and CPR training requirements for child care staff can be found at:
<http://www.decal.ga.gov/CCS/Training.aspx/>.

290-2-3-.07 Staffing and Supervision

(9) Annual Training.

- (a) Every calendar year after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is offered by an accredited college, university or vocational program or other Department-approved source.**
- (b) The annual ten (10) clock hours of training shall include the following:**
 - 1. At least two (2) hours in evidence based, developmentally appropriate language and literacy practices;**
 - 2. At least two (2) hours in on-going child development and health and safety related topics, which could include, but not be limited to:**
 - (i) Child development (e.g., developmental domains (cognitive; social and emotional; physical development and motor skills; communication, language, and literacy; approaches to play and learning), discipline and guidance techniques, children with special needs);**
 - (ii) Health (e.g., nutrition and the support of breast feeding, physical activity, prevention and control of illnesses and infectious diseases, immunizations, prevention of and response to emergencies due to food and allergic reactions, cleanliness, sanitation, and the appropriate disposal of bio contaminants);**
 - (iii) Safety (e.g., prevention of Sudden Unexpected Infant Death (SUID) which includes Sudden Infant Death Syndrome (SIDS) and the use of safe sleeping practices, medication administration, injury control and prevention, transportation, handling and storage of hazardous materials, identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic, and emergency preparedness planning and response);**
 - (iv) Child abuse and neglect (e.g., identification and reporting, meeting the needs of abused and/or neglected children, prevention of shaken baby syndrome, abusive head trauma and child maltreatment).**
 - 3. No more than two (2) of the required ten (10) hours in business-related topics (e.g., parental communication, recordkeeping, management, business planning).**

Rule Type: Non-Core Rule

Intent

To provide staff with the information necessary to assume the duties and responsibilities of their assigned positions. To provide staff with the opportunity to broaden child-related skills and knowledge which enhances their ability to meet the physical, emotional, intellectual and social needs of children in care. To ensure that training requirements are met and can be verified by the Department for compliance purposes.

Clarification

Training ensures that staff members are challenged and stimulated, have access to current knowledge and have access to education that will qualify them for new roles. Better trained staff are more equipped to prevent, recognize and correct health and safety issues. Training enhances staff competence and aids in the understanding of how young children learn and grow to their fullest potential. The training/education of caregivers is a specific indicator of child care quality. Untrained staff may simply “tend” to children, protecting them from harm but not providing challenging, developmentally appropriate activities. Training topics should cover information regarding child development, child health, child abuse and neglect, and early childhood education or related topics.

The Provider’s first year of annual training is met by the twenty hours of pre-service training he/she obtained prior to licensure. After the first year of licensure, the Provider must obtain ten hours of annual training each calendar year (January through December). Within their first 90 days of employment, all Providers, Employees and Provisional Employees must obtain the required Health and Safety Orientation Training, fulfilling their first-year training requirements. After the first year of employment, annual training requirements must be fulfilled each calendar year (January through December). Training will be accepted only for the year in which it was completed and must be obtained from a Department-approved source. Training topics should vary from year to year but must consist of at least two (2) hours of developmentally appropriate language and literacy practices and at least two (2) hours of child development, health and safety, or child abuse and neglect related topics. Training topics should focus on professional development that benefits the needs and ages (e.g., infants, ages 1-2 years, ages 3-4 years, etc.) of the children served and the caregiver’s job responsibilities. Approved trainers/trainings can be found at: <https://gapds.dec.state.ga.us/>.

Training documentation must be kept on file for each staff member. Training documentation must include the name of the staff person, the date of the training, the title of the training course, the number of credit hours received, and the signature of the trainer who provided the training (when applicable). Training that has been approved by the Department should also have the trainer code and training approval code listed on the training documentation/certificate.

Indicators

- ✓ Review each staff’s personnel record for evidence of ongoing/annual training (i.e., if applicable based on the staff person’s hire date and job responsibilities/title), including the minimum hours required for training topics listed in the rule requirements. If needed, check the Georgia Professional Development System for Early Childhood Educators (GaPDS) for training documentation.

Best Practices:

- Though voluntary, it is highly recommended that staff register and maintain an account with the Georgia Professional Development System (GaPDS) for Early Childhood Educators. This allows staff to maintain an electronic record of their education credentials and completed training. The GaPDS can be used to document each staff person’s professional development, and an individual resume can be printed directly from the website. The electronic record can also expedite licensing visits since the consultant can verify a staff person’s training hours with a quick review of the information contained in the GaPDS. Furthermore, it eliminates the need to keep track of paper copies of training documents. GaPDS

is managed by the Professional Standards Commission, the same agency that certifies Georgia teachers, and can be found at the following link: <https://gapds.decal.ga.gov/>

- Although the rule requires at least 10 hours of approved annual training each year, staff should be encouraged to obtain more than 10 hours of training each year. A greater number of training hours may be required for other purposes such as Quality Rated, various accreditations and individual professional development. Caring for Our Children recommends that staff complete 24 hours of training each year after the first year of employment with 16 hours of training in child development programming and eight hours of training in child health, safety, and staff health. The trainings should be based on staff's individual competency needs and any special needs of the children in their care.

Things for child care programs to consider:

- The Department accepts training (education) offered by accredited colleges, universities, and vocational programs. The training must be documented by an official transcript from the accredited educational institution. Depending on whether the academic institution is on the quarter or semester system, each three- or five-hour unit will represent approximately 35 to 45 clock hours of class time. Therefore, one (1) accredited college or university class meets the Department's annual 10-hour training requirement. The academic course must be in Early Childhood Education (ECE) or a related field to receive training credit. General core curriculum classes do not count towards training credit (i.e., computer lab, biology, college algebra, etc.).
- The minimum of two (2) hours of language and literacy training must be Department-approved as per the requirement for all ongoing/annual training. Approved trainers/trainings can be found on the GaPDS website at: <https://gapds.decal.ga.gov/>. Language and literacy trainings taken via GaPDS will be marked with a specific symbol/statement notating the training meets the specified rule requirements.

290-2-3-.07 Staffing and Supervision

- (10) **Documentation of Training.** Evidence of orientation and training shall be documented and maintained in the Personnel file and/or Georgia's workforce registry and professional development system of each Staff member which shall be available to the Department for inspection. Documentation shall include the title of the training courses, the dates, and the number of hours of the courses, and the names of the trainers or sponsoring organizations.

Rule Type: Non-Core Rule

Intent

To ensure that training requirements are met and can be verified by the Department for compliance purposes.

Clarification

Training documentation must be kept on file for each staff member. Training documentation must include the name of the staff person, the date of the training, the title of the training course, the number of credit hours received, and the signature of the trainer who provided the training (when applicable). Training that has been approved by the Department should also have the trainer code and training approval code listed on the training documentation/certificate.

Indicators

- ✓ Review all staff's personnel records via files and/or GaPDS for documentation of orientation and training.

Best Practices:

- It is highly recommended that staff register and maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). This allows staff to maintain an electronic record of their education credentials and completed training. The GaPDS can be used to document each staff person's professional development, and an individual resume can be printed directly from the website. The electronic record can also expedite licensing visits since the consultant can verify a staff person's training hours with a quick review of the information contained in the GaPDS. Furthermore, it eliminates the need to keep track of paper copies of training documents. GaPDS is managed by the Professional Standards Commission, the same agency that certifies Georgia teachers, and can be found at the following link:
<https://gapds.decal.ga.gov/>.

290-2-3-.07 Staffing and Supervision

- (11) The Provider, Employees and Provisional Employees shall never have been shown by credible evidence, e.g., a court, a department investigation or other reliable evidence to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct. The Department may request an oral or written statement to this effect at the time of application or hire or at any other time the Department has reason to believe that a Provider, Employee or Provisional Employee is not qualified under these rules to administer or work in the Home. Upon said request, the Provider, Employee, or Provisional Employee shall provide this statement to the Department.**
- (12) The Provider, Employees and Provisional Employees must be able to perform adequately the job duties of providing for the care and supervision of the children in the Home in accordance with these rules.**
- (13) The Provider, Employees and Provisional Employees shall not have made any material false statements concerning qualifications requirements either to the Department or to the Provider.**
- (14) The Provider, Employees and Provisional Employees must provide additional reasonable verification of the qualifications of the Provider, Employees and Provisional Employees upon request by the Department. Reasonable verification may include, but need not be limited to any or all of the following: statement(s) from an attending physician or other health care professional attesting to the mental and/or physical health of the Provider, Provisional Employee or Employee; letters of reference from designated persons in the community where the Provider, Provisional Employee and/or Employee intend to work or is working; certified copies of court orders; and additional records checks.**
- (15) The Provider, Employees and Provisional Employees must comply with the background check requirements as outlined in Rule 290-2-3-.21 Criminal Records and Comprehensive Background Checks.**

Rule Type: Non-Core Rule

Intent

To protect children's health and safety. To ensure that the child care program's staff meet the Department's qualification requirements.

Clarification

Child care staff interact with children on a daily basis and play an essential role in children's lives. Their qualifications must be checked carefully to protect the well-being of children and to promote their growth and development while at the Home. It is advisable that Providers select staff who are nurturing persons with mature judgement and the ability to understand and carry out the procedures that ensure children's safety and well-being.

Indicators

- ✓ Review staff records for the information specified by the rule requirements.
- ✓ Observe staff to ensure they are able to adequately care for children.

Things for child care programs to consider:

- A sample staff application form can be found under the Staff section on the Department of Early Care and Learning's (DECAL) website at: http://www.decal.ga.gov/Bfts/FormList.aspx?cat=Family_Child_Care_Home

290-2-3-.07 Staffing and Supervision

- (16) The total number of Children not Related to the Provider in the Family Child Care Learning Home, for pay or not for pay, cannot exceed six Children, except that a Provider may care for two additional children who are three years of age or older for two designated one hour periods daily upon approval by the Department.**
- (17) Whenever Related Children or Children who reside in the Home are present in the Home, the total number of children present under the age of thirteen years may not exceed twelve, and the space requirement of 35 square feet per each child present must be met.**

Rule Type: Non-Core Rule

Intent

To comply with the legal definition of a Family Child Care Learning Home and to comply with the legal requirement of O.C.G.A. 20-1A-10(i). To ensure that the indoor environment provides adequate space for children's growth and development through exploration, freedom of movement, etc.

Clarification

For the purpose of these rules, related children are defined as children whose relationship to the Provider is within the third degree of consanguinity or affinity by blood or marriage (i.e., sons/daughters, grandchildren, nieces/nephews, first cousins). A Family Child Care Learning Home is limited to six unrelated children regardless of pay; however, the Provider may designate two specific one-hour periods each day when care for two additional children who are three years of age or older can be provided. This provision accounts for increased attendance by school-age children before and/or after school. It is allowed since the periods of increased capacity are short in duration and typically include periods of outdoor play time and sedentary indoor activities such as snack and homework.

The designated periods may be either two separate hours or two consecutive hours. The Provider must submit a written request and gain approval from the Department before the increase in capacity is allowed. The approved designated hours remain constant and may only be changed by submitting a new written request to the Department.

There should never be more than 12 children under the age of 13 on the Family Child Care Learning Home's premises at any time. This includes any children who reside in the Home. Young children require space in which to learn by moving and doing. Children's behavior is more positive when the environment includes enough space for them to participate in developmentally appropriate activities. According to the American Academy of Pediatrics, crowding reduces the ability to control the spread of infection. Crowding can also have a negative effect on children's activities and state of mind. Inadequate space can lead to aggressive, destructive and unfocused behavior. In addition, the risk of injury from accidents rises when children have insufficient play space.

Indicators

- ✓ Observe the number of children on the Home's premises to ensure that no more than 12 children under the age of 13 are present. If more than six children are present, ask the Provider about the relationship status of each child and check to ensure a relationship status affidavit is on file for each related child.
- ✓ Confirm with the Provider the approved designated time periods for the care of two additional children, if applicable, and verify in KOALA Outback. Check to ensure (i.e., by observation or review of attendance records) that additional children enrolled are only present during these time periods.
- ✓ Ask the Provider if there are additional children enrolled who are not present during the time of the visit and review attendance records to ensure compliance with number of children present as specified by the rules.

Things for child care programs to consider:

- The Department's Relationship Status Affidavit can be found at:
<http://www.dec.al.ga.gov/documents/attachments/RelationshipStatusandNocompAffidavit.pdf>
- The request to care for additional children is only valid for the two approved hours and does not apply to the remainder of the day when extra children may be present due to school holidays, summer breaks, etc.
- The request to care for additional children is only applicable to children three years of age and older.
- The Provider must submit a request to care for additional children to the Department and obtain approval prior to increasing the Home's capacity. The request form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/documents/attachments/RequesttoCareforAdditionalChildren.pdf>

290-2-3-.07 Staffing and Supervision

(18) At least one Staff person with a satisfactory Comprehensive Records Check Determination shall supervise Children at all times appropriate to the individual age, needs and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. “Supervision” means Staff members are providing watchful oversight to the children, volunteers and Students-in-Training. The person(s) supervising in the child care area must be alert, positioned to maximize their ability to hear and see the children at all times, and able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers and Students-in-Training, and provide timely attention to the children’s actions and needs. Staff shall be attentive and participating with all children during mealtimes and shall be seated within an arm’s length away from children thirty-six (36) months of age and younger. Plans shall be made to obtain additional adult help in cases of emergencies.

Rule Type: Core Rule

Intent

To intentionally protect children physically, emotionally, and mentally from harm and/or injury. To protect children’s health and to promote positive growth and development. To ensure that children receive appropriate care at all times.

Clarification

Supervision is basic to safety and the prevention of injury, and it is the most important element in providing safe child care. A child’s safety depends on staff knowing where the child is and what he/she is doing at all times. Staff who know what to expect are better able to protect children from harm. Caregiver staff must remain in close proximity to children, and they must use what they know about each child’s individual interests, abilities, and behavior to anticipate and predict what the child will do.

For supervision to be effective, caregiver staff must maintain watchful oversight. Watchful oversight is the process of actively monitoring children’s activities. Staff must be aware of all the children in their care at all times and must be alert, able to respond quickly to children’s actions and needs, and able to intervene promptly in case of an emergency. Staff should refrain from using cell phones, headphones, ear buds, smartwatches, tablets, or any object/device that will distract one’s attention while supervising children or performing classroom duties. Staff will also refrain from attending or participating in professional development training while performing classroom duties. Staff must postpone these activities until break time(s) or after hours. Supervision requires focused attention and intentional observation of children.

Staff should be positioned strategically and should scan and circulate in all areas occupied by children, both indoors and outdoors. The responsible adult must stay on the same floor or level of the house with the children, including during naptime. If several rooms are used for napping, the doors to the rooms must remain open with the adult checking on the children frequently. When children are outdoors, the adult must be present outside providing direct supervision to the children. Staff should frequently conduct name-to-face head counts to ensure that all children are accounted for throughout the day. They should also be supportive of children’s activities by assisting, engaging, and redirecting as needed.

During emergencies it is often difficult to remain calm and think clearly. A plan provides the opportunity to prepare and to prevent judgements made under the stress of an emergency. Emergencies are handled best when there is a clear plan in place.

Indicators

- ✓ Observe staff's supervision of children in all areas where children are present. Notice particularly if children are unattended in rooms with closed doors, if staff are positioned where they cannot promptly respond to the children in their care, if staff are not attentive to children during meal times and not seated with children ages 36 months and younger, or if children are engaged in potentially harmful or inappropriate play without a response or intervention from staff.
- ✓ Check the state licensing file and/or the consultant's file to determine if the Home has an approved supervision plan on file (e.g., for children's access to the playground, for children's access to the bathroom, etc.). If so, observe that the Home is following the approved supervision plan.
- ✓ Ask the Provider about the Home's plan for the supervision of children during an emergency situation.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.07(18) - Supervision shall be maintained at all times	If no children are present	Never	If Staff observed not circulating; Short term limited visibility (i.e. room dark at naptime) *If TA documented on previous visit, move to Low Risk	Brief break in watchful oversight (excluding adult restroom breaks or stepping away to answer the door); Staff not seated with children during mealtime	Supervision citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution (i.e. children sleeping behind a closed door, Provider going outside without the children, leaving the children alone, or going to a different level of the Home); No Adult present to supervise the children	Supervision citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Scan the room frequently, even when engaged with individual children to ensure awareness of the whole group.
- Actively supervise children with the intention of preventing problems before they arise.
- Do not rely on mirrors, monitors, or cameras for supervision.
- Caregivers should position themselves where all children can be easily supervised by sight and hearing and adjust position as children move.

- Provide closer supervision to ensure children are within easy reach when risks are higher and when children's age and behavioral tendencies require it, such as when children are eating, drinking, sleeping, using gross motor equipment, or when around children who bite, have more impulsive behavior tendencies, and/or like to mouth toys.
- Intentionally arrange the room with effective supervision in mind and reposition any furniture that blocks a caregiver's line of sight or requires a caregiver to have their back turned to children.
- Protect nonmobile children from mobile children with active supervision and room arrangement, when space allows. Both nonmobile and mobile children need floor space for play. Restrictive devices, such as infant swings, bouncer chairs, and exersaucers/bounce activity centers, should be limited to only when needed to soothe children, for short durations of 5 minutes or less only.
- When a Provider must leave the room, choose to do so only during low-risk activities and limit time away from children to no more than 2 minutes.
- Consider providing extra supervision when cleaning needs to occur in an area where children are present or utilize an additional staff person to clean the area when children are not present to ensure proper supervision is maintained at all times.
- Caregivers should focus on mealtime supervision during meals and snacks and refrain from unrelated classroom duties and tasks, such as putting out mats, cleaning up, etc.
- During meals and snacks, it is easiest to actively supervise if the caregiver(s) sits with the children, eats with children consuming table food, and makes it a time for pleasant social conversation. When the caregivers use the time to interact with children, they build positive relationships with children, encourage increased language and social skills, and keep children safe all at the same time. This is encouraged during meals for children of all ages.
- For infants consuming bottles and baby food, have the bottle or food prepared and ready to immediately serve before calling the child over or placing them in a high chair. For older children, have food and drinks already prepared and on the table before calling children over to the table, and keep food and drinks for seconds within easy reach of the table. This will assist caregivers to remain within arm's reach of children who are eating/drinking.
- When possible during meals and snacks, a minimum of two caregivers is useful to ensure caregivers remain within arm's reach of children under 3 who are eating and drinking. One caregiver can sit, eat, and talk with the children, remaining at the table the entire meal time and remaining within arm's reach, while the second caregiver can get up as needed to attend to children's needs when they begin to transition away from the table.
- Have a written policy on caregiver cell phone/electronic device use while supervising children and ensure it is followed. When caregivers are looking at cell phones or other electronic devices, their attention is not on the children. If digital apps are used to track meals, diapering, attendance, etc. include instructions on how, when, and by whom these should be completed, as these can also impair active supervision.
- Active supervision is required when children sleep. Caregivers responsible for supervising children while sleeping should be alert, focused on supervision, and refrain from activities that would distract from these duties, such as electronics use, telephone calls, social media, etc.

Things for child care programs to consider:

- Remember that supervision requirements also apply to transportation, field trips and swimming activities.
- Training for Active Supervision in Child Care Programs provides an overview of active supervision in a proactive way to create safer environments for children in child care programs. This course discusses specific approaches of observing and evaluating the child care environment, reviews planning resources, and identifies strategies to develop and implement active supervision plans. It also demonstrates the

process of embedding reflective practices as part of professional growth around active supervision. This training can be found at: <https://gapds.dec.state.ga.us/Trainings/Scheduled/OLLI>.

290-2-3-.07 Staffing and Supervision

(19) An Employee or Provisional Employee, who must be at least sixteen (16) years of age, must be present to assist with supervision whenever more than three (3) children under the age of twelve (12) months are present, more than six (6) children under the age of three (3) years are present or more than eight (8) children under the age of five (5) years are present.

Rule Type: Core Rule

Intent

To protect the health and safety of children and to promote their positive development.

Clarification

Research indicates that appropriate staff:child ratios are a strong indicator of the quality-of-care children receive in a child care program. Enough staff should be available to provide children with supervision, frequent personal contact, meaningful learning activities, and immediate care as needed. Lower staff:child ratios are related to positive outcomes for children, including increased adult-child interaction, less aggression and more cooperation among children. Additionally, lower staff:child ratios for infants and toddlers are especially important to ensure safe evacuation of the Home in case of an emergency.

When determining staff:child ratios, include all children present in the Home who are under 13 years of age. This includes the Provider's children, children who are in care for no pay, or neighborhood children who are visiting the Home. The presence of other children in the Home, whether related children or children present for no pay, directly impacts the Provider's ability to adequately care for the children. As specified by the rule, an assistant may be required to improve the level of supervision, increase quality interactions between the caregivers and the children, and assure that the children's basic needs are met.

Indicators

- ✓ Count the number of children and staff in the Home. Ask the Provider about the ages of the children and/or check children's records to verify/determine their ages, if needed. Determine if staff:child ratios are correct as specified by the rule requirements.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.07(19) - Required staff:child ratios and group size are maintained	If no children are present	Never	N/A	N/A	Ratio citation with or without an incident or injury with no medical attention or with medical attention as a precaution	Ratio citation with an incident and/or injury requiring professional medical attention or could be seriously detrimental to the child(ren)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Remember that staff are only counted in staff:child ratios when they are actively participating in the care of children.

290-2-3-.07 Staffing and Supervision

(20)

- (a) For water-related activities where water is over two feet in depth, the following Staff: Child ratios shall be maintained:

Ages of Children	Staff:Child Ratio
Under 2½	1:2
2 ½ to 4 years	1:5
4 years & older (who cannot swim a distance of 15 yds. unassisted)	1:6
4 years & older (who can swim a distance of 15 yds. unassisted)	1:8

Rule Type: Core Rule

Intent

To protect children from water-related accidents by ensuring that an adequate number of staff are present to provide constant and active supervision during water-related activities.

Clarification

To protect children from water-related accidents, children should not be permitted to play or swim without constant supervision in areas where there is any body of water. When children participate in swimming or wading activities, the risk increases in direct proportion to the depth of the water, and as the number of active, playful children increases.

Supervision is essential to protect the safety of the children; therefore, staff must closely supervise children of all ages during water-related activities and required ratios must be maintained at all times. It is recommended that staff ensure they are positioned within arm's reach of children when children up to five years of age play in areas where there is any body of water, including swimming pools, ponds, etc. The attention of an adult who is supervising children of any age should be focused on the children, and the adult should never be engaged in other distracting activities, such as talking or texting on the telephone, socializing, or completing chores.

If the Home employs a lifeguard, he/she can be counted in the staff:child ratios. Lifeguards on duty at public pools may not be counted in the staff:child ratio as they are not employed by the Home and their attention is not devoted solely to the Home's children.

In order to determine adequate supervision of children, required ratios for children under four years of age must be maintained regardless of their ability to swim. For children four years of age and older, ratio requirements are determined by each child's ability to swim the distance of 15 yards unassisted. Children may be separated into groups but the ratio within the grouping must be based on their ages. In addition, for children four years of

age and older, ratios are also based on their swimming ability. If the Provider cannot demonstrate children's ability to swim, the Home should follow the non-swimmer ratio for the entire group.

Indicators

- ✓ Observe a water-related activity in water over two feet in depth, if possible. Count the number of children and staff who are participating in the activity. Verify children's ages and swimming ability, if applicable, to determine the required ratio as specified by the rule. Check to ensure children are continuously supervised by staff while participating in the activity. If not observed, ask the Provider about swimming activities and ratios.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
<p>.07(20)(a) – Supervision in water > 2 ft./lower swimming Staff:child ratios</p> <p>Proper ratios: Under 2 1/2 years: 1:2 2 1/2 to 4 years: 1:5 4 years & older who can't swim a distance of 15 yards unassisted: 1:6 4 yrs & older who can swim a distance of 15 yds unassisted: 1:8</p>	If haven't participated in swimming activities since last visit or since swimming was last evaluated	If no swimming activities are provided	If planning to provide swimming activities in the future	N/A	Inadequate ratios/supervision with no incident or injury	Inadequate ratios/supervision with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- To ensure that ratios are adequate, follow the non-swimmer ratio regardless of children's swimming ability.
- Surfaces in or near water activity areas can become slippery when wet. Staff should monitor surfaces for safety and remind children not to run in areas where water activities take place.
- Develop a system to follow that will help ensure that all licensing rules are followed consistently during water-related activities.
- Actively supervise and remain close to children participating in swimming activities at all times. Many drownings occur when adults are present but not actively supervising, and child drowning is typically silent and happens within seconds.
- Provide close, active supervision for all water related activities with more than 1 inch of water, including use of sprinklers with water collecting pads, water table use, and kiddie pools.
- Do not use cell phones, smart devices, iPads/tablets, or computers when supervising children.

Things for child care programs to consider:

- Document and maintain evidence of each child's swimming ability. A sample swim test form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/SwimTestForm.pdf>
- Keep documentation of swimming activities. For example, maintain swim logs which include the names of all staff and children who participate in the activity.
- Obtain written parental permission prior to applying sunscreen on a child.

290-2-3-.07 Staffing and Supervision

- (20) If Children are allowed to participate in water activities where the water is over two feet in depth, the Provider or an Adult shall supervise such activities and must have successfully completed a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross or YMCA or other recognized standard setting agency for water safety instruction.**
- (b) In lieu of requiring each Child four years and older to take a swimming test, the Provider may accept copies of verifications from a recognized water safety instruction organization stating that the Child has successfully completed a swimming class which required the Child to swim a distance of 15 yards unassisted.**

Rule Type: Non-Core Rule

Intent

To ensure children's safety and to protect them from accidents during water-related activities. To ensure that the person responsible for the direct supervision of children during water-related activities has received water safety certification training.

Clarification

To protect children from water-related accidents, children should not be permitted to play or swim without constant supervision in areas where there is any body of water. When children participate in swimming or wading activities, the risk increases in direct proportion to the depth of the water, and as the number of active, playful children increases.

Supervision is essential to protect the safety of the children; therefore, staff must closely supervise children of all ages during water-related activities and required ratios must be maintained at all times. It is recommended that staff ensure they are positioned within arm's reach of children when children up to five years of age play in areas where there is any body of water, including swimming pools, lakes, ponds, etc. The attention of an adult who is supervising children of any age should be focused on the children, and the adult should never be engaged in other distracting activities, such as talking or texting on the telephone, socializing, or completing chores.

The Provider, a staff member of the Home, or an employee provided by a water facility, such as a lifeguard at the public pool, must have the required lifeguard training. The Home must have written verification of the training on file, which may be a copy of the individual's lifeguard certificate or a letter of verification from an agency such as the recreation department. If a Home employs a lifeguard, he/she can be counted in the staff:child ratios. Lifeguards on duty at public pools may not be counted in the staff:child ratio as they are not employed by the Home and their attention is not devoted solely to the Home's children.

If the Home does not administer swimming tests to children four years of age and older, documentation of each child's ability to swim 15 yards unassisted must be on file. A sample swim test form can be found on the Department of Early Care and Learning's (DECAL) website at:

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

Indicators

- ✓ Review the Home's personnel and/or swimming records for evidence of lifeguard certification for any person who serves as a lifeguard during the Home's swimming activities (on-site or off-site).

Best Practices:

- Surfaces in or near water activity areas can become slippery when wet. Staff should monitor surfaces for safety and remind children not to run in areas where water activities take place.
- Develop a system to follow that will help ensure that all licensing rules are followed consistently during water-related activities.
- Actively supervise and remain close to children participating in swimming activities at all times. Many drownings occur when adults are present but not actively supervising, and child drowning is typically silent and happens within seconds.
- Provide close, active supervision for all water related activities with more than 1 inch of water, including use of sprinklers with water collecting pads, water table use, and kiddie pools.
- Do not use cell phone, iPad, or computers when supervising children.

Things for child care programs to consider:

- Keep documentation of swimming activities. For example, maintain swim logs which include the names of all staff and children who participate in the activity.
- Document and maintain evidence of each child's swimming ability when swim tests are administered by the Home.

290-2-3-.07 Staffing and Supervision

(21) Employees. A licensed Home may hire Employees. All Employees:

- (a) must comply with the background check requirements as outlined in Rule 290-2-3-.21, Criminal Records and Comprehensive Background Checks;**
- (b) must be informed of the rules for Family Child Care Learning Homes and the Home's policies and procedures for the age group for which they will be providing care;**
- (c) must be informed of the Home's policies and procedures necessary to the proper performance of their job duties in compliance with the Rules for Family Child Care Learning Homes; and**
- (d) must participate in the orientation and training required by these rules.**

Rule Type: Non-Core Rule

Intent

To ensure that the Home has sufficient, qualified staff to maintain proper supervision of children.

Clarification

An Employee is a person, other than the Provider or a Provisional Employee, who has submitted a Records Check Application and has received a satisfactory Comprehensive Records Check Determination and who:

1. Regardless of age, is compensated by a Home for the care of children;
2. Regardless of age, cares for, supervises or has unsupervised access to children at the Home; or
3. Is 17 years of age or older and resides at the Home; or
4. Regardless of age, performs duties for or services that benefit the Home, with or without compensation, which involve personal contact between that person and any child being cared for by the Home, including but not limited to volunteers that perform consistent services for the Home, where services are considered consistent when provided more than once in a ninety-calendar day period; or
5. Regardless of age, is a parent or legal guardian of a child in care who is deemed an employee by the Home or either resides at the Home and is age 17 or older, or is compensated in any fashion by the Home except through appropriate state or federal funds; or
6. Regardless of age, is an independent contractor hired by the Home to offer supplemental educational or physical activities for Children in care; or
7. Regardless of age, is a Student-in-Training.

An Employee should participate in on-the-job training, including orientation and should meet all qualifications as specified by the rule requirements.

Indicators

- ✓ Review each Employee's personnel record to ensure the record contains all information and documentation as specified by the rule requirements.

Best Practices:

- Encourage each staff person to register and to maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). The GaPDS can be accessed at the following link: <https://gapds.dec.al.ga.gov/>

Things for child care programs to consider:

- A sample staff application and orientation form can be found under the Staff section on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/Bfts/FormList.aspx?cat=Family Child Care Home>

290-2-3-.07 Staffing and Supervision

(22) Provisional Employees. A licensed Home may hire Provisional Employees. All Provisional Employees

- (a) must comply with the background check requirements as outlined in Rule 290-2-3-.21, Criminal Records and Comprehensive Background Checks;**
- (b) must be informed of the rules for Family Child Care Learning Homes and the Home's policies and procedures for the age group for which they will be providing care;**
- (c) must be informed of the Home's policies and procedures necessary to the proper performance of their job duties in compliance with the Rules for Family Child Care Learning Homes;**
- (d) must participate in the orientation and training required by these rules;**
- (e) must be supervised at all times by the Provider or an Employee with a valid and current satisfactory Comprehensive Records Check Determination; and**
- (f) may be hired as a permanent Employee by the Home only if the individual receives a satisfactory Comprehensive Records Check Determination by the Department and meets all other qualification requirements in these rules.**

Rule Type: Non-Core Rule

Intent

To ensure that the Home has sufficient, qualified staff to maintain proper supervision of children. To allow staff time to obtain a satisfactory Comprehensive Records Check Determination from the Department.

Clarification

A Provisional Employee is a person other than the Provider or an Employee, who has submitted a Records Check Application to become an Employee and has not received a Comprehensive Records Check Determination but who has received a satisfactory Fingerprint Records Check Determination and who must be supervised at all times by another staff member who has a current and valid satisfactory Comprehensive Records Check Determination on file. A Provisional Employee should participate in on-the-job training, including an orientation and should meet all qualifications as specified by the rule requirements.

A Provisional Employee may become a permanent Employee when he/she receives a satisfactory Comprehensive Records Check Determination from the Department.

Indicators

- ✓ Review each Provisional Employee's personnel record to ensure the record contains all information and documentation as specified by the rule requirements.

Best Practices:

- Encourage each staff person to register and to maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). The GaPDS can be accessed at the following link: <https://gapds.dec.al.ga.gov/>

Things for child care programs to consider:

- A sample staff application and orientation form can be found under the Staff section on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/Bfts/FormList.aspx?cat=Family Child Care Home>

290-2-3-.07 Staffing and Supervision

(23) Independent Contractors. A Home may have an independent contractor to offer supplemental educational or physical activities for Children in care.

- (a) Such an independent contractor is considered either an Employee or Provisional Employee of the Home for the purpose of these rules and must comply with the background check requirements as outlined in Rule 290-2-3-.21 Criminal Records and Comprehensive Background Checks before being present at the Home while children are present for care or before residing in the Home.**
- (b) Such an independent contractor is exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To ensure the protection of children in care.

Clarification

Independent contractors who offer supplemental education or physical activities for children in care must obtain a satisfactory Comprehensive Records Check Determination or a satisfactory Fingerprint Records Check Determination before providing services to the children in the program. Independent contractors offer specialized instruction to a child or children in the program but are not in the program full time; therefore, they are exempt from annual training and from first-aid/CPR training requirements.

Community partners (e.g., Babies Can't Wait, speech therapists, etc.) who are contracted by a child's parent to work with the child while at the Home are not independent contractors as defined by this rule as long as these staff sign the child out and work with them individually in an area where no other children are present. If these staff work with the child in the presence of other children, they must have a satisfactory Comprehensive Records Check Determination or a satisfactory Fingerprint Records Check Determination.

Indicators

- ✓ Ask the Provider if the Home uses independent contractor services. If so, ask about the Home's policies pertaining to independent contractors.

Best Practices:

- Keep an updated list of the Home's independent contractors on file for the licensing consultant's use.
- It is best practice for independent contractors to complete orientation and first-aid/CPR training.

Things for child care programs to consider:

- Independent contractors may apply to become Support Centers. A Support Center is a business that provides potential employees for licensed child care programs and receives no children for care. Support Center information can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/CCS/SupportCenter.aspx>

290-2-3-.07 Staffing and Supervision

(24) Parents. The Home may have Parents occasionally assist in a classroom, chaperone or accompany a group of Children from the Home on a field trip.

- (a) A Parent that is this type of occasional assistant is not required to obtain a Criminal Records Check Determination; however, a Parent that is deemed to be a staff member by the Home or who is age 17 or older and resides at the Home or who is compensated in any way by the Home except through appropriate state or federal funds is considered an Employee or Provisional Employee for purposes of these rules and must comply with the background check requirements as outlined in Rule 290-2-3-.21. Criminal Records and Comprehensive Background Checks before being present at the Home while Children other than their own are present for care or before residing in the Home;**
- (b) No Parent shall be solely responsible for Children other than their own and must be under continuous direct supervision of the Provider or Home Employee with a valid and current satisfactory Comprehensive Records Check Determination while in the presence of Children in care other than their own; and**
- (c) Such Parent is exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To encourage parent participation in the Home's activities and to protect children's safety by ensuring that parents are never left alone with children other than their own.

Clarification

A parent means a person related within the second degree of consanguinity (e.g., parent, grandparent, brother or sister) by either blood or marriage, or a person with lawful custody, or a state-regulated foster parent, or a legal guardian of a child in care. A parent shall not be considered an employee unless the parent is deemed an employee by the Home or either resides in the Home or is compensated in any way by the Home other than through appropriate state or federal funds.

Parents should be given the opportunity to participate in activities and field trips which involve their own child(ren). Parents who are not employees of the Home do not count in staff:child ratios and must be under the constant, direct supervision of a staff member who has a satisfactory Comprehensive Records Check Determination.

Indicators

- ✓ Observe the Home's premises to ensure that parents are not acting in a sole supervisory capacity unless it is with their own child(ren).

- ✓ Ask the Provider about the Home's policies regarding parent involvement/participation.

Things for child care programs to consider:

- Information about family engagement and the importance of parental involvement in the child care program can be found at the following links:
<https://www.childcareaware.org/families/engagement-for-families/>
<https://www.naeyc.org/resources/topics/family-engagement>

290-2-3-.07 Staffing and Supervision

- (25) Volunteers. The Home may have volunteers other than Parents help in a classroom, chaperone or accompany a group of Children from the Home on a field trip.**
- (a) Volunteers that provide consistent services are considered either Employees or Provisional Employees for the purposes of these rules and must comply with the background check requirements as outlined in Rule 290-2-3-.21 Criminal Records and Comprehensive Background Checks before being present at the Home while children are present for care or before residing in the Home;**
 - (b) No volunteer shall be solely responsible for Children other than their own and must be under continuous direct supervision of the Provider or Home Employee with a valid and current satisfactory Comprehensive Records Check Determination while in the presence of Children other than their own; and**
 - (c) Such volunteer is exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To ensure that the Home has sufficient support to assist with the Home's daily activities and the supervision of children.

Clarification

A volunteer must have a satisfactory Comprehensive Records Check Determination if the person volunteers on a consistent basis. A consistent basis means that the volunteer provides services at the Home more than once per quarter. A person who volunteers no more than once per quarter and/or no more than four times in a 12-month period is not required to obtain a records check determination.

Prior to volunteering, it is best practice for volunteers to participate in an orientation that covers the Home's policies and procedures and current rules and regulations. Volunteers must be under the constant, direct supervision of a staff member who has a satisfactory Comprehensive Records Check Determination at all times and must never be left alone with children. Volunteers do not count in staff:child ratios.

All volunteers should possess:

- The ability to carry out assigned tasks competently under the supervision of a staff member;
 - An understanding of and the ability to respond appropriately to children's needs;
 - Sound judgment;
 - Emotional maturity; and
 - Clearly apparent affection for and commitment to the well-being of children.
-

Indicators

- ✓ Observe the Home's premises for the presence of volunteers. If present, ensure they are under the direct supervision of a staff person with a satisfactory Comprehensive Records Check Determination and are not alone with children other than their own. If not observed, ask the Provider about the Home's policies regarding volunteers.

Things for child care programs to consider:

- Ensure volunteers make their presence known immediately upon entering the Home.

290-2-3-.07 Staffing and Supervision

(26) Students-in-Training. The Home may have Students-in-Training.

- (a) Students-in-Training are considered either Employees or Provisional Employees for the purposes of these rules and must comply with the background check requirements as outlined in Rule 290-2-3-.21 Criminal Records and Comprehensive Background Checks before being present at the Home while children are present for care or before residing in the Home;**
- (b) No Student-in-Training shall be solely responsible for Children other than their own and must be under continuous direct supervision of the Provider or a Home Employee with a valid and current satisfactory Comprehensive Records Check Determination while in the presence of Children in care other than their own, and**
- (c) Such Student-in-Training is exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To provide an opportunity for students to obtain experience in teaching and caring for young children in a group care setting.

Clarification

A student-in-training is a student currently enrolled in either a high school recognized by the Department of Education or an early education curriculum through an accredited school of higher education which requires or permits the student to observe and participate in the care of children at a Home during a limited period of time, i.e., one quarter, one trimester or one semester. Students-in-training must be under the constant, direct supervision of a staff member who has a satisfactory Comprehensive Records Check Determination at all times and must never be left alone with children. Students-in-training do not count in staff:child ratios and they are not required to complete staff training; however, it is advisable for them to participate in an orientation that covers the Home's policies and procedures prior to their presence in the Home.

Indicators

- ✓ Observe the Home's premises for the presence of students-in-training. If present, ensure they are under the direct supervision of a staff person with a satisfactory Comprehensive Records Check Determination and are not alone with children other than their own. If not observed, ask the Provider about the Home's policy regarding students-in-training.

Best Practices:

- Designate an area in the Home for college staff/instructors to use when observing students-in-training. The designated area should not disrupt the children's environment and activities.

Things for child care programs to consider:

- Ensure students-in-training make their presence known immediately upon entering the Home.

290-2-3-.07 Staffing and Supervision

(27) Clerical, Housekeeping, Maintenance and Other Support Staff. The Home may have qualified and sufficient direct-care, clerical, housekeeping, maintenance and other support staff to ensure full compliance with these rules without neglecting the supervision of the Children.

(a) Other Staff That May Have Direct Contact With Children In Care. A Home may have additional Staff at the Home. Any Staff member that has any personal contact with any Child in care:

- 1. Is considered either an Employee or Provisional Employee for purposes of these rules and must comply with the background check requirements as outlined in Rule 290-2-3-.21 Criminal Records and Comprehensive Background Checks; and**
- 2. may be exempted from annual training and first-aid/CPR training requirements.**

(b) Other Staff That Must Not Have Direct Contact With Children In Care. The Home may have individuals at the Home to repair and/or maintain the Home while Children are in care. These individuals:

- 1. must have no contact with Children in care;**
- 2. may not be required to obtain a Fingerprint Records Check Determination, unless they have contact with Children in care; and**
- 3. may be exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To ensure the protection of children in care.

Clarification

Clerical, housekeeping, and maintenance staff must obtain a satisfactory Comprehensive Records Check Determination or a satisfactory Fingerprint Records Check Determination if they work in the Home when children are present, and they have any contact with the children in care. Depending on the service capacity of their position, they may be exempted from annual training and from first aid/CPR training requirements. Any individuals on the Home's premises who do not have direct contact with children and are there for a limited amount of time (i.e., A/C repair, plumber, etc.) must be supervised by a staff person at all times to ensure these individuals do not have contact with the children in care. If these individuals are employed by the Home, are on the premises and have contact with children, they must have a satisfactory records check determination.

Indicators

- ✓ Observe that sufficient staff are present to allow for the daily operation of the Home without compromising children's care.
- ✓ Observe the Home's premises for individuals who are on site to repair and/or to maintain the Home while children are in care. Check to ensure these individuals do not have contact with children and are properly supervised by a staff person at all times.

Things for child care programs to consider:

- When individuals who require supervision are on the premises, the Provider should ensure that there are an adequate number of staff present to oversee the daily operation of the Home without neglecting the supervision of the children.

290-2-3-.07 Staffing and Supervision

(28) Compliance with Applicable Laws and Regulations. The Provider, Employees and Provisional Employees shall not commit any criminal act, as defined under Georgia law, in the presence of any child enrolled in the Home and shall comply with all applicable laws and regulations.

Rule Type: Core Rule

Intent

To protect the health and well-being of all children present at the Home.

Clarification

Staff shall not commit criminal acts in the presence of children. This includes all criminal acts defined under Georgia law, including misdemeanors and felonies. Children exposed to criminal acts, including violence, are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior. Staff serve as role models for children and should present themselves as individuals respectful of laws and regulations.

Indicators

- ✓ Observe the actions of each staff person while on the Home's premises to ensure that they are appropriate and to ensure that criminal acts are not committed in the presence of children.
- ✓ Ask the Provider about specific incidents, observations and/or scenarios to determine compliance with laws and regulations.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.07(28) - Staff shall not commit any criminal act in the presence of any child enrolled at the family child care learning home	Never	Never	N/A	N/A	Commit criminal act on the premises or in/around a vehicle used for transportation while child(ren) are in attendance	Commit criminal act and child(ren) can see or hear the act	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Develop staff policies to include information regarding staff's requirements to follow all applicable laws.

Things for child care programs to consider:

- Additional information regarding criminal acts as defined by Georgia law can be located at:
<https://www.lexisnexis.com/hottopics/gacode/>

290-2-3-.08 Children's Records

- (1) The Home shall maintain current and updated individual records on each Child in care. The Home shall maintain the records outlined herein while the Child is in care and for a period of one (1) year after such Child is no longer in care at the Family Child Care Learning Home. Such records shall include: identifying information (Child's name, birth date, Parent's name, home and business addresses, telephone numbers); name, address and telephone number of persons, including Child's physician, to contact in emergencies; and name, address, telephone numbers, relationship to Child and to Parent(s) and other identifying information of person(s) to whom the Child may be released.**
- (2) Such records shall include evidence of age appropriate immunizations, or a signed affidavit certifying that the required immunizations conflict with the religious belief of the Parent or a physician statement that immunization is contraindicated. Evidence of immunizations or required documentation shall be on file for each Child upon admission to the Home or within 30 days thereafter.**
- (3) Such records shall include written authorization for the Child to receive emergency medical treatment when the Parent is not available.**
- (4) Such records shall include a record of any allergies and other known medical problems.**
- (5) Such records shall include documentation of any medications given as required by these rules.**
- (6) Such records shall include descriptions of accidents or serious illnesses occurring while the Child is in the Family Child Care Learning Home, including date, time and condition under which it occurred and the action taken.**
- (7) Such records shall include parental agreements for transportation, field trips, swimming and/or other activities away from the Home if the Child will be participating in these activities.**
- (11) If applicable, notification of the absence of a liability insurance policy. If the Home is not covered by liability insurance sufficient to protect its clients, the Home must notify the Parent of each Child under the care of the program in writing. Each Parent must acknowledge receipt of such notice, and a copy of the acknowledgment shall be kept in the Child's file.**

Rule Type: Non-Core Rule

Intent

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

correct dosage as authorized and instructed by their parent and/or physician. To provide documentation of medications dispensed by the Home as protection to both the child and the Home, and to provide this information to parents.

Clarification

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

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

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

Children's incident/injury records can be used to discern possible child abuse and/or injury patterns, to prevent future injuries, and to provide information to parents, primary care providers, etc. Liability insurance provides protection for both the children and the Home and provides a resource for parents when children are injured while in the Home's care. If a Home does not carry liability insurance, the Home must notify each child's parent and obtain the parent's signature on the notification. The Department's No Liability Insurance Acknowledgment form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/LiabilitySignatureForm.pdf>.

Indicators

- ✓ Review each child's record to ensure each record contains all information and documentation as specified in the rules.
- ✓ Ask the Provider how the Home documents incidents requiring professional medical attention. Review the documentation to ensure that it contains all information as specified in the rule.

Best Practices:

- Establish a routine for periodically checking and updating all children's record information (e.g., at the beginning of each school year, at the start of the new calendar year, etc.). This practice will help ensure that the Home always has up-to-date information in children's records.
- It is best practice to have parents submit immunization certificates by their child's first day of attendance. This reduces the likelihood of not receiving the required information within the 30-day timeframe.

Things for child care programs to consider:

- Advise parents that their child's record information must be complete before the Home can provide care for the child. Review children's record (i.e., enrollment) forms at the point of enrollment to ensure that parents have completed the forms in their entirety with no missing information.
- Sample forms (e.g., children's enrollment forms, medication authorization forms, etc.) can be found on DECAL's website at:
<http://www.decal.ga.gov/Bfts/FormList.aspx?cat=Family%20Child%20Care%20Home>
- Immunization requirements apply to all children who attend the Home either daily, part-time, or on a drop-in basis. School-age children require a certificate to be on file at their school and at the Home. Age-appropriate immunizations must be documented on the Georgia Immunization Certificate (Form 3231).
- In situations where there are vaccine shortages or children are in the process of receiving, but have not yet completed a series of vaccinations, programs may allow a child without a completed certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that:
 - The family shows that the child is in the process of completing required immunizations.
 - Immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules set forth by the Center of Disease Control and Prevention (CDC).
- Georgia law allows a physician to issue a "medical exemption" from immunizations when it is deemed medically necessary for the health of the child. The medical exemption must be marked on the Georgia Immunization Certificate (Form 3231). A letter from the physician is not accepted as documentation of the medical exemption. Medical exemptions must be kept on file at the Home, are valid for one year, and may be reissued from year to year until a physician determines immunizations can be completed.
- Georgia law allows families to object to vaccinations on religious grounds by filing a notarized affidavit noting their objection. The only affidavit that may be used to register a religious objection to vaccinations is DPH Form 2208. Religious affidavits must be notarized and kept on file at the Home. They do not expire. The affidavit can be accessed at:
<https://www.gachd.org/wp-content/uploads/2006/01/072315-DPH-Form-2208-Religious-Objection-to-Immunization1.pdf>
- Expired immunization certificates must be replaced with a current certificate within 30 days of the date of expiration. Develop a system to track and flag immunization certificates to identify expiration dates that are approaching. Notify parents before the expiration of their child's immunization certificate so an updated certificate can be obtained and provided.

290-2-3-.08 Children's Records

- (8) Policies and Procedures.** Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
- (a)** The policies and procedures shall include a written description of the services to be provided which specifies the following: ages of children served, months of operation, days of operation, hours of operation, dates the Family Child Care Learning Home will be closed, admission requirements, including parental responsibilities for supplying and maintaining accurate required record information and escorting Child to and from the Family Child Care Learning Home; standard fees, payment of fees, fees related to absences and vacations and other charges such as transportation, etc. and transportation provided, if any.
- (b)** The policies and procedures shall also include written procedures for the following:
- 1. Behavior management and discipline actions used by the Home, to include the program's practices regarding the expulsion and suspension of children enrolled for care;**
 - 2. Handling emergency medical care, including where the Children will be taken for emergency medical care;**
 - 3. Administering medication and recording noticeable adverse reactions to medication;**
 - 4. Notifying Parent(s) in writing of their Child's: illness, injury, and exposure to a notifiable communicable disease or any cases or suspected cases of viruses or illnesses (COVID-19, etc.) identified during a public health emergency, within twenty-four (24) hours after the Home becomes aware of the illness or the next working day;**
 - 5. Noticeable adverse reaction to medication(s);**
 - 6. Exclusion of sick children;**
 - 7. Exclusion and readmission of children with communicable diseases, as defined on the most current version of the communicable disease chart, as found on the Department's website, or with cases or suspected cases of viruses or illnesses (COVID-19, etc.) identified during a public health emergency;**
 - 8. Protection of children in the event of: severe weather, fire, and physical plant problems, such as a power failure, that affect climate control, loss of water, or structural damages;**
 - 9. The transportation of Children to and from school or home, if provided, to include the procedure to be followed if no one is home to receive the transported Child;**
 - 10. Identification of others providing care. The Provider must inform the Parents of Children in care of the names of any caregiver and their responsibilities, and the names of the persons who would be called upon in an emergency;**

- 11. Parents' ability to visit the Family Child Care Learning Home unannounced and at any time that their Child is in care;**
- 12. Any information requested by the Parent concerning the operation of the Family Child Care Learning Home or the care of the Child, including but not limited to a description of any special procedures to be followed in caring for the Child, such as any special services which the Home agrees to provide to a Child with special needs. The Parent(s) will be provided daily communication (verbal/written) regarding the care of the Child, especially with infants, toddlers and nonverbal Children. Additionally, the Provider must bring special problems or significant developments to the Parent's attention as soon as they arise;**
- 13. Notification of the existence of a firearm in the Family Child Care Learning Home;**
- 14. Notification of any changes in the regular composition of the household. The Provider must notify the Parent(s) of anyone regularly on the premises, including but not limited to spouse, friend(s), relative(s), or significant other(s);**
- 15. Notification of the existence of any pets or other animals residing in the Home or on the property of the Family Child Care Learning Home; and**
- 16. Notification of infant sleep position practices. The Provider must notify Parent(s) of Sudden Infant Death Syndrome (SIDS) risk reduction practices, sleep positioning policies, and arrangements for placing all infants on their backs for sleep.**
- 17. A description of the practices followed by the Home to prevent shaken baby syndrome and abusive head trauma in children up to five years of age that includes the following information: how to recognize, respond to, and report the signs and symptoms of shaken baby syndrome and abusive head trauma; strategies to assist staff members in understanding how to care for infants and how to cope with a crying, fussing, or distraught child; strategies to ensure staff members understand the brain development of children up to five years of age; and a list of prohibited behaviors when dealing with children.**

Rule Type: Non-Core Rule

Intent

To ensure organization and structure within the Home. To ensure compliance with applicable laws and with the Department's rules and regulations. To ensure that a parent's decision to enroll a child at the Home is based on accurate, clear information about the Home's operation and practices. To enhance communication between parents and the Home, and to ensure that the Home and parents have a clear and written understanding of their mutual responsibilities. To protect children from exposure to a child who has a communicable disease or viruses, or illnesses identified during a public health emergency, and to prevent the spread of contagious illness throughout the child care program. To provide parents with information that can be used to assess the health of their children and to determine any precautions they may want to take as a result.

Clarification

Each Home must have policies and procedures to guide the actions of all individuals involved in the Home. Policies and procedures ensure and endorse the well-being of all families, children, staff, and volunteers who are connected to the Home's operation. When policies and procedures are well thought out and implemented, they provide a common understanding and clear expectations for all those involved. Procedures provide clear instructions and guidelines on what should/must be done in a particular set of circumstances or with regard to a particular issue.

Policies and procedures help new staff and families familiarize themselves with the Home's practices and provide information regarding the Home's expectations. Policies should be regularly reviewed to ensure that they meet the needs of those working with and/or for the Home. Policies should be revised when changes occur at the Home and within the wider community. The Home must provide a current copy of its policies and procedures to parents.

Programs should have policies and procedures in place to prevent and identify abusive head trauma, such as shaken baby syndrome. Abusive head trauma, including shaken baby syndrome, is severe child abuse that can result in death or devastating long-term neurological problems. It causes brain injury from violent shaking or blunt impact on the child's head, usually when a parent or caregiver is frustrated because the child is crying. It is important for program staff to have training and an understanding of the vulnerabilities of children to help prevent injuries and properly handle infants, as staff may care for children who are fussy or cry often. It is helpful for staff to understand that these behaviors are normal and learn effective ways to manage them. Infants are most vulnerable to head injury because they do not have head control, however toddlers and children who have better head control are also at risk for head injuries. Staff who have direct contact with children, including substitutes and Volunteers, should have training on preventing and identifying abusive head trauma and shaken baby syndrome. The training should include information on abusive head trauma prevention and recognition topics, brain development for children ages birth to five years, how the brain grows and what can hurt the brain in infancy and early childhood, and how to safely hold an infant to prevent shaken baby syndrome and abusive head trauma, etc.

Policies and procedures should include prohibited behaviors when dealing with children, such as but not limited to, shaking a child, tossing a child into the air or into a crib, chair, or car seat, and pushing a child into walls, doors, and furniture. Shaken baby syndrome and abusive head trauma are a medical emergency and timely emergency care is essential. Signs and symptoms of head trauma or shaken baby syndrome (e.g., irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises) may appear quickly or a few hours after an incident. It is important for staff to be aware of what injuries look like and how to respond so children can get immediate care.

The Home is required to provide written notification to parents of all enrolled children when illnesses listed on the communicable disease chart or viruses, or illnesses identified during a public health emergency are present in the Home, except for the common cold, ear infections, sore throats, and sinus infections. The chart also provides information about how the diseases are spread and how to prevent the spread of infection within the Home. The chart can be located on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>. In situations where more than three persons have a non-reportable illness, it is recommended that the Home report the illness to the county health department.

Reportable illnesses are more serious due to their infectiousness, severity, or frequency of occurrence, and they pose a serious public health threat (or the potential for such threat). For these reasons, parents should be given

written notification within twenty-four (24) hours of the Home becoming aware of the illness, or by the next working day. This enables parents to closely monitor their children for signs of possible infection and provides valuable information that the parent can share with the child's medical professional.

When animals are in situations unusual to them or around an increased number of people, the stress of those situations may cause them to act aggressively. The Home should inform parents in writing of all types of animals and/or pets kept in the Home and on the premises that includes information related to the animals' temperament around humans and other animals.

Indicators

- ✓ Review a copy of the Home's policies and procedures. Check to ensure the policies and procedures address all information as specified by the rules and are relevant to the Home.
- ✓ Ask the Provider about the Home's practice for updating the policies and procedures and for notifying children's parents of the updates.
- ✓ Ask the Provider for details regarding how information is communicated to parents about communicable diseases, viruses, or illnesses identified during a public health emergency. In cases of known or reported outbreaks, ask for a copy of the notice provided to parents (if appropriate).
- ✓ Ask the Provider about all pets and animals living in the Home and on the premises. Ensure the type of animal and its temperament do not have a viscous propensity.

Best Practices:

- Review and update written policies and procedures annually or more often, if needed. Provide copies of policies, which include pertinent plans and procedures, to all staff and parents at least annually, and two weeks before new policies or changes to existing policies go into effect.
- Present policies and procedures orally to parents who are unable to read. Parents who are not able to understand the policies because of a language barrier should have the policies presented to them in a language with which they are familiar.
- Incorporate an inclusion statement within the policies and procedures that covers how children with special needs are supported to participate in all class activities, how therapies are conducted onsite (when applicable), any early childhood intervention partners with whom the program works on a regular basis, and any required documentation of a child's needs required by the program.

Things for child care programs to consider:

- Include information about liability insurance in the Home's policies and procedures (i.e., whether the Home does or does not carry the insurance).
- Use the Department's sample safe sleep practices policy. It can be found on DECAL's website at: <http://dec.al.ga.gov/documents/attachments/Sample-SafeSleepPracticesPolicy.pdf>

290-2-3-.08 Children's Records

- (9) Documenting the Child's arrival and departure. The Parent or person(s) authorized by the Parent to drop off and pick up the Child will document each time the Parent or authorized person drops off and picks up the Child. The documentation shall include at least the following information: the date, the Child's name, the arrival and departure times, and the signature or initials of the Parent or authorized person and shall be made available to the Department in printed or written form upon request.
- (10) The Home shall ensure that Children are only released to authorized person(s), and the Home shall take necessary steps to determine that any such person(s) presenting to pick up a Child in care is authorized by the Parent(s) of the Child and that person matches the identifying information provided by the Parent.

Rule Type: Non-Core Rule

Intent

To ensure accountability of children for evacuation purposes. To protect the health and safety of individual children by requiring basic information, obtained at arrival and departure, to account for each child in care. To provide for children's safe release from the Home by ensuring that children are released only to persons authorized by their parents.

Clarification

Accurate arrival and departure records:

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

To prevent the release of any child to an unauthorized person, the Provider should ask for identification and match the identifying information of the person picking up the child with the authorized release person information listed in the child's record.

Indicators

- ✓ Observe children's arrival and departure records. Ensure that written and/or electronic records contain all information as specified by the rule.
- ✓ Ask the Provider about the Home's procedure for verifying the identity of children's authorized release persons.

Best Practices:

- Use the arrival and departure record as a tool to communicate daily with parents whenever children are absent from the Home for an unexplained reason. This communication should be as early as possible by a method (i.e., telephone, text, email, etc.) agreed upon at the time of enrollment.
- Keep daily arrival and departure records in a central location for easy access by the Home's staff, licensing consultants, etc.

Things for child care programs to consider:

- It is acceptable for a Home's staff person to complete the arrival and/or departure record when a child is transported by the Home.
- When the Home receives funding from sources such as the Child and Adult Care Food Program (CACFP), the Childcare and Parent Services (CAPS) program, etc., policy requirements related to children's attendance records could differ from the rule requirements. In those situations, the Home must comply with both the rule requirements and the funding program's requirements.
- It is acceptable for arrival and departure records to be computerized as long as the electronic records can be printed upon request and maintained for the twelve (12) preceding months. When used, electronic records must capture all the required information related to children's arrival and departure. For example, the electronic system must include the name (or the individual code) of the person who drops off and picks up the child. If the Home converts written record information into electronic format, the written records must be maintained as documentation.
- A sample arrival and departure record form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/FCCLHSigninSheet.pdf>

290-2-3-.08 Children's Records

(12) Documentation of family relationships for related children, other than the Provider's own children, cared for in the Home shall be maintained and shall include a notarized statement by the related child's Parent(s) attesting to the relationship.

(13) Documentation of the non-pay status of related and unrelated children in care for whom no pay is received shall be maintained and shall include a notarized statement by such child's Parent(s) attesting to the non-pay status.

Rule Type: Non-Core Rule

Intent

To provide documentation that will aid the Department in evaluating the Home's compliance with rules and regulations related to the number of children who may be present in the Home and the children's relationship to the provider.

Clarification

A Family Child Care Learning Home cannot provide care for more than six children for pay (monetary or in-kind reimbursement) at one time. There should never be more than six children under the age of 13 who are unrelated to the Provider on the Home's premises at one time (regardless of pay status). To ensure the Home is compliant with these requirements, documentation of a child's non-pay and/or relationship status must be maintained on site in the form of a notarized statement that has been completed by the child's parent(s). Requiring documents to be notarized adds a layer of verification that can help deter fraud and ensure that the signers are willingly and knowingly entering into an agreement.

Indicators

- ✓ Observe the children present in the Home. Ask the Provider if any of the children are related and/or are being kept for no compensation.
- ✓ Review children's files. Ensure that a relationship status and/or a no compensation affidavit is on file, if applicable.

Things for child care programs to consider:

- The Department's Relationship Status and No Compensation Affidavit can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/RelationshipStatusandNocompAffidavit.pdf>

290-2-3-.08 Children's Records

(14) If applicable, documentation of approved water and sewage disposal systems shall be maintained in the Home by the Provider.

Rule Type: Non-Core Rule

Intent

To protect the health of children by ensuring the Home is compliant with environmental health requirements and the Department's regulations and policies.

Clarification

To ensure the water supply is safe and does not contain dangerous substances or spread disease, Homes with a private water supply (i.e., a well) must have their water tested and approved by the health department or the authority with jurisdiction. Homes with a private sewer/septic system must have an inspection and approval of their system from the health department (i.e., environmental health section). If possible, the approval should state the system's load limit (or number of persons the system could accommodate). If a load limit is specified for the septic system, the Home must adhere to the restriction/limitation.

Indicators

- ✓ Observe documentation of the Home's water and sewage system approvals. Check administrative files (i.e., state file, consultant's file) for evidence of the Home's water and sewage system approvals.

Things for child care programs to consider:

- Keep documentation of water and sewage approvals in a central location with other important file information for easy access during licensing inspections.

290-2-3-.09 Children's Activities

- (1) The Family Child Care Learning Home shall provide a variety of daily activities appropriate for the Children's chronological ages and developmental levels. Children with special needs shall be integrated into the activities provided by the Family Child Care Learning Home unless contraindicated medically or by parental agreement. Activities shall be planned for each group to allow for:**
- (i) Indoor and outdoor play;**
 - (j) A balance of quiet and active periods;**
 - (k) A balance of supervised free choice and caregiver-directed activities;**
 - (l) Individual, small group, and large group activities;**
 - (m) Large muscle activities, such as, but not limited to, running, riding, climbing, balancing, jumping, throwing, or digging;**
 - (n) Small muscle activities, such as, but not limited to, building with blocks or construction toys, use of puzzles, nesting or stacking toys, pegs, lacing, sorting beads, or clay;**
 - (o) Language experiences, such as, but not limited to, listening, talking, rhymes, finger plays, stories, use of film strips, recordings or flannel boards;**
 - (p) Arts and crafts, such as, but not limited to, painting, coloring, cutting, or pasting;**
 - (q) Dramatic play, such as, but not limited to, play in a home center, with dolls, puppets, or dress up;**
 - (r) Rhythm and music, such as, but not limited to, listening, singing, dancing, or making music; and**
 - (s) Nature and science experiences, such as, but not limited to, measuring, pouring, activities related to the "world around us" such as nature walks, plants, leaves or weather, or experiences in using the five senses through sensory play.**

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

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

Indicators

- ✓ Observe staff to determine if they allow children to make choices regarding activities.
- ✓ Observe children's activities to determine whether all children can (and are allowed to) participate in the activities. Check to ensure that necessary accommodations are made for individualized needs.
- ✓ Check the Home to ensure that age-appropriate materials are diverse and offer a variety of activities.

Best Practices:

- Rotate toys and materials in the Home to alleviate boredom.
- Transition activities should be smooth and short in duration to hold children's interest and to ensure that all children are productively engaged.

- Children's interests should be the main focus of activities. Staff should change activities if children lose interest and extend play time if children are interested.
- Arrange toys and materials according to interest areas to create learning centers within the Home (e.g., reading/book center, art center, music center, dramatic play center, etc.).
- Ensure that activities are fun, purposeful, focused, and interactive.
- Keep in mind that children's learning experiences are enhanced more through small group and child selected activities than large group activities.
- Talk with children during routines. Having social conversations to get to know them better and to assist in developing positive relationships.
- Planning abundant free play times during the day will create opportunities for caregivers to rotate among the children, interacting with individual children to meet their varied learning styles as they play and explore topics of interest to them.
- Add structure to facilitate successful free play:
 - Arrange the child care area into interest centers, instead of open play spaces, organized by type of play and with a multitude of materials to choose from.
 - Allow children to choose where and when they play. Forced rotation or assigned centers are not considered free play.
 - Have rules for how many children are allowed in each interest center at one time so that there are enough materials and space for successful play to occur. Use center signs, timers, and/or turn-taking boards to help children know when it is their turn.
 - Have children clean up their materials before going to the next center.
 - As children are playing, caregivers should teach as they move about the room interacting with individuals and small groups of children. By starting conversations, adding new information, and asking open-ended questions about the play, caregivers can easily recognize children's skill and understanding and then extend it.
- Free play should occur indoors and outdoors daily. For indoor free play, at least an hour per morning and per afternoon is necessary, but more is recommended. Outdoor gross motor free play should also be provided at least one hour per morning and one hour per afternoon, weather permitting.
- Any small and large group activities offered should be short, age-appropriate, and voluntary, not required. Children learn best when they are interested, and forced participation typically leads to boredom and/or behavioral problems. Group times of any length are not age-appropriate for infants. Children of all ages learn more through free play, set up with the structure described above, than they do through teacher-directed groups.
- When planning art activities, avoid teacher-directed crafts and coloring sheets and provide child-directed art activities instead, such as free drawing, painting, play dough, collages, etc. Children learn more from being able to engage in creative art with individual expression. Children should be able to choose the topic, which art materials to use, and/or how they want to complete the artwork. Child directed art is best offered as a free play interest center, rather than a small group activity.
- As children work on their self-directed art, caregivers are encouraged to talk with them about what they are making, how they chose it, what colors and materials they are using, etc. to extend learning. The caregiver can also add quotes from the child to the completed artwork. This helps children make the connection between spoken words and print for pre-literacy skills, and it gives parents more information to begin conversations with their children at home about their art.
- During free play, offer to read books to individuals or small groups of children who are interested, and let them choose the book. Point out and talk about the story and illustrations with the children while reading to increase engagement. As children get older, pointing out the print as it is read can increase pre-literacy skills as well.
- If a Home chooses to use themes in their curriculum, materials can be changed out to coordinate with the themes in interest centers and planned activities to extend learning. Example: During a restaurant themed week, the dramatic play center could be a restaurant with menus, restaurant uniforms and hats,

diverse play foods, dolls/puppets who are eating at the restaurant, and additional restaurant props. A book center could include fantasy and fiction books related to diverse foods, restaurants, cooking, eating out, cultural meal customs, etc.

- Transitions should be smooth and short. Transitions should ensure that children do not wait without anything to do for more than 2 minutes. Consider gradual or individualized transitions, when possible, to assist with this, rather than whole group transitions. When waits are unavoidable, sing or play a game with the children while they wait.
- Maintain materials and equipment in good working order (e.g., toys and play materials with no dead batteries, books with no torn or ripped pages, puzzles with no missing pieces, etc.).
- Plan gross motor activities indoors as well as outdoors, especially during inclement weather days.
- Allow children to use problem solving skills during play activities.

290-2-3-.09 Children's Activities

- (2) Children shall be helped to develop skills in all areas (washing, dressing, toileting, etc.) appropriate to the age and ability of the child.**
- (3) Children shall spend some time of each day outside when the children's health and the weather permits.**
- (4) There shall be a supervised nap period during the day for preschool age children.**

Rule Type: Non-Core Rule

Intent

To provide children with developmentally appropriate guidance and supervision and to encourage their independence. To ensure that children are provided daily opportunities to develop and practice large motor skills, to explore the outdoor environment, and to enjoy freedom of play that cannot be experienced indoors. To provide children with a change of pace from the confinement of indoor play and the academic experience. To ensure that children are not excluded from outdoor play, when weather conditions are favorable, without a valid reason. To ensure that children's basic need for rest is met.

Clarification

Caregivers can help young children become independent by allowing and encouraging them to take responsibility for themselves whenever possible. The extent to which caregivers support a child's self-help skills depends on the child's age and level of development. Young children require more assistance in order to care for basic needs and to teach the importance of good health habits. When children practice self-help skills (e.g., feeding, dressing, toileting, etc.), they practice their large and small motor skills, gain confidence in their ability to try new things, and build self-esteem and pride in their independence.

Children need the opportunity to benefit from fresh air, sunshine, and the release of pent-up energy. They also need the sensory stimulation provided by a change from the indoor environment to an outdoor environment. Many of the developmental tasks that children must achieve (i.e., exploring, risk-taking, fine and gross motor development, and the absorption of vast amounts of basic knowledge) can be most effectively learned through outdoor play. Children should play outdoors daily when the conditions do not pose a safety risk, a health risk specific to an individual child, or a significant health risk of frostbite or of heat related illness. Caregivers should monitor weather conditions daily.

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

Indicators

- ✓ Observe children or ask staff how they provide developmentally appropriate personal assistance when children complete self-care routines. Based on the children's age and level of development, assistance should be balanced with encouraging them to become more independent through trial and error.
- ✓ Observe children's activities and/or ask staff about children's outdoor play time.
- ✓ Observe the Home during nap/rest periods. If not observed, ask staff about the Home's napping practices.

Best Practices:

- Plan for more staff to be available during routines/activities where children may need additional attention, help or guidance (e.g., nap time, outdoor play, transition periods, lunch time, etc.).
- Plan activities specifically to encourage and to teach self-help skills (e.g., washing dolls in a shallow pan of water, shoe lacing and tying activities, etc.).
- Consider using simple picture and word direction signs to assist with learning routines, such as handwashing. As caregivers teach a step or remind a child of a step they missed, point to the photo and the words to help guide the process. This ensures consistency in the routine process, reminds the child of where they can look when they forget a step, facilitating more self-help skills, and teaches the value of print for pre-literacy skills.
- Quizzing children on different learning facts, such as letters, numbers, and colors, is discouraged as it can negatively impact a child's self-confidence and enthusiasm for learning. Instead, talk about the academic concepts the children can learn as they experience them during play. This will provide a natural introduction to concepts in ways children can readily relate to the world around them. For example, as caregivers talk about the pictures in a book being read, discuss the colors, size, and attributes of what is seen in the illustrations.
- Modify times for outdoor activities during the summer and winter months. For example, during the hot summer months (if there are no weather advisories), allow children to go outside earlier in the day (when temperatures are cooler).
- Structure outside play as outdoor gross motor free play. This creates opportunities for caregivers to rotate through the playground as children play, talking and playing with individual children engaged in gross motor play, for the purpose of encouraging and extending learning with personalized interactions attuned to each child's developmental abilities and interests related to their play.
- All ages of children should be taken outside to engage in age-appropriate outdoor gross motor free play. Outdoor gross motor free play should be provided daily, with at least one hour per morning and/or afternoon, weather permitting.
- Consult the Weather Watch resource for further guidance, taking into account specific weather conditions.
- When the weather does not permit outdoor play, indoor gross motor play with gross motor equipment and plenty of space to use gross motor skills should be provided for the same amount of time planned for outside. Gross motor play requires children to use their larger muscle skills, typically moving their entire bodies as they experience exercise through play.
- Keep additional clothing on site to ensure that children are not restricted from outdoor activities due to a lack of adequate clothing.

- If older children do not fall asleep within 15 minutes of lying down, they should be allowed to engage in quiet activities they are interested in. If many children are not asleep after 15 minutes, consider whether the nap time is scheduled too early for the group.
- To assist children in falling asleep, rub their backs or rock children, as needed, use quiet instrumental music, and dim the lights, but keep enough light to easily supervise.
- Create a “quiet time” box of activities from which non-napping children can choose. For samples of quiet-time activities, refer to the information contained in the clarification section.

Things for child care programs to consider:

- Obtain information from a child’s family to help determine if the child needs additional support.
- Listen to local media sources or a weather radio for weather alerts/weather watches. A weather watch chart is available on the Department of Early Care and Learning’s (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/Weatherwatchchart.pdf>
- Find information about local air quality conditions and the Air Quality Index (AQI) at: <https://www.airnow.gov/>

290-2-3-.09 Children's Activities

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

Indicators

- ✓ Observe the Home for evidence of children's free movement throughout the day. Notice children's placement in confining equipment and monitor to determine that children do not remain in restrictive equipment for extended periods of time as indicated in the rule. Notice children who exhibit signs of restlessness, fatigue, and other discomfort. Children should not be moved from one piece of confining equipment to another if the total time spent in such equipment exceeds one-half (1/2) hour consecutively.

- ✓ Ask staff about the length of time children spend in confining equipment and how they monitor the length of time the children actually spend in such equipment. If children are observed in, or staff indicate that children are placed in confining equipment due to misbehavior (e.g., biting, hitting, etc.), refer to discipline Rule 290-2-3-.11(3)(a).
- ✓ Observe the Home to ensure that sleeping children are removed from confining equipment and are placed in equipment that has been approved for sleeping (i.e., safety approved crib or other approved sleeping equipment).
- ✓ Ask staff how they ensure that children are allowed floor play time, and infants are allowed tummy time on the floor each day.

Best Practices:

- For a young infant who is unaccustomed to being on his or her stomach, start with short periods of tummy time (i.e., three to five minutes) and increase the amount of time as the infant begins to enjoy this position and grows stronger. A good time to allow tummy time is after a diaper change or when the infant wakes up from a nap.
- Create a space that is designed specifically for infants to have tummy time. This space should be away from high traffic areas used by staff and by children who are more mobile.
- Protect nonmobile children from mobile children with active supervision and room arrangement. Both nonmobile and mobile children need floor space for play, and designated separate play spaces within the room provide protection for nonmobile children while still giving mobile children the freedom to explore.
- Restrictive devices, such as infant swings, bouncer chairs, and exersaucers/bounce activity centers, should be limited to only when needed to soothe children, for short durations of 5 minutes or less.
- Be mindful of restrictive equipment use outside. Just as inside, it's use should be limited to only when needed to soothe children and to no more than 5 minutes at a time. Children should be able to freely move to engage in gross motor play, as their abilities allow. Keeping them in restrictive devices (e.g., bucket swings when active swinging is not taking place, strollers, Bye Bye buggies, etc.) will not allow them to engage in gross motor play.
- Wait to place infants into cribs until they are asleep and remove them immediately upon waking.
- When placed on the floor to play, nonmobile children need toys to be accessible and within their reach so they have something interesting to do. Mobile children should be able to access toys independently from low shelves.
- Caregivers are encouraged to sit on the floor with both nonmobile and mobile children, playing with them, talking to them about their play, assisting with toys as needed, singing, reading books, etc. Even for the youngest children who may also be nonverbal, this practice increases children's engagement and interest in the world around them, and it facilitates language and social skill development.
- The American Academy of Pediatrics recommends that infants are provided tummy time at least 2 to 3 times each day while they are awake and being supervised by an adult.

290-2-3-.09 Children's Activities

- (7) The use of entertainment media, such as television programs or video tapes, and computer games shall be limited to programs, tapes, and software that are produced for the benefit of audiences comprised of young children. Such uses of entertainment media shall be used only in addition to other activities, shall not be the primary source of children's activities, and should be limited to no more than two hours daily.

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

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

Best Practices:

- Based on the American Academy of Pediatrics, media screen time should be avoided for infants and children under the age of two and limited to thirty minutes or less per week for children two years of age and older. Smart boards and I-Pads are considered media sources and count towards media time. Computer use should be limited to no more than fifteen minutes per day.

- Store all approved media in a centralized location. Choose programs that are educational in nature, that allow children and caregivers to interact, and that enhance daily learning activities.
- No media screen time should be allowed during meals and snacks. Turning off media when children are engaged in other activities will prevent background noise and distraction and will encourage children to engage in conversation.
- Store alternate activities in a designated location. Children can then choose an activity from this location if they become disinterested in the media activity. Alternate activities could include puzzles, books, arts/crafts and manipulative toys.
- Monitor the volume of media activities. Children (and adults) should be able to engage in normal conversations without shouting. Noise becomes harmful when it interferes with a child's normal activities such as talking, sleeping, and playing.
- Notify parents in advance of television programs, movies or games children are scheduled for viewing.
- Involve caregivers and parents in the process of developing a policy for limiting screen time and electronic media use in the Home. Electronic media includes any device that has a screen with moving pictures or print, including iPads, smartphones, tablets, television, and toys that imitate electronic devices. A written commitment will aid in aligning the program to standards of quality for health, safety, and school success.
- Refrain from using electronic media with children under age two and limit electronic media use to no more than 15 minutes per day while in care for children two and older. Excessive screen use can have negative effects on children's development and behavior, and many children already experience an abundance of screen use at home.
- Electronic media use should also be voluntary, and alternative activities children are interested in, such as free play in interest centers, should be provided for those not interested.
- When technology is used, choose media that will support current learning interests of children or classroom topic themes to extend learning, and choose media that requires active participation from children, rather than sedentary use.
- Caregivers should be actively involved with the children while they are using technology, engaging them in the content.

Things for child care programs to consider:

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

290-2-3-.09 Children's Activities

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

- ✓ Observe children's activities or ask staff how they intervene when children are playing inappropriately or using equipment incorrectly (e.g., play fighting, jumping on each other, standing in a swing, climbing up a slide backwards, etc.).
- ✓ Observe staff to ensure that children are not handled in a way that could possibly harm them (e.g., picking a child up by the arm or wrist, pulling a child by a piece of clothing, etc.).
- ✓ Observe other adults' (i.e., non-staff) interactions with children to ensure that verbal and physical interactions are appropriate and that staff intervene, when necessary.
- ✓ Observe children's interactions with other children to ensure that contact between children is appropriate and that staff intervene, when necessary (e.g., older children should not be allowed to feed, to pick-up, to hold, or to care for younger children). If children are observed disciplining or humiliating other children, refer to discipline Rule 290-2-3-.11(3)(a).

Best Practices:

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

room provide protection for nonmobile children while still giving mobile children the freedom to explore.

- Refrain from use and do not allow other adults or children to use verbal remarks that are detrimental to children's overall well-being, such as sarcasm, belittling remarks, harsh criticism, vulgar language, bullying, yelling, etc. Use positive language with children.
- When redirection is needed, use positive discipline to teach children expected behaviors. Explain reasons for guidance. Help children understand how their actions affect others and involve them in resolving their own problems when age appropriate. Support children involved until the problem has been resolved and there is a satisfactory outcome.

Things for child care programs to consider:

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

290-2-3-.10 Nutrition and Food Services

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

All parents should be provided with written nutritional information concerning the nutritional requirements for meals and snacks brought from the child's home. The Home shall have a written agreement with the parent(s) as to the parent's responsibility to provide the child with nutritious food. When meals and snacks are brought from home by a child, the food shall be evaluated daily to ensure all the nutritional requirements stated in the

rule are met. If not, the Home must provide the child with the additional food necessary to meet the requirements.

Indicators

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

Best Practices:

- Ensure that additional food is prepared and available at each meal service for second servings. If/when the home lacks additional food from the meal, the food(s) offered as a second serving must be nutritious.
- Food brought from home shall be individually labeled with the children's names. Children should be monitored to ensure that there is no swapping of home-prepared food.
- Caregivers are encouraged to eat the same foods and drinks the children are being served to intentionally model healthy eating practices for children. When caregivers consume foods not offered to children, the food or beverage should be in unmarked containers where it cannot be seen, such as in a thermos or non-transparent food storage container.
- Caregivers should consume only healthy food and drinks within the presence of children to encourage and model healthy food habits.
- Substitutions made due to family preferences or allergies should provide adequate nutritional value for the USDA required food component that was replaced. For example: If a child is allergic to milk, an appropriate milk substitute should be provided, not just water.

Things for child care programs to consider:

- Consider participating in the CACFP Food Program to assist with menu planning and with food reimbursement costs.
- Additional information about the USDA's Child and Adult Care Food Program requirements can be found at: <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

290-2-3-.10 Nutrition and Food Services

(2) Non-nutritional Food. Foods and drinks with little or no nutritional value, i.e., sweets, soft drinks, etc. shall be served only on special occasions and only in addition to the required nutritious meals and snacks. Powdered nonfat dry milk shall not be used except for cooking purposes.

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

- ✓ Check the posted menu and observe a meal service (if possible) to ensure non-nutritious foods are not served to children in place of the required nutritious meals and snacks.
- ✓ Ask the Provider and/or staff about the Home's policy regarding foods served to children during special occasions (e.g., holiday parties, birthday parties, etc.).
- ✓ Ask the Provider if powdered non-fat dried milk is used in the Home. If so, ask to ensure it is only used for cooking purposes.

Best Practices:

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

Things for child care programs to consider:

- Additional information about the USDA's Child and Adult Care Food Program requirements can be found at: <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>.

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

- ✓ Check to ensure that the Home has an infant feeding plan for each child under one year of age.
- ✓ Observe the feeding of infants or ask the Provider about infant feedings to ensure feeding plans are followed.

Best Practices:

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

Things for child care programs to consider:

- Include an infant feeding plan form in the enrollment packet (if appropriate based on the child's age) to ensure parents complete the form before their child's admission. The Department's sample infant

feeding plan can be found at: <http://www.decal.ga.gov/documents/attachments/Infantfeedingplan-CCS.pdf>

- Check infant feeding plans for complete information/documentation at the point of submission by the parent(s). Remember that times should be specific (i.e., 10:00 AM, 12:00 PM, etc.) and not general (i.e., every four hours, every six hours, etc.).
- It is acceptable for parents to update existing feeding plans with new information rather than completing a new plan each time there is a change in their infant's eating habits. The new information should be notated (i.e., initialed or signed, and dated) to clearly indicate the information that was updated.

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(3) Feeding of Infants and Children.

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

Rule Type: Non-Core Rule

Intent

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

Clarification

Staff should be aware of complications, such as choking, associated with an infant's drinking in a reclining position and with falling asleep with a bottle of breast milk, formula, milk, juice, etc. in the mouth. According

to the American Academy of Pediatrics, the former may increase the incidence of ear infections, and the latter may result in the accelerated decay of teeth. In addition, providing comfort and holding during feeding is associated with supporting infants' emotional and social development.

Rule 290-2-3-.10(3)(b) does not refer to honey used as an ingredient in cookies, crackers, cereal, etc. Liquid honey should not be given to a child under one year of age as there is a risk that it could cause infant botulism which grows inside a baby's gastrointestinal tract. Symptoms of infant botulism include respiratory failure, loss of head control, and paralysis.

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

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

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

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

Indicators

- ✓ Observe staff as they feed infants to ensure proper procedures are followed as specified by the rule requirements. If not observed, ask staff how infants who are less than six months of age, or who cannot hold their own bottles or sit alone are fed.
- ✓ Ask the Provider or staff about the use of honey to ensure it is not served to infants.

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

Best Practices:

- During meals and snacks, it is easiest to actively supervise if the caregiver(s) sits with the children, eats with children consuming table food, and makes it a time for pleasant social conversation. When the caregivers use the time to interact with children, they build positive relationships with children, encourage increased language and social skills, and keep children safe all at the same time. This is encouraged during meals for children of all ages.
- For infants consuming bottles and baby food, have the bottle or food prepared and ready to immediately serve before calling the child over or placing them in a high chair. For older children, have food and drinks already prepared and on the table before calling children over to the table, and keep food and drinks for seconds within easy reach of the table. This will assist caregivers to remain within arm's reach of children who are eating/drinking.
- When possible, during meals and snacks, a minimum of two caregivers is useful to ensure caregivers remain within arm's reach of children under 3 who are eating and drinking. One caregiver can sit, eat, and talk with the children, remaining at the table the entire meal time and remaining within arm's reach, while the second caregiver can get up as needed to attend to children's needs when they begin to transition away from the table.
- Allow children to leave the table when they finish eating, without waiting on all children to finish before getting up. Encourage children to clean up their own meal dishes, as they are able, handwash and then begin free play in easily supervised areas while the others are finishing.

Things for child care programs to consider:

- Include an infant feeding plan form in the enrollment packet (if appropriate based on the child's age). The Department's sample infant feeding plan can be found at:
<http://www.dec.state.ga.gov/documents/attachments/InfantFeedingPlanCCS.pdf>

- Children may be developmentally ready to feed themselves and to drink from a cup when they are between six months and one year of age. The transition from a bottle to a cup can come at a time when a child's fine motor skills allow use of a cup.
- The area designated for breastfeeding can be located in the main child care area and does not have to be a separate room or area.
- Information on Reducing the Risk of Choking in Young Children at Mealtimes can be found on the Department's website at:
<http://www.decal.ga.gov/Bfts/FormList.aspx?cat=Family%20Child%20Care%20Home>.
- Information on Intentional Mealtimes and connecting the Georgia Early Learning Development Standards (GELDS) into mealtime routines and classroom activities can be found on the Department's website at: <http://www.decal.ga.gov/Bfts/FormList.aspx?cat=Family%20Child%20Care%20Home>.

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

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

Indicators

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

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

Best Practices:

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

Things for child care programs to consider:

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

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

Indicators

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

Best Practices:

- Avoid use of bucket seat tables. As children's legs dangle without support, children can become uncomfortable, impacting their willingness to eat, and children's legs can go to sleep. Additionally, the back strain to lift children in and out of the bucket seat tables can injure caregivers.

Things for child care programs to consider:

- Have additional feeding chairs available in case one of the feeding chairs in use becomes broken or inoperable.

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(6) Menus. The Home shall provide a menu listing all meals and snacks to be served during the current week. Substitutions shall be recorded on the posted menu. Menus shall be retained at the Home for six (6) months.

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

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

Best Practices:

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

Things for child care programs to consider:

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

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(7) Meal Service.

- (a) Children shall be served all meals and snacks scheduled for the period during which they are present in the Home. This includes breakfast or a morning snack, lunch, an afternoon snack, supper (if the Home offers evening care), and an evening snack prior to bedtime (if the Home offers night time care). In those Homes where the Parent(s) of children enrolled provide the meals and snacks, the Home shall ensure that no child remains at the Home without receiving the scheduled nutritious meals and snacks. There shall be a period of at least two (2) hours between each required meal or snack.**
- (b) Food and beverages shall be served in individual plates or bowls and with individual glasses or cups, that are not chipped or cracked.**

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

Cracks and crevices in dishes are ideal breeding grounds for bacteria that can contaminate food and make children sick. All surfaces that come into contact with food (e.g., tables and countertops), as well as equipment

such as microwaves, ovens and refrigerators in the food preparation area should be in good repair and kept clean.

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

Indicators

- ✓ Check the Home's posted menu and the daily schedule to ensure the required meals and snacks are served based on the Home's hours of operation.
- ✓ Check the Home's posted menu to ensure the required meals and/or snacks are served for evening and night-time care, if applicable.
- ✓ Observe that children are served meals and snacks as scheduled.
- ✓ Check the daily schedule to ensure that meals and snacks are scheduled at least two hours apart.
- ✓ Review the Home's policies and procedures for information regarding the Home's meal service and food brought from the child(ren)'s home.
- ✓ Ask the Provider and/or staff about the Home's procedure when a parent forgets to send a child's meal or snack, if applicable.
- ✓ Observe a meal service to ensure that children are served food and drink in individual plates, bowls, glasses and/or cups.
- ✓ Observe or ask the Provider if non-disposable dishes are used by the children. If so, check the dishes for chips or cracks.

Best Practices:

- Meals/snacks should be served to children no closer than 2 hours apart and no more than 3 hours apart while in care.
- If a child falls asleep earlier than planned, allow them to nap early. If a child falls asleep before a meal/snack, set aside food to serve them after they wake up.
- Ensure that children's water bottles are sanitized at the end of each day when allowing children to bring reusable water bottles from home.

Things for child care programs to consider:

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

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(7) Meal Service.

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

Indicators

- ✓ Observe staff-child interactions during mealtimes, if possible.

- ✓ Observe food preparation/food service practices, if possible, to ensure that staff allow hot foods to cool prior to children's consumption. If a problem is suspected, check the temperature of these foods.
- ✓ Observe to ensure that drinking water is available and offered, and that children are allowed to get water as needed. If not observed, ask the Provider and/or staff about the Home's practice regarding drinking water.

Best Practices:

- Sit at the table and eat with children during mealtimes as this can encourage social interaction and conversation. It also provides an opportunity to model appropriate eating behaviors, to teach children about food, to assist slow eaters, and to prevent children's behaviors such as fighting, eating each other's food, and stuffing food into their mouths.
- Encourage family style dining in classrooms where children are three years of age and older. This allows children to self-serve their meals and teaches them correct portion sizes.
- The availability of a small pitcher of water and disposable cups in the main child care area and on the playground encourages children to serve themselves water whenever they are thirsty.
- Individual sippy cups or water bottles can also be kept in children's cubbies to be retrieved by children when thirsty. Caregivers should refill as necessary when children run out during the day. Ensure that children's sippy cups and water bottles are sanitized at the end of each day.

Things for child care programs to consider:

- Include scheduled water breaks on the daily schedule as a reminder to offer drinking water throughout the day.

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

Rule Type: Non-Core Rule

Intent

To protect children from foods that can cause choking.

Clarification

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

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

Indicators

- ✓ Observe a meal service (if possible) to ensure staff follow the manufacturer's instructions and recommendations for the food items served.
- ✓ Check the posted menu and observe a meal service (if possible) to ensure restricted foods are not being served to children under three years of age.

- ✓ Ask the Provider about the Home's policy regarding food restrictions for children under three years of age.
- ✓ Check to ensure that all foods are inaccessible to children until properly prepared (i.e., chopped, diced, cut, or mashed) as determined by the food items served, and the ages and developmental abilities of the children.

Best Practices:

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

Things for child care programs to consider:

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

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

Indicators

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

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

Best Practices:

- Provide a copy of the Home's menu in advance to parents of children with modified diets. This will enable parents to notify the Home prior to the date of a meal service if modification is needed.
- Post information about a child's dietary restrictions in a secure location within the Home. This information should be known and easily accessible to any staff who provide direct care to the child; however, the information should not be visible to other people entering the Home (i.e., parents, housekeeping or maintenance personnel, etc.).
- Substitutions made for modified diets should provide adequate nutritional value for the USDA required food component that was replaced. For example: If a child is allergic to milk, an appropriate milk substitute should be provided, not just water.

Things for child care programs to consider:

- Ensure that all staff (including substitutes, volunteers, etc.) are aware of children's allergies prior to beginning work. Parents of other children should be aware of allergy situations to ensure that food sent into the Home is not harmful to the child with an allergy. When sharing allergy information with other parents, do not disclose the name of the child with the allergy.
- Ensure parents are aware of the Home's policy regarding modified diets/substitutions. If a child requires a modified diet, this information should be included as part of the child's admission and enrollment paperwork.

290-2-3-.10 Nutrition and Food Services

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

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

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.10 Nutrition and Food Services

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

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

Indicators

- ✓ Check food for the conditions specified by the rule. Notice any damage to packaging, expiration dates that have expired, condition of canned goods, use of home-canned or home-frozen foods, USDA labels (if applicable), etc.

- ✓ Observe kitchen operations during food preparation. If not observed, ask the Provider or staff about the Home's food preparation policies and procedures.
- ✓ Check mealtimes listed on the daily schedule and observe meal service to ensure that meals and snacks are served promptly after food is prepared.

Best Practices:

- Create a system for checking non-perishable foods to ensure these items have not expired (e.g., on the 1st and 15th of every month). Schedule routine times to check perishable items such as leftovers in the refrigerator, fresh fruits and vegetables, etc.
- Keep thermometers on hand to ensure that hot foods are maintained at the proper temperature of 140 °F or above prior to serving.

Things for child care programs to consider:

- The Home shall provide proper storage and refrigeration for food brought from home (i.e., sack lunches, lunch boxes, snacks, etc.).
- Ensure that all requirements, policies and procedures of the Child and Adult Care Food Program (CACFP) are followed if the Home participates in the program.

290-2-3-.10 Nutrition and Food Services

- (12) Food Preparation Areas.** The Home shall have a designated space for food preparation and in an area not used for diaper changing. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits. Food preparation surface areas shall be nonporous with no unsealed cracks or seams.

Rule Type: Non-Core Rule

Intent

To ensure sanitary conditions and prevent contamination of food and drinks. To ensure that food preparation does not interfere with other planned activities.

Clarification

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

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

Indicators

- ✓ Observe the Home’s designated food preparation area to ensure the area is clean and separate from diapering areas.
- ✓ Check food preparation surfaces to ensure the surfaces are nonporous, and free of unsealed cracks and/or seams.

Things for child care programs to consider:

- Remember that kitchen areas should be cleaned daily or more often, if needed. Food preparation equipment such as stovetops, ovens, microwaves, etc. should be kept clean.
- Repair cracks and seams on food preparation surfaces in accordance with manufacturer’s guidelines.

290-2-3-.10 Nutrition and Food Services

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

Rule Type: Non-Core Rule

Intent

To prevent contamination of food by disease-causing organisms.

Clarification

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

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

Indicators

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

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.10 Nutrition and Food Services

- (14) **Storage Areas.** The Home shall have a designated space for storage of food and kitchen items. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits.
- (15) **Containers of food** shall be stored above the floor on clean surfaces protected from splash and other contamination. Containers for food storage other than the original container or package in which the food was obtained, shall be impervious and non-absorbent, have tight-fitting lids or covers and labeled as to contents.
- (16) **Cleaning materials** shall be stored separately from food.

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

Indicators

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

- ✓ Check to ensure that food and cleaning materials are stored separately.

Best Practices:

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

Things for child care programs to consider:

- Add the date that the food product was opened and placed into a storage container on the container's label as this will allow staff to monitor the freshness of the food. This helps to ensure that only quality food is provided and served to children.

290-2-3-.10 Nutrition and Food Services

(17) Garbage. Garbage shall be stored in trash containers with lids and emptied and cleaned as needed. Areas around outdoor containers shall be kept clean.

Rule Type: Non-Core Rule

Intent

To ensure sanitary conditions and to prevent invasion by animals and insects.

Clarification

Kitchen garbage often contains organic material such as fruit and vegetable peels, egg shells, and food scraps. This material attracts insects and animals, and the decomposition of the material creates unpleasant odors. Proper storage and disposal of garbage not only prevents the spread of disease, it also helps to control unpleasant odors and other problems with insects and animals.

Garbage containers should be constructed of durable metal or other types of material, designed and used so insects and animals do not have access to the contents, and so they do not leak or absorb liquids. The containers must be kept covered with tight-fitting lids or covers when stored and emptied and cleaned as needed. This requirement applies to garbage containers located on the inside as well as the outside of the Home. Garbage areas should be free of litter and waste that is not contained, and exterior garbage containers should be stored on an easily cleanable surface.

Indicators

- ✓ Observe all kitchen garbage storage containers to ensure they have lids and are emptied and cleaned as needed.
- ✓ Observe areas around outdoor garbage storage containers for cleanliness.
- ✓ Ask the Provider about the Home's cleaning procedures for garbage storage containers.

Best Practices:

- Use a daily schedule for removal of trash from inside the kitchen.
- Create a cleaning schedule for garbage storage containers.

Things for child care programs to consider:

- Remember that kitchen garbage containers should have liners, and liners should be replaced each time the container is emptied.

290-2-3-.10 Nutrition and Food Services

- (18) Hygiene. The person preparing meals shall wash their hands and arms thoroughly with soap and warm running water before starting food service work and as often as necessary during food preparation and serving to remove soil and contamination.**

Rule Type: Non-Core Rule

Intent

To promote good hygiene, prevent contamination of food, and prevent the spread of infection.

Clarification

Frequent handwashing is the single most effective means of preventing the spread of bacteria and viruses that can cause food-borne illness. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Since staff are primarily responsible for the Home's food preparation and food service, it is important that they practice proper handwashing techniques at all times such as prior to, during, and after food preparation and after handling raw meat.

To ensure hands and arms are washed thoroughly, staff should apply liquid soap after wetting their hands and arms with warm running water (between 60- and 120-degrees Fahrenheit). Hands and arms should then be rubbed vigorously as they are washed for at least twenty seconds, rinsed thoroughly with running water, and dried with a clean, single-use or disposable towel.

Indicators

- ✓ Observe the handwashing procedures of staff preparing meals. If not observed, ask staff to describe their handwashing procedures.
- ✓ Check handwashing sink areas for soap and warm running water.

Things for child care programs to consider:

- After hands and arms are washed and dried, staff should turn off the faucet with the same towel they used to dry their hands.

290-2-3-.10 Nutrition and Food Services

(19) Dishwashing. Non-disposable dishes and silverware shall be properly cleaned by pre-rinsing, or scraping, washing, sanitizing and air drying.

Rule Type: Non-Core Rule

Intent

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

Clarification

The accumulation of food residues can decompose and support the rapid development of food poisoning toxins or other organisms; therefore, dishes, glasses and silverware must be properly cleaned before reuse. Pots and pans used in the cooking process only require washing and rinsing since children do not handle these items. The wash water must be kept clean and the sink refilled as often as necessary. The Home shall air dry dishes, glasses and silverware on a non-porous drain rack. Drying cloths should not be used to dry or drain clean dishes.

Indicators

- ✓ Observe that a sink or a dishwasher is available for dishwashing. Check to ensure that the sinks and dishwasher are in working order.
- ✓ Ask the person responsible for preparing food (or other staff responsible for washing dishes) to describe dishwashing steps.

Best Practices:

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

Things for child care programs to consider:

- Follow the manufacturer's instructions when using bleach or a commercial sanitizer.

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

- (a) Children, Parents, Staff, or any other person being supervised by the Staff, shall not be allowed in the Home who knowingly have or present symptoms of a contagious communicable disease (such as fever, coughing, fatigue, muscle aches, diarrhea, etc.) or any virus or illness (such as COVID-19, etc.) identified during a public health emergency.**

Rule Type: Non-Core Rule

Intent

To protect people from exposure to contagious disease. To prevent the spread of contagious illness throughout the Home.

Clarification

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

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

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

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

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

- Limiting families' access to the front door of the program.
 - Prohibiting unnecessary visitors.
 - Conducting health screenings on staff and children upon arrival.
 - Modifying sign-in/sign-out procedures.
 - Restricting operational services.
 - Requiring personal protection equipment (i.e., face masks, gloves, etc.).
-

Indicators

- ✓ Ask the Provider and/or staff about the Home's policy regarding the exclusion of children, parents, staff and persons being supervised by staff who have symptoms of a contagious disease, virus or illness such as those indicated by the rule. Ask specifically how these situations are handled.
- ✓ Review the Home's policies and procedures. Ask the Provider about the implementation of the procedures.
- ✓ Observe the Home's modified program operational procedures (i.e., arrival/departure, health checks, etc.) if required due to a public health emergency.

Best Practices:

- Conduct daily health checks to identify potential concerns about a child or a staff person's health, including recent illness or injury. Health checks may serve to reduce the transmission of infectious diseases within the child care program by identifying who should be excluded from the Home.
- Establish hand hygiene stations at the entrance of the Home, so that staff and children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol. Keep hand sanitizer out of children's reach and supervise use.
- Develop sign-in and sign-out procedures that reduce exposure to contamination and maintain sanitation practices. When paper sign-in system is used, writing utensils should be sanitized after each use.

Things for child care programs to consider:

- Maintain a list of substitutes to fill in as needed (and on short notice) when regular staff are ill. Plan in advance to ensure that substitutes meet all requirements and have complete documentation on file (i.e., staff applications, criminal record clearances, documentation of orientation training, etc.) prior to their work in the Home.
- Encourage all families to have a back-up plan for child care in the event of short- or long-term exclusion from the Home.
- Require, if necessary, a primary health care provider's note prior to a child's readmission to determine whether the child is a health risk to others and to provide guidance when the child requires special care.
- During a public health emergency, consider the following:
 - Stagger arrival and drop off times and/or plan to limit direct contact with parents as much as possible.
 - Post signage to designate separate entrances and exits into the program to accommodate social distancing practices.

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

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

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

(c) **The Home shall obtain emergency medical services when required by a child's condition.**

Rule Type: Non-Core Rule

Intent

To ensure that parents are notified in a timely manner when their children are involved in an incident, injured, or become ill. To protect children's health and safety in the event of a medical emergency.

Clarification

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

The Home must notify parents by the end of the day when a child receives an injury that does not require medical attention (e.g., scrape on the knee, minor cut, nosebleed, etc.), when a child has an illness that causes mild discomfort and distress (e.g., coughing/sneezing, sore throat, headache, etc.), and when prescription medications cause mild adverse reactions in a child (e.g., drowsiness, skin rash, nausea, etc.).

During medical emergencies it is often difficult to remain calm and think clearly. Medical emergencies are handled best when there is a clear process in place. For example, in case of a serious injury, the Home must ensure that the following important steps are taken:

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

Indicators

- ✓ Review the Home's written policies and procedures for information regarding parental notification of children's incidents, illnesses, and injuries and the Home's medical emergency plan.
- ✓ Ask the Provider about the implementation of these policies and procedures. Ask for a specific example, including how a child's individual needs are assessed and met under these circumstances, factors that determine whether professional medical attention is necessary, factors that determine whether emergency medical services are obtained by the Home, etc.
- ✓ Observe that the Home's emergency plan is followed (i.e., if a medical emergency occurs during an inspection visit).

Best Practices:

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

Things for child care programs to consider:

- Incidents/accidents that receive professional medical attention are required to be reported to the Department within 24 hours through DECAL KOALA at: <https://www.decalkoala.com/Default>.
- Medical emergencies impact more than the child directly affected by the emergency. To ensure that the needs of all children are met, medical emergency plans should take into consideration things such as the care and supervision of the remainder of the group, the emotional needs of those children, etc.

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

- (d) Except for first aid and as authorized under Georgia law, personnel shall not dispense prescription or nonprescription medications to a Child without specific written authorization from the Child's physician or Parent. All medications shall be stored as authorized under Georgia law or 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.**

Rule Type: Core Rule

Intent

To protect children's health and safety by ensuring they receive proper medication in the correct dosage as authorized and instructed by their parent or physician and by providing safe storage of medication. To provide documentation as a protection to both the child and the Home.

Clarification

Medications can be crucial to the health and wellness of children; however, they can also be very dangerous when improperly administered. Before assuming responsibility for administration of prescription and/or non-prescription medication, the Home must have clear, accurate instructions from a child's parent. The Home should use the details on the medication authorization form to ensure that a child receives the proper dosage of prescribed and over-the-counter medication as authorized and instructed by his/her parent.

In situations where a child has a chronic medical condition which requires that an emergency medication (such as an Epi-Pen) remain on the Home's premises, a signed parental authorization must be maintained on site for the medication. The authorization should reflect that the medication is for "Emergency Use Only" and should contain specific information regarding when staff should administer the medication (e.g., "in case of allergic reaction such as swelling and difficulty breathing", etc.). In other emergency situations such as a child spiking a high fever, the Home may obtain verbal authorization from the parent over the telephone to be followed with a written and signed authorization when the parent arrives at the Home.

Proper labeling of medications is crucial for safety. Prescription and over-the-counter medications should be in the original containers and labeled with the child's full name. A Home may have over-the-counter medications (e.g., Tylenol or Benadryl) on hand for emergency situations; however, procedures must be in place for their use and staff must be aware of the procedures. These medications must be marked "For Home Use Only" and parental authorization (verbal and written) must be obtained if these medications are dispensed.

All medications must be within the expiration dates noted on the containers. Sample medications are allowed as long as there is a doctor's statement to indicate the name of the medication, the child's name, dosage, date, times per day to administer and the duration period that the medication should be administered.

Administering medication requires skill, knowledge, and careful attention to detail. The Provider and staff must follow the medication administration policy and procedures to prevent any inadvertent medication errors which may be harmful to a child. The medication dispensing record protects the person who administers medication by documenting the process. The medication dispensing record should reflect that medication was administered as authorized by the parent and should document the reason if the medication was not administered (e.g., child absent, medication not brought by the parent, etc.). The record can be in any format as long as it contains the required information as noted in the rule.

Child-resistant safety packaging has been shown to significantly decrease poison exposure incidents in young children. It is not necessary to lock a medication storage container that is clearly inaccessible to children, such as a container placed on a high shelf out of children's reach. Additional measures may be necessary to make a refrigerator inaccessible to children when medications are stored inside the refrigerator. For example:

- Place a lock on the door handle of the refrigerator.
- Wrap a rubber strap or Velcro strip around the refrigerator. The strap or strip should fit tightly enough around the refrigerator so that a child could not insert their head between the strap/strip and the refrigerator.

Indicators

- ✓ Review medication forms to ensure the Home has specific written parental authorization for dispensed medications and verify that dispensing record documentation is complete.
- ✓ Review the Home's policies and procedures regarding medication administration requirements.
- ✓ Observe the Home's storage of all medication for the conditions specified by the rule requirements. Ensure that medications are not stored in children's book bags, in cubbies that children can reach, in diaper bags if accessible to children, etc.
- ✓ Ask the Provider about the Home's medication storage practices (if not observed during the inspection visit).

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(1)(d) - Authorization: Specific written authorization from the Child's physician or Parent to dispense prescription or nonprescription medication to Child Storage: Medication stored as authorized/instructed and inaccessible to children Dispensing records: Include Child's name, name of medication, date(s) and time(s) administered, name of person administering	If medication has not been administered since last visit or since medication was last evaluated, If forms are inaccessible	If FCCLH does not administer any medication	If planning to dispense medication in the future; Isolated instance of incomplete paperwork other than missing parent signature *If TA documented on previous visit, move to Low Risk	Authorization: Medication is on site with no medication authorization, but not dispensed Storage: Medication not stored as authorized/instructed OR medication accessible but not handled or ingested by a child (located in cubbies, drawer, etc.) Records: Incomplete dispensing documentation: not documenting date(s)/time(s) dispensed, name of person or medication etc.	Authorization: Dispensed medication without authorization with no adverse reaction; Medication not dispensed as authorized Storage: Medication handled with no incident or injury Records: Dispensed medication not documented at all with no incident or injury	Authorization: Dispensed medication without authorization with an adverse reaction; Medication dispensed to the wrong child Storage: Child ingested and/or handled medication with an incident and/or injury Records: Dispensed medication not documented at all with an incident and/or injury (i.e., over medicating a child)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Review medication authorization forms and check medication containers at the point of submission by the parent(s) to ensure all information has been filled out correctly on the forms and to ensure the containers are original and correctly labeled.
- Keep a dispensing record of all medications administered to children while they are in the Home's care regardless of who administers the medications. For example, if a child self-administers a non-emergency injection, maintain documentation as a protection for the child and the Home.
- Store current medication authorization forms in a private central location (e.g., in a notebook, on a clipboard, etc.).
- Check children's book bags, diaper bags, etc. as children arrive for care each day. When observed, medications should be removed and stored appropriately.
- Obtain written parental authorization prior to using topical ointments, sprays, powders or lotions such as sunscreen, insect repellent, baby powder, etc.

Things for child care programs to consider:

- Refer to the American Academy of Pediatrics' medication administration training material (i.e., the "5 Rights of Medication Administration") for best practices when administering medication to children. This information can be found at:
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Healthy-Futures.aspx>
- The American Academy of Pediatrics' resource document "5 Rights of Medication Administration- Rationale and Considerations" can be found at:
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Documents/M3_5Rightsp.pdf
- The Department's sample medication authorization form and sample food allergy action plan can be found on the Department of Early Care and Learning's (DECAL) website at the following links:
<http://www.dec.al.gov/documents/attachments/DispenseMedication.pdf>
<http://www.dec.al.gov/documents/attachments/AllergyActionPlan-CCS.pdf>
- A sample asthma action plan from Children's Healthcare of Atlanta can be found at:
<https://www.choa.org/~media/files/Childrens/medical-services/asthma/asthma-action-plan-older-children.pdf?la=en>.

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

- (e) The Home and any vehicle used by the Home for transportation of Children shall have a first aid kit which shall at least contain: scissors, tweezers, gauze pads, thermometer, adhesive tape, band-aids, insect-sting preparation, antiseptic cleaning solution, antibacterial ointment, bandages, disposable rubber gloves, protective eyewear, facemask, and cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored in a central location so that it is not accessible to Children but is easily accessible to the Provider and Staff. The Home must also maintain written directions for the use of universal precautions for handling blood and bodily fluids. The directions on the use of universal precautions must be kept with the first aid kit at all times.

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

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

Best Practices:

- Conduct an inventory of first aid supplies once a month. Maintain a log with each kit that lists the date that the inventory was conducted, verifies that expiration dates of supplies were checked, confirms that thermometer batteries were checked, and includes the name/signature of the staff person who conducted the inventory.
- Replenish first aid supplies immediately after use to ensure that a complete first aid kit is available at all times.
- Discard and replace expired first aid kit items such as antibacterial ointment and insect sting preparation.
- Wrap cold packs in a cloth or place a cloth or thick gauze over the child's skin before applying the cold pack. A cold pack or ice can injure a child's skin if placed directly on the skin.

Things for child care programs to consider:

- A first aid kit checklist and a first aid kit manual/guide can be found on the Department of Early Care and Learning's (DECAL) website at:
http://www.dec.al.ga.gov/documents/attachments/FirstAidChecklist_Center.pdf
<http://www.dec.al.ga.gov/documents/attachments/FirstAidGuide.pdf>

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

- (f) **Diapers shall be changed in the Child's own crib or on a nonporous surface which is cleaned with a disinfectant and dried with a single use disposable towel after each diaper change.**

Rule Type: Core Rule

Intent

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

Clarification

Changing diapers is an important routine in caring for infants and toddlers, but if preventative measures are not taken it can also cause the spread of germs. To prevent cross-contamination, diapers should be changed in the child's own crib (because the crib is used exclusively by one specific child), or on a nonporous diaper changing surface. When diapers are changed in a child's crib, the crib sheet may remain on the mattress unless soiled during the diaper changing process.

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

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

Indicators

- ✓ Ask the Provider and/or staff where diaper changes occur (i.e., if no diaper changes are observed during the inspection visit).
- ✓ Observe the diaper changing surface to ensure it is nonporous.

- ✓ Observe diaper changing procedures. Ensure diaper changing surfaces are adequately cleaned and disinfected after each diaper change. If no diaper changes are observed, ask the Provider to describe a diaper changing and disinfecting procedure.
- ✓ Observe the disinfectant used to clean the diapering surface and the product's labeling. If the disinfectant is not in the original container, ask the Provider about the type of disinfectant used. Ensure that the solution is left on the diapering surface per the manufacturer's instructions for disinfecting.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(1)(f) - Diapers changed in child's own crib or on a non-porous diapering surface that is cleaned with a disinfectant and dried with a single use disposable towel after each diaper change	No diapered children are currently enrolled	Program does not provide care for diapered children	Turn textured side over for a smooth surface; Disinfectant not used according to manufacturer's instructions *If TA documented on previous visit, move to Low Risk	Changing pad has tears; Diapered on porous surface or another child's crib; Surface not properly disinfected	There is evidence of isolated illness and confirmed lack of proper disinfection	There is evidence of widespread illness due to lack of proper disinfection (by CDC or HD)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Use diaper changing surfaces for no other purpose than changing diapers or soiled underwear/clothing to prevent cross-contamination and the spread of infectious disease agents (i.e., bacteria or viruses). Place and store children's items such as toys, blankets, diaper bags, etc. in areas and on surfaces not used for diaper changing due to the possibility of contamination.
- Plan for older children who may require diapering or changing due to special needs, toileting accidents, etc.
- Post the Best Practices Diapering Procedures instructions near the diapering table for a visual reminder of steps to use to best ensure the health and safety of children and caregivers.
- Diapers need to be visually checked and changed as needed, and at least every 2 hours.
- To assist with supervision during diapering, position the diapering table so that the caregiver's back is not to the rest of the child care area when using the table.
- Talk, laugh, and sing with each child while diapering to help build positive caregiver-child relationships with children.
- Use a trash can for diapering that is covered, lined, and hands free.
- Best Practices recommended based on guidance from *Caring for Our Children*, 4th edition:
 - Prepare: Wash hands using proper procedures. Gather all needed supplies, including clean clothes if needed. Place supplies near the diapering surface, but not on it. If using a paper liner, stretch it across diapering area.
 - Access Diaper: Bring child to diapering area. Remove soiled clothing, if applicable, and place it in plastic bag. Open diaper and leave under child while cleaning.
 - Clean the child: Clean child's bottom, front to back, using one wipe for each cleaning swipe. Throw away soiled diaper and wipes. If using a paper liner that is soiled, fold over to create a clean surface. Throw away gloves, if used. Use a fresh wipe to clean hands. Use another fresh wipe to clean child's hands. Throw away wipes.

- Redress the child: Put on clean diaper. Apply diaper cream with tissue, if needed. Throw away tissue. Redress the child. Wash child's hands using proper procedures.
- Clean the diapering area: Throw away paper liner, if used. Wash diapering surface with a soapy water solution and rinse. Spray disinfecting solution over entire diapering surface. If using bleach/water solution, leave on for 2 minutes before drying. If using commercial product, follow manufacturer instructions. Wash hands following proper procedures.

Things for child care programs to consider:

- Diaper changing surfaces are not required to have a diaper changing pad if the surface is nonporous. The diaper changing pad makes the diapering experience more comfortable for the child, but it is not a requirement. When used, the changing pad must be smooth (i.e., free of indentations or crevices as with an imprinted pattern or design), nonporous, and free of rips, tears, and tape. See chart below for more information:

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

- Commercial disinfectants registered with the Environmental Protection Agency (EPA) as a suitable disinfectant for the diapering surface may be used as long as the Home follows the manufacturer's instructions (including proper application, drying time, ventilation, etc.).
- A bleach and water solution can be used to disinfect the diaper changing surface as long as the solution is prepared daily (or more often). Due to the higher concentration of sodium hypochlorite in bleach now sold in stores, there is no longer a generic formula for bleach disinfectant. The recommendations for diluting a bleach solution for disinfecting now depend on the specific bleach that is used. See chart below for more information:

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

- If the disinfectant is not in the original container, the container should be clearly labeled as to its contents and the label directions should be available for review. The disinfectant should be stored out of the reach of children and away from food or drink items.
- Using cribs for diaper changing should be utilized only as a last resort when no other space is available to do so. Changing diapers in cribs increases the likelihood of contamination of the sleeping area a child will use.
- Remember to change crib sheets daily or more often as needed. This is especially important when cribs are used to change children's diapers.
- Remember that swim diapers are still considered diapers. Staff should follow all diapering rules and requirements when changing children's swim diapers.
- Additional information about proper diapering procedures can be found on the Department of Early Care and Learning's (DECAL) website at:
<https://www.dec.al.gov/documents/attachments/DiaperingProcedures.pdf>

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

(g) Soiled diapers and linens shall be disposed of in a closed container.

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

Rule Type: Non-Core Rule

Intent

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

Clarification

Covered storage containers used to house soiled items prevent environmental contamination so that children do not come into contact with disease-bearing bodily fluids. Proper storage and disposal of soiled diapers not only prevents the spread of disease, but it also helps prevent offensive odors and other problems with insects.

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

Indicators

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

Best Practices:

- Use a hands-free trash can to dispose of soiled items.

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

Things for child care programs to consider:

- Maintain soiled item storage containers to prevent children's access to the contents of the containers. For example, place the containers in an area that is inaccessible to children (such as a locked cabinet or closet, a high shelf, etc.) or ensure that the covers to the containers lock or latch.
- Containers used for soiled items should be water tight and lined with waterproof (plastic) liners since liners reduce the contamination of the containers.
- Store potty chairs in an area of the bathroom that is not accessible to children. Potty chairs should be accessible to children only under direct supervision.

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

- (i) **Personnel shall wash their hands with liquid soap and warm running water: immediately before and after each diaper change; immediately upon the first Child's arrival in the Home for care and upon re-entering the Home after outside play; before and after dispensing oral medications and applying topical medications, ointments, creams or lotions, handling and preparing food, eating, drinking, preparing bottles, feeding or assisting children with eating and drinking; after toileting or helping children with toileting, using tobacco products, handling garbage and organic waste, touching animals or pets, handling bodily fluids such as, but not limited to, mucus, saliva, vomit or blood and after contamination by any other means.**
- (j) **Children's hands shall be washed with liquid soap and warm running water: immediately upon arrival for the day and re-entering the child care area after outside play; before and after eating meals and snacks, handling or touching food, and playing in water; after toileting and diapering, playing in sand, touching animals or pets, contact with bodily fluids such as, but not limited to, mucus, saliva, vomit or blood, and after contamination by any other means.**

Rule Type: Core Rule

Intent

To prevent the spread of infection and to ensure staff and children use safe and healthy hygiene practices.

Clarification

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

Bar soap is often left sitting in a pool of water, especially when many people are using it frequently. A soap bar, which is always wet, is a good place for germs to grow and multiply. Since these germs could spread when others use the soap, liquid soap should be used instead. Liquid soap should be safe for children (i.e., free of a warning to "Keep out of reach of children") and within children's reach during handwashing activities to foster independence and allow children to practice their self-help skills. Hand sanitizer should not be used in place of soap and water handwashing.

"Contamination by any other means" includes, but is not limited to, wiping children's noses, cleaning a table, and sneezing into the hand. The use of single-use gloves is **not** a substitute for washing hands. For example, if a

staff person wears gloves while changing diapers, that person should discard the single-use gloves and wash his/her hands after each diaper change.

Handwashing requirements apply to diapered children as well as non-diapered children. If a child is asleep when he/she arrives at the Home, staff do not need to wake the child to wash his/her hands, but the child's hands should be washed as soon as the child awakens. Caregivers should provide handwashing assistance as needed depending on each child's developmental level. They should also teach children how to wash their hands then monitor children's hand hygiene practices.

Indicators

- ✓ Observe the handwashing practices of the staff and children. Observe whether staff remind children to wash their hands. If not observed, ask the Provider about handwashing routines.
- ✓ Check sink areas for liquid soap and warm running water.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(1)(i) - Staff Handwashing: Staff shall wash their hands at all required times	Never	Never	Staff observed to use hand sanitizer or bar soap instead of liquid soap; Warm water not used; Staff did not wash their hands before the first diaper change *If TA documented on previous visit, move to Low Risk	Inconsistent hand washing observed related to toileting, diapering, serving food, or other contamination; Staff not washing hands <u>immediately</u> : upon first child's arrival and after outside play, before & after: dispensing medication/lotion, eating/drinking, food prep/feeding children, after: touching animals/pets, garbage, bodily fluids or other contamination; Staff observed to wear gloves (disposable/single use) in place of handwashing; Warm water is not available	<u>No</u> hand washing observed throughout the Home related to toileting, diapering, serving food, or other contamination	Evidence of spread of illness due to lack of handwashing (confirmed by CDC or HD)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.11(1)(j) - Child Handwashing: Children shall wash their hands at all required times	Never	Never	Children observed to use hand sanitizer or bar soap instead of liquid soap; Children not washing hands after leaving restroom and Staff reminding them within a few minutes; Warm water not used *If TA documented on previous visit move to Low Risk	Inconsistent hand washing following toileting and diapering and/or prior to meals and snacks; Children not washing hands <u>immediately</u> : upon arrival and after outside play, before & after: handling or touching food, water play, after: sand play, touching animals/pets, contact with bodily fluids, or other contamination; Warm water is not available	<u>No</u> hand washing observed throughout the Home following toileting and diapering or prior to meals and snacks	Evidence of spread of illness due to lack of hand washing (confirmed by CDC or HD)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Caregivers are required to wash hands prior to diapering and after diapering each child, regardless of whether gloves are worn.
- Handwashing supplies, including liquid soap that is safe for children and paper towels, should be well-stocked and kept within reach at the handwashing sink. To maintain cleaning effectiveness and ensure urine and feces are not spread about the classroom, liquid soap should never be diluted with water, and proper handwashing for at least 20 seconds outside the flow of water is needed.
- After hands are washed and dried, the faucet should be turned off with the same towel used to dry hands so that freshly cleaned hands do not touch the faucet.
- Stand with children at the sink to provide assistance when needed and to ensure children use proper handwashing techniques.
- Avoid whole group handwashing lines. Instead, allow children to handwash individually or in small groups to minimize wait times.
- Sing a song with children as they wash their hands to ensure hands are washed for twenty seconds. For example, sing “Row, Row, Row Your Boat” or “Happy Birthday to You” twice during each handwashing activity.
- Remind children of proper handwashing techniques and model the techniques for them on a regular basis. Lead by example by following all handwashing protocols.
- Ensure all staff consistently follow handwashing steps and do so at all necessary times, including when entering the Home, after coughing/sneezing/blowing nose, when hands look dirty, after touching animals or their cages, before eating, after playing outside, and after using the bathroom.
- Plan transition times before meals so that children are seated at the table and fed immediately after their hands are washed. After handwashing and before food is served, children should not be allowed to return to play, to handle toys or books at the table, or to sit on the floor as these activities can re-contaminate their hands.

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

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

Rule Type: Non-Core Rule

Intent

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

Clarification

According to the American Academy of Pediatrics, handwashing is the simplest and most important basic measure for preventing the spread of infection in child care facilities. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Handwashing requirements apply to diapered children as well as non-diapered children.

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

Indicators

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

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

- (l) Smoking is prohibited on the premises of a Home during the hours of operation and no smoking signs must be posted. Smoking is also prohibited in any vehicle used to transport children during the hours that the Home is in operation.**

Rule Type: Non-Core Rule

Intent

To protect children's health and safety and to ensure compliance with Georgia law.

Clarification

Scientific evidence has linked respiratory health risks to second-hand and third-hand smoke. Third-hand smoke refers to gases and particles clinging to smokers' hair and clothing, cushions, carpeting and outdoor equipment after visible tobacco smoke has dissipated. The residue includes heavy metals, carcinogens, and even radioactive materials that young children can get on their hands and ingest, especially if they are crawling or playing on the floor. Residual toxins from smoking at times when the children are not using the space can trigger asthma and allergies when the children do use the space. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of severe asthma; developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections; and Sudden Infant Death Syndrome (SIDS).

The hazards of second-hand and third-hand smoke exposure warrant the prohibition of smoking or vaping (i.e., the use of electronic or e-cigarettes) in proximity of child care areas at any time. Separation of smokers and nonsmokers within the same air space does not eliminate or minimize exposure of nonsmokers to secondhand smoke. Tobacco smoke contamination lingers after a cigarette is extinguished and children come in contact with the toxins. Cigarettes and materials used to light them also present a risk of burn or fire. Georgia law prohibits smoking on the Home's premises. This includes, but is not limited to, the interior of the Home, the outside areas on the Home's property, and the inside of staff vehicles when present on the Home's property.

Georgia law requires no smoking signs to be posted for public viewing. Posting the no smoking sign in a clearly visible area ensures that parents entering and exiting the Home are aware that no smoking is allowed on the premises.

The Home should have written policies addressing the use and possession of tobacco and electronic cigarette (e-cigarette) products, alcohol, illegal drugs, legal drugs (e.g. medicinal/recreational marijuana, prescribed narcotics, etc.) that have side effects that diminish the ability to properly supervise and care for children or safely drive program vehicles, and other potentially toxic substances. Policies should include that all these substances are prohibited inside the Home, on the premises, and in any vehicles that transport children at all times. Policies should specify that smoking and vaping are prohibited at all times and in all areas (indoor and outdoor) of the program. This includes any vehicles that are used to transport children.

Indicators

- ✓ Ask the Provider about the Home's policy regarding smoking.
- ✓ Observe the Home's premises to ensure the premises are free from smoking and vaping.
- ✓ Review the Home's policies and procedures to ensure parents have been made aware of the Home's no smoking policy.
- ✓ Check to ensure a no smoking sign is posted and clearly visible.

Things for child care programs to consider:

- The Department's sample no smoking sign can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/NoSmokingSign.pdf>

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

(m) Children shall be kept clean, dry and comfortable.

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

Indicators

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

Best Practices:

- Keep additional items (such as jackets, pants, shirts, socks, etc.) on hand for children who do not have adequate extra clothing.
- Plan specific times throughout the day to routinely check and wipe children's faces (e.g., when returning from outdoor play, after meals and snacks, prior to departure, etc.).
- Use single-use tissues when wiping children's noses, then discard the dirty tissues in a waterproof or plastic-lined, covered trash container. Nasal bulb syringes may be used as long as they are provided by the parent(s) or purchased by the center for individual use and labeled with the child's name. Instructions on how to use a nasal bulb syringe can be found at:
<http://www.nationwidechildrens.org/suctioning-the-nose-with-a-bulb-syringe>
- Plan specific times throughout the day when diapers will be changed for all diapered children.
- Use a daily report sheet to record times of diaper checks and changes. Diapers should be visually inspected at least every two hours and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper.

Things for child care programs to consider:

- Ensure that children are dressed appropriately at all times. During cold weather, children should wear jackets, scarves, hats and gloves, when necessary, during outdoor play. During warmer weather and/or during indoor play, children should not be overdressed. In addition, staff should not allow children to be partially dressed (such as when soiled or wet clothing has been removed), regardless of whether or not a change of clothing has been provided by the parent(s).
- Place wet/soiled clothing in an individual plastic bag ready for parental pick-up at the end of the day.
- Remember that children's needs can often be determined by the signals they provide through their behavior. Staff must be able to identify signs of distress in children and respond accordingly. For example, staff should soothe, console, and reassure a child who is upset or ill, and hold and calm a child who is afraid.

290-2-3-.11 Health, Safety, and Discipline

(1) Health.

- (n) Pets in the Home shall be vaccinated in accordance with the requirements of the local county Boards of Health. Unconfined pets shall not be permitted in child care areas when any Child is present except for supervised learning experiences.**
- (o) Pets and all other animals shall be controlled to assure that proper sanitation of the premises is maintained and animals are not a hazard to the children, personnel or other visitors. No animal, such as but not limited to, pit bull dogs, ferrets, and poisonous snakes, which may have a vicious propensity, shall be permitted on the Family Child Care Learning Home premises at any time there are children on the premises. Horses or other farm animals shall not be quartered on any property over which the Provider exercises any control that is located within five hundred (500) feet of the building in which the Family Child Care Learning Home is located.**

Rule Type: Non-Core Rule

Intent

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

Clarification

Vaccines provide immunity against one or several diseases. Vaccinations also prevent diseases that can be passed between animals and from animals to people. A Family Child Care Learning Home must maintain documentation of current vaccinations on all pets as required by the local county's board of health.

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

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

Important details must be discussed with families of a child with a service animal prior to enrollment. Two questions for programs to inquire regarding service animals are: (1) is the service animal required because of a disability, and (2) what work or task the animal has been trained to perform. Staff may not ask about the child's disability, require medical documentation of the disability, require a special identification card or training documentation for the animal, or ask that the animal demonstrate its ability to perform the work or task. Another question to consider is could the services of the animal possibly be performed by a staff member? For example: If the child must monitor their blood sugar, are there trained staff present in the program who are available to routinely check and monitor the child's blood sugar readings throughout the day for possible fluctuations?

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

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

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

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

Indicators

- ✓ Review documentation of current vaccinations for all animals (i.e., if vaccinations are required).
- ✓ Observe any animals, animal pens, and confinement areas on the premises and related conditions (e.g., cleanliness, location, access, etc.) that could pose a risk to children's health and safety. Animals should be confined in a way that does not present a hazard to children.

- ✓ Observe any service animal on the premises to ensure accommodations are met for the animal, handler, and children present, if applicable.
- ✓ Ask the Provider about procedures for animal control and teacher-directed learning experiences.

Best Practices:

- Check local city and/or county ordinances for possible restrictions, laws, and/or regulations regarding animals on the premises.
- Store vaccination records in a central location to allow for easy access during licensing inspections.

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(2) Safety.

- (a) A Home shall have a written plan for handling emergencies, including but not limited to fire, severe weather, loss of electrical power or water, and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the Home. The Home will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions. No Home personnel shall impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.**
- (c) Documentation of drills required by these rules shall be maintained in the Home. The Home shall conduct drills for fire, tornado and other emergency situations. The fire drills will be conducted monthly and tornado and other emergency situation drills will be conducted every six months. The Home shall maintain documentation of the dates and times of these drills for two years.**

Rule Type: Non-Core Rule

Intent

To intentionally protect the health and safety of children and staff in case of an emergency. To help prepare children and staff for the appropriate steps to take when an emergency occurs. Documentation of drills ensures that all children have been accounted for and are out of harm's way.

Clarification

During an emergency, it is often difficult to remain calm and think clearly. A written plan provides the opportunity to prepare and to prevent poor judgments made under the stress of an emergency. When emergency plans are written, well thought out and implemented, they provide a common understanding and clear expectations for all those involved. Written emergency plans provide clear instructions and guidelines on what should/must be done in a particular set of circumstances or regarding a particular issue.

Emergency drills are necessary to prepare children and staff on how to respond appropriately to numerous potential emergencies. "Other emergency situations" include, but are not limited to, evacuation, shelter in place, and lockdown. Routine practice of emergency drills fosters a calm, competent response to an emergency when it occurs. A child who is coached properly ahead of time will have a better chance to be safe. Documentation ensures that all children are accounted for, that emergency plans are conducted appropriately, and drills are carried out in a timely manner.

Indicators

- ✓ Review the Home's written plan for handling emergencies. Check to ensure the plan addresses all emergency situations as specified by the rule requirements and is relevant to the Home.

- ✓ Review the Home's emergency drill documentation. Check to ensure that fire drills are conducted monthly, tornado and other emergency drills are conducted every six months, and documentation of drills is maintained for two years.

Best Practices:

- Practice drills at varying times to ensure that all children are familiar with procedures.
- Practice drills on transportation vehicles to ensure that children and staff know how to respond if an emergency occurs while they are present in the vehicle.
- Inform parents whenever emergency drills take place in the Home (i.e., send notes home, etc.).
- Plan specifically for the evacuation of infants, toddlers, children with special needs and/or children with chronic medical conditions. The Home should be able to evacuate all children to a safe location outside of the Home within two minutes or less of an emergency alarm.
- Prepare children for emergency drills prior to practicing the drills.
- Practice emergency drills using the same alarm that would be used during an actual emergency to ensure children are familiar with the sound and know how to respond. Use a different sounding alarm, such as a whistle, for a tornado drill versus a fire drill so that children and staff are not confused about which type of emergency drill is taking place.
- Have the Home's fire evacuation procedure reviewed and approved by a fire official to ensure the evacuation routes and meeting location are ideal for children's safety.
- Position evacuation cribs close to an exit door and ensure these cribs are easily identified.
- Keep an easy-to-carry emergency preparedness kit in a central location for staff's use during emergency situations and drills. Emergency kits should contain first aid kits and children's emergency contact information. Other potential items to include in the kit are drinking water, snacks, diapering supplies, books and/or activities for children's use at an evacuation site, etc.

Things for child care programs to consider:

- Review written emergency plans every six months or more often and update as needed.
- Post evacuation plans by each exit door.
- Keep hallways and/or rooms used for sheltering-in-place free of clutter. When possible, these areas should also be free from windows.
- Maintain documentation in a central location for easy access by staff, child care consultants, etc.
- It may not be feasible to conduct all types of drills on a routine basis for potential emergencies, such as relocation (off premises) and reuniting children with families. Staff should routinely review the Home's emergency preparedness manual, so they are aware of the actions to take whenever such emergencies occur.
- A sample emergency drill form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.decal.ga.gov/documents/attachments/FireDrillLog.pdf>

290-2-3-.11 Health, Safety, and Discipline

(2) Safety.

- (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: a physician or hospital, an ambulance or rescue squad service, the local fire department, the local police department, the county health department and the regional poison control center. In those areas of the state serviced by the 911 emergency number, 911 may be posted in lieu of the phone numbers required for ambulance, fire and police.**

Rule Type: Non-Core Rule

Intent

To protect children's safety. To comply with Georgia law.

Clarification

An on-site, operable telephone allows parents to contact the Home and communicate with staff when needed and allows staff to promptly notify parents and the appropriate personnel in case of an emergency. Georgia law (O.C.G.A. 20-1A-10(g)) requires the telephone numbers for the nearest or applicable providers of emergency medical, police, and fire services be posted in a conspicuous place next to the Home's telephones.

Since it is easy for caregivers to panic in an emergency situation, they need immediate access to the phone numbers for emergency personnel. The list of emergency telephone numbers should be clearly visible to staff and posted at each telephone. In areas serviced by the 911 emergency number, 911 may be posted in lieu of the phone numbers for police, fire, and ambulance. Listing numbers on the inside cover of a telephone book is not acceptable since the book could be easily misplaced or removed from the area near the telephone.

Indicators

- ✓ Check the Home's premises for a readily available/operable telephone.
- ✓ Observe that emergency telephone numbers are posted near each telephone. Check to ensure the emergency numbers are specific and applicable to the Home's location.

Best Practices:

- Have a fully charged, working cell phone for contacting parents during emergency situations, such as evacuation of the Home.

Things for child care programs to consider:

- A land-line corded telephone is not battery operated and will work during power outages. Cordless and cell phones are powered by electricity or batteries and are not always reliable. Fiber or internet-based service will have limited availability during a power outage even if used with a traditional corded telephone.

290-2-3-.11 Health, Safety, and Discipline

(2) Safety.

(d) Children shall not have access to hanging cords or other hazardous objects.

(e) Clear glass doors shall be marked to avoid accidental impact.

Rule Type: Non-Core Rule

Intent

To protect children's safety and to prevent injury.

Clarification

Severe injuries have occurred in child care when children have pulled appliances like crockpots and tape players down onto themselves by pulling on the cord. When children chew on an appliance cord, they can reach the wires and suffer severe disfiguring mouth injuries. Hanging window blind cords can pose a strangulation hazard to children if/when children wrap the cords around their neck. Cords should be made inaccessible, and children should be taught that all cords are potentially dangerous. A shelf or other storage object may be placed in front of a cord to restrict children's access.

Clear glass doors can be invisible to an active child. A serious injury can result when a child collides with a glass door. The Home must mark glass doors at children's eye level to prevent children from running into the door.

Indicators

- ✓ Observe the Home's premises for hanging cords that are accessible to children.
- ✓ Observe windows and doors with glass less than 2 feet from the floor for evidence of safety glass (e.g., a label or an imprint indicating that the glass is tempered safety glass). If no evidence of safety glass is observed, ask the Provider for verification of safety glass, or observe the presence of protective devices/barriers covering the glass.
- ✓ Ensure that decals are located at children's eye level on all windows and doors with glass less than 2 feet from the floor.

Things for child care programs to consider:

- Routinely monitor cords to ensure they remain inaccessible to children.

290-2-3-.11 Health, Safety, and Discipline

(2) Safety.

(f) Poisons, medicines, cleaning agents, razors, aerosol cans and other potential hazardous materials shall be stored out of reach of children or in locked cabinets.

(g) Firearms shall be stored so they are not accessible to children.

Rule Type: Core Rule

Intent

To protect children's health and safety. To prevent injury.

Clarification

There are over two million human poison exposures reported to poison centers every year. Children under six years of age account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are cosmetics, personal care products, and cleaning substances. Children should not have contact with items or substances that are potentially dangerous or hazardous.

Corrosive agents, bleaches, insecticides, detergents, polishes, products under pressure in aerosol cans, and any substance that may be toxic if ingested, inhaled, or handled should be kept in locked storage, or in an area that is clearly inaccessible to children. Other potentially hazardous materials include alcohol-based hand sanitizer, shaving cream, toothpaste, and mouthwash. Equipment such as tools, knives, crockpots, bottle warmers, diffusers, air purifiers, coffee pots, curling irons, glue guns, vacuum cleaners, brooms, and toilet plungers/brushes should also be kept inaccessible to children. Any area of the Home that is used by children such as passageways, porches, garages, restrooms, etc. must be free of accessible hazardous items.

Staff supplies must be kept out of reach of the children. (Examples: staff's purses, white correction fluid, adult scissors, staplers, bulletin board pins, plastic bags, etc.) Refer to the label of any accessible item to determine if the product is hazardous to children. Items with labels that state the product must be kept out of children's reach must be stored so they are inaccessible (see label example below).



KEEP OUT OF REACH OF CHILDREN

Loose, empty plastic bags, whether intended for storage, classroom materials, trash, diaper disposal, or any other purpose, should be stored out of reach of children. Plastic bags have been recognized for many years as a cause of suffocation. Warnings regarding this risk are printed on diaper-pail bags, dry-cleaning bags, and so forth. The U.S. Consumer Product Safety Commission (CPSC) has received average annual reports of twenty-five deaths per year to children due to suffocation from plastic bags. Nearly 90% of the reported deaths were children under the age of one (1). When empty, plastic bags used for storage of classroom materials (e.g., art supplies, manipulative toys, etc.) must be kept inaccessible to children.

Due to the potential for injury and death, firearms should never be accessible to children. If present in the Home, firearms should be unloaded and kept under lock and key. This includes pellet and/or BB guns. Ammunition should be kept inaccessible to children in a locked storage area. Per policy requirements, parents of children in care should be informed of the existence of firearms in the Home.

Indicators

- ✓ Observe the storage of hazardous materials and supplies throughout the Home. Check closets, drawers and cabinets that are within reach and accessible to the children in care. Check any area of the Home (e.g., hallways, porches, restrooms, etc.) that are accessible to the children in care. Ensure hazardous items are stored in areas that are locked/latched or out of children's reach. Check product labels to ensure all items that are labeled "Keep Out of Reach of Children" are inaccessible.
- ✓ Check children's book bags, diaper bags, etc. for potential hazards if the bags are stored where children have access to them.
- ✓ Check to ensure that staff's personal belongings are not within reach and/or accessible to the children in care.
- ✓ Observe the Home for any obvious firearms. If not observed, ask the Provider if firearms (including pellet and/or BB guns) are present in the Home. If so, observe the location to ensure the firearms are kept under lock and key. (Note: It is not necessary for the consultant to handle the firearms/ammunition, but rather to observe and document what is observed.)

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(2)(f) – Poisons, medications, cleaning agents, razors, aerosol cans and other potential hazardous materials shall be stored out of reach of children or in locked cabinets	Never	Never	Hazards in a room currently not in use for child care but potentially accessible to children; Isolated minor hazards: brooms, dustpans, toothpaste, etc. *If TA documented on previous visit, move to Low Risk **Soap that says "Keep Out of Reach of Children" never moves higher unless an incident and/or injury occurs	Hazards accessible with or without being handled by a child (plastic grocery bags, aerosol cans, items that say "Keep Out of Reach Children" etc.)	Serious/dangerous hazards handled by a child OR easily ingestible hazards (open container) that are accessible with or without being handled by a child which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution (cup of bleach on a shelf, sharp knife lying on a table, 3-gallon bucket of water)	Hazards accessible and handled or ingested with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.11(2)(g) - Firearms stored inaccessible	Never	If there are no firearms in the Home	If planning to have a firearm in the future	N/A	N/A	Firearms that are not safely stored or are accessible	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Check all child care areas at the beginning of each day to ensure hazardous items are not accessible to children. As children arrive for care, check their bags to see if stored where children have access to them (this also applies to school-aged children). If a hazardous item is observed in a child's bag, it should be removed immediately and addressed with the child's parent as a reminder of the Home's hazard policy.
- As an added layer of protection for children, equip all firearms with child protective devices.
- Prevent accidents with proper storage and close, active supervision.
- Store cleaning and office supplies in cabinets that are inaccessible to children and physically located away from the play areas in the room.
- Develop procedural safeguards to ensure cleaning supplies are promptly returned to storage after use and that children do not come into contact with them at any time.
- Do not use hazardous office supplies, such as thumb tacks or staples, to display artwork or posters.

Things for child care programs to consider:

- Provide secure, designated spaces to store potentially dangerous items (e.g., cleaning products, office supplies, handbags, personal items, etc.) to ensure children do not have access to the items.

290-2-3-.11 Health, Safety, and Discipline

(2) Safety.

- (h) At least one UL Approved smoke detector shall be on each floor of the Home and such detectors shall be maintained in working order. At least one 2-A:10-B:C fire extinguisher shall be kept in the child care area to be located no more than thirty feet from the kitchen. The extinguisher shall be maintained in working order and shall be inaccessible to the children.**
- (i) Flammable liquids, such as gasoline or kerosene, shall not be stored inside the Home.**

Rule Type: Core Rule

Intent

To protect children's safety and to prevent injury.

Clarification

In order to ensure safety in the event of a fire, a working smoke detector and fire extinguisher are required as specified by the rule. Smoke detectors should be checked monthly, and batteries replaced as recommended or when the detector is beeping/chirping. A fire extinguisher should be located in the child care area, but no more than thirty (30) feet from the kitchen and monitored monthly to ensure the pressure is maintained within the recommended range.

Flammable liquids should be stored outside the Home and in accordance with the recommendations on the manufacturer's label. Flammable liquids should be kept in tightly closed or sealed containers, stored in quantities approved by the State Fire Marshal or local fire department and never be accessible to children.

Indicators

- ✓ Check to ensure a working smoke detector is present on each level of the Home.
- ✓ Check to ensure a 2A:10-B:C fire extinguisher is present in the Home and located within thirty (30) feet of the kitchen. Observe the dial/gauge on the extinguisher to ensure it is fully charged.
- ✓ Observe the premises to ensure flammable liquids are stored outside of the Home. If not observed, ask the Provider where flammable liquids are stored.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(2)(h) - Smoke detector on each floor of Home & 2-A:10-B:C fire extinguisher kept in child care area and no more than 30 feet from kitchen	Never	Never	Smoke detector beeping indicating new batteries are required; Fire extinguisher on same level but more than 30 feet from the kitchen	No operable smoke detector on each floor of the Home; Wrong size/type of fire extinguisher; Fire extinguisher accessible to children	No smoke detector in Home; No fire extinguisher in Home; Inoperable fire extinguisher (empty or needing to be recharged)	No smoke detector or fire extinguisher with a fire in the Home	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.11(2)(i) – Flammable liquids not stored inside the Home (gasoline, kerosene, lighter fluid, etc.)	Never	Never	N/A	N/A	Flammable liquids stored inside the home or in an attached garage	Flammable liquids stored inside the home that results in an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Replace the batteries in each smoke detector when clocks are changed twice a year (i.e., when day light savings time begins and ends).
- Replace smoke detectors every 10 years. To determine the smoke detector's age, check the back of the detector where the date of manufacture is labeled. The smoke detector should be replaced 10 years from that date (*not* the date of purchase).

Things for child care programs to consider:

- Ensure a carbon monoxide detector is present in the Home when using equipment that requires fuel or natural gas to operate (such as heaters, fireplaces, hot water heaters, stoves, ovens, etc.). Follow the manufacturer's guidelines for replacement of carbon monoxide detectors and batteries.
- Remember that flammable liquids cannot be stored in any area that is attached to the Home, such as the garage/carport, porches, storage closets, etc.

290-2-3-.11 Health, Safety, and Discipline

(2) Safety.

- (j) If children are transported in a vehicle by the Provider or a Home's employee, the driver shall have a current driver's license.**
- (k) When transported in a vehicle by the Provider or a Home's employee, children shall be restrained by either individual seat belts or appropriate child restraints in accordance with current state and federal laws and regulations.**
- (l) No child shall be left unattended in a motor vehicle.**
- (m) If children are transported, written authorization for the Child to receive emergency medical treatment when the Parent is not available, as required by these rules, shall be maintained in the vehicle.**

Rule Type: Core Rule

Intent

To protect the health and safety of children during transportation services. To ensure compliance with state and federal laws and regulations. To ensure that essential information on each child is documented and readily available for the protection of the child and the Home. To facilitate the handling of medical emergencies in case of an accident.

Clarification

Transporting children is a significant responsibility. Homes must ensure that staff who transport children are licensed, responsible drivers who are able to respond appropriately to emergency situations.

According to the National Center for Health Statistics, motor vehicle crashes are the leading cause of death among children ages three to fourteen in the United States. When a vehicle is involved in a crash, safety restraints are effective in reducing death and injury when they are used properly. A child should only be transported when fastened in an approved safety seat, seat belt or harness. The safety restraint must be appropriate for the child's weight and installed and used in accordance with the manufacturer's instructions for the equipment and motor vehicle.

It is imperative that car safety seats be installed and used according to the manufacturer's instructions. Since there are many different brands of appropriate seats, the facility should maintain the manufacturer's instructions for each type of seat used by the center. The best car safety seat is one that fits in the vehicle being used, fits the child being transported, has never been in a crash, and is used correctly every time. Since there are many different brands of appropriate safety seats, the Home should maintain the manufacturer's instructions for each type of seat used by the program. Child safety seats must be replaced if they have been recalled, are past the manufacturer's expiration date or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of restraints after a crash.

Vehicles that were not manufactured with seat belts must have appropriate restraining equipment (usually a lap belt) required for proper use of child retraining systems (e.g., rear-facing only, convertible, high-back booster, etc.). Booster and high-back booster seats should never be used with only a lap belt as a restraint. It may be necessary to install seat belts for this purpose in older vehicles.

Vehicles used for transportation must not exceed the manufacturer's rated seating capacity. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags. Manufacturer installed seat belts are counted to determine the number of persons who can occupy the vehicle used for transportation. When the manufacturer's written instructions are not available, the information may be found at either the manufacturer's website or others such as www.edmunds.com.

Parents have an expectation that their children will be supervised while in the Home's care. This includes during transportation activities. Children should be supervised by a staff member at all times, even when buckled into seat restraints. No child of any age should be left unattended in a vehicle due to the potential danger of the child leaving the vehicle, taking the vehicle out of gear or taking the parking brake off, being taken from the vehicle by an unauthorized person, or dying from heat stress in a hot vehicle. Children have died when staff mistakenly left them in vehicles, thinking the vehicle was empty.

It is important that children's contact and emergency information, as well as the Home's information is available in the vehicle any time transportation services are provided. In the event of an accident or a medical emergency, both caregivers and emergency response personnel need access to this information. The passenger information on the vehicle should match the information on the written parental authorization.

Indicators

- ✓ Check the driver's license for each staff person who drives a vehicle during the transportation of children. Verify that each driver possesses a valid driver's license and that there are no restrictions.
- ✓ Observe children on transportation vehicles, if possible. Check to ensure that all children are properly secured in child safety seats and/or a seat safety belt as required by each child's age/weight and in accordance with state and federal laws and regulations. If unable to view child safety seats in use, ask the Provider to draw a diagram of where each child is located on the transportation vehicle and the age of each child.
- ✓ Check the child safety seats and/or seat safety belts on the transportation vehicle to ensure they are installed and used properly (i.e., according to the manufacturer's directions), are in good repair, within the manufacturer's expiration dates, and in working order.
- ✓ Count the number of working seat belts on the transportation vehicle to ensure the vehicle can safely accommodate the number of children transported (i.e., if transportation is not observed).
- ✓ Observe transportation, if possible, to ensure that children are supervised by staff when present in the vehicle. If not observed, ask the Provider and/or the vehicle's driver about the Home's supervision practices when children are present on the vehicle.
- ✓ Check to ensure that each child transported has emergency medical information on the vehicle.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(2)(j) – Driver shall have a current driver's license	If program does not provide transportation	If program does not provide transportation	If planning to provide transportation in the future	N/A	Driver does not have a driver's license and is providing transportation with no incident or injury	Driver does not have a driver's license with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.11(2)(k) – Children shall be restrained by either individual seat belts or appropriate child restraints in accordance with state and federal laws and regulations	If vehicle is not on site during the visit	If program does not provide transportation	If planning to provide transportation in the future; Vehicle is not currently in use	N/A	No restraints or improperly restrained in accordance with state and federal laws and/or torn or frayed seat belts in use with or without an incident and/or injury with no medical attention or with medical attention as a precaution; Expired child safety seat observed without incident or injury	No restraints or not restrained in accordance with state and federal laws and/or torn or frayed seat belts in use with an incident and/or injury requiring professional medical attention; Expired child safety seat observed with incident or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.11(2)(l) - Child(ren) shall never be left unattended in a vehicle	If not observed during the visit	If program does not provide transportation	If planning to provide transportation in the future	N/A	N/A	Child(ren) left unattended on vehicle	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.11(2)(m) - Written authorization for the child to receive emergency medical treatment shall be maintained in the vehicle	If documentation is inaccessible during visit	If program does not provide transportation	If planning to provide transportation in the future; Incomplete emergency medical information for less than 50% of transported children *If TA documented on previous visit, move to Low Risk	Incomplete emergency medical information for 50% or more of transported children; No emergency medical information for at least one transported child	Missing/incomplete emergency medical information for all children transported with no incident or injury	No emergency medical information on the vehicle with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- When possible, the child care program should purchase new child safety seats to be used for the transportation of enrolled children. This ensures the child safety seat has no prior history of damage and/or being involved in an automobile accident.
- Develop a system for routinely checking vehicle seat belts and child safety seats to ensure they are maintained in good repair and working condition.
- Car seats and booster seats have expiration dates. Most expire 6-8 years after the manufacturer date and need to be replaced, even if they have not been in an accident. Ensure all caregivers know how to check for expiration dates for any seat that will be used for program transportation and so they can share this information with parents.
- Develop a system for routinely monitoring child safety seats to ensure they are properly installed and are not past the manufacturer's expiration date.
- Vehicles should be equipped with a seat belt cutter and a window breaking tool in the event of an emergency entrapment of a child or staff person caused by an accident. Both shall be kept inaccessible to children, but stored within reach (e.g., the console, storage area on driver side door, etc.) of the transportation vehicle's driver.
- At least one staff person present on the vehicle should have a functioning cell phone on hand in the event emergency assistance is needed.
- Maps of the areas traveled shall be kept in the vehicle(s) for cell phone service outages/interruptions.
- Contact Safe Kids Georgia for assistance with installing child passenger restraining systems. Local Safe Kids Georgia coalitions can be found at the following link:
<https://www.safekids.org/coalition/safe-kids-georgia>.

Things for child care programs to consider:

- Maintain documentation/verification of each driver's license in his/her personnel file.
- Identify which child passenger restraining system is appropriate for use based on the type of vehicle the Home uses to transport children. Vehicle fact sheets can be found on the Department of Early Care and Learning's (DECAL) website under the Transportation section of the Child Care Learning Center forms page at:
<http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>
- Maintain a copy of the manufacturer's information for each child passenger restraining system used by the Home. If parents provide the child passenger restraining system, request a copy of the manufacturer's information to keep on file at the Home.
- Additional information regarding child passenger restraining systems and their installation can be found at: <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#age-size-rec>
- A sample vehicle emergency medical information form can be found on DECAL's website under the Transportation section of the Child Care Learning Center forms page at:
<http://www.dec.al.ga.gov/documents/attachments/VehicleEmergencyForm.pdf>

290-2-3-.11 Health, Safety, and Discipline

(2) Safety.

- (n) If a Provider does not carry liability insurance coverage sufficient to protect its clients, the Provider shall post that fact in a conspicuous place in the program. Such notice shall be in at least ½ inch letters. A Provider that fails to post may be subject to a civil fine of \$1,000.00.

Rule Type: Non-Core Rule

Intent

To ensure compliance with Georgia law. To increase parental awareness and to assist parents in determining whether the program is appropriate for their child's needs.

Clarification

When a Family Child Care Learning Home does not carry sufficient liability insurance to protect children, Georgia law requires a notice to be posted in the Home. The notice must be posted in a clearly visible area to ensure that parents entering and exiting the Home have access to the information.

Indicators

- ✓ Ask the Provider if he/she carries liability insurance for the program. If not, check to ensure the notice for no liability insurance is posted and clearly visible.

Best Practices:

- Include information about liability insurance in the Home's policies and procedures (i.e., whether the Home does or does not carry the insurance).

Things for child care programs to consider:

- A no liability insurance notice can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/LiabilityNon-Coverage.pdf>
- Remember that if no liability insurance is provided by the Home, each parent must be notified in writing and must acknowledge receipt of the notice. A no liability insurance acknowledgement form can be found on DECAL's website at: <http://www.dec.al.ga.gov/documents/attachments/LiabilitySignatureForm.pdf>

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline. Disciplinary actions used to correct a Child's behavior, guidance techniques and any activities in which the Children participate or observe at the Home shall not be detrimental to the physical or mental health of any child.

Rule Type: Core Rule

Intent

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

Clarification

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

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

Indicators

- ✓ Observe staff-child interactions to determine if staff are using positive discipline and guidance techniques. For example, monitor staff's use of "time-out" including the length of time children are required to remain separated from the group. (Refer to the Family Child Care Learning Home (FCCLH) Core Rules Reference Chart for additional examples of inappropriate discipline.)
- ✓ Ask the Provider and/or staff how they handle children's behavior issues (i.e., if discipline is not observed).
- ✓ Review the Home's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3) - Disciplinary actions shall not be detrimental to physical or mental health	Never	Never	Observing inappropriate discipline methods: making a child face the wall for time out, a 4 y/r old standing in timeout for 5 min. instead of 4, children under 2 in timeout instead of redirection, behavior charts posted that use marks, colors, etc. by children's names *If TA documented on previous visit, move to Low Risk	Misuse or inappropriate use of time out or redirection; Staff encourages or does not intervene when a Parent disciplines their child within sight and/or hearing of other children; Staff convey understanding of discipline rules and report previous use of inappropriate discipline, such as popping a child's hand	Disciplinary action detrimental to child's physical or mental health which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Disciplinary action detrimental to child's physical health OR was seriously detrimental to a child's mental health with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline.

- (a) A Provider or a Home's Provisional Employees or Employees shall not: physically or sexually abuse a child, or engage in or permit others to engage in sexually overt conduct in the presence of any Child enrolled in the Home;**

Rule Type: Core Rule

Intent

To ensure that children are protected from willful injury and/or sexual exploitation by older persons while in the Home's care.

Clarification

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

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

Indicators

- ✓ Observe staff-child interactions and children's physical appearance. Notice any obvious bruises, burns, lacerations, or abrasions and discuss with the Provider.
- ✓ Observe children's behaviors and notice any extremes such as aggressiveness, withdrawal, fear of staff members, etc.
- ✓ Observe staff to determine if they respect children's personal space and boundaries and recognize non-verbal signals which indicate that physical contact is unwelcome.
- ✓ Review the Home's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) – Staff shall not physically/sexually abuse a child; Engage in sexually overt conduct in the presence of any child	Never	Never	N/A	N/A	N/A	Physical abuse	Sexual abuse OR incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline.

- (a) A Provider or a Home's Provisional Employees or Employees shall not: ...inflict corporal/physical punishment upon a Child; shake, jerk, pinch or handle roughly a Child; verbally abuse or humiliate a Child which includes, but is not limited to, the use of threats, profanity, or belittling remarks about a Child or his family; isolate a Child in a dark room, closet, or unsupervised area; use mechanical or physical restraints or devices to discipline Children;

Rule Type: Core Rule

Intent

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

Clarification

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

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

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

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

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

Indicators

- ✓ Observe staff-child interactions for evidence of any inappropriate discipline practices as specified by the rule. Notice the language and the tone of voice used by staff members to communicate with children and watch for signs of negative verbalizations.
- ✓ Ask the Provider and/or staff how they handle children's behavior issues (i.e., if discipline is not observed).
- ✓ Observe children's behaviors and notice any extremes such as aggressiveness, withdrawal, fear of staff members, etc.
- ✓ Listen to children's conversations as children may discuss among themselves the disciplinary actions used by staff members.
- ✓ Review the Home's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) - Staff shall not: See disciplinary technique below for citation level							
Inflict corporal/ physical punishment	Never	Never	Corporal punishment by a Parent (not employed by the Home) of their own child to any body part (popping on hand, buttocks, legs) not within sight/hearing of other children (If within sight/ hearing of children see Rule .11(3))	N/A	Corporal punishment to any body part (popping on hand, buttocks, legs, etc.) <u>without</u> a bruise or mark	Corporal punishment to any body part (popping on hand, buttocks, legs) <u>with</u> a bruise or mark	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Shake, jerk, pinch or roughly handle	Never	Never	N/A	N/A	Jerk, handle roughly, or pinch <u>without</u> a bruise or mark or injury; Shake a child five years or older <u>without</u> an injury	Jerk, handle roughly, or pinch <u>with</u> a bruise or mark or injury; Shake a child under five years old <u>with</u> or <u>without</u> an injury; Shake a child five years or older <u>with</u> an injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Verbally abuse or humiliate (includes use of threats, profanity, or belittling remarks about a child or his family)	Never	Never	Tone of voice: raised voice with negative implications; Mild threat to call parent about behavior ("Do we need to call your mom?" or "You know what's going to happen when your mom gets here?") *If TA documented on previous visit, move to Low Risk	Raised voices with profanity or belittling remarks or threats; Use of profanity in general	Humiliating a child; Threatening physical harm; Screaming at a child, where child displays behavior demonstrating that he/she is afraid or upset	Extreme or repeated threats, humiliation or belittling remarks	N/A

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) - Staff shall not: See disciplinary technique below for citation level							
Isolate in a dark room, closet, or unsupervised area	Never	Never	N/A	N/A	Isolation	Isolation with aggravating circumstances such as but not limited to the door being closed or the room being dark	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Use mechanical or physical restraints or devices	Never	Never	N/A	N/A	Use of mechanical and/or physical restraints which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Use of mechanical and/or physical restraints with an incident and/or injury requiring professional medical attention OR restraints used for an egregious amount of time or there were egregious circumstances	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline.

- (a) A Provider or a Home's Provisional Employees or Employees shall not: ...use medication to discipline a Child or to control Children's behavior without written medical authorization issued by a licensed professional and given with the Parent's written consent;

Rule Type: Core Rule

Intent

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

Clarification

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

Indicators

- ✓ Ask the Provider if any children require medication for behavior control. If so, check the children's records for written authorization as specified by the rule.
- ✓ Ask the Provider if the Home administers any medication to children that is not provided by the parents. If so, ask the Provider when and in what manner the medication would be used.
- ✓ Review the Home's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) - Staff shall not use medication to control behavior	Never	Never	N/A	N/A	N/A	Use of medication for discipline and/or to control behavior, other than as prescribed by a physician	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Refer to the medication rules for additional information regarding the dispensing and documentation of medications administered to children by the Home. The medication authorization form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/DispenseMedication.pdf>
- Contact the Department's Regional Inclusion Specialist for your area for additional information and support regarding the handling of children's challenging behaviors. Contact information for the inclusion specialists can be found on DECAL's website at:
<http://dec.al.ga.gov/CCS/InclusionSupportServices.aspx>

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline.

- (a) A Provider or a Home's Provisional Employees or Employees shall not: ...or discipline a Child by unreasonably restricting a Child from going to the bathroom; or by punishing toileting accidents;

Rule Type: Core Rule

Intent

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

Clarification

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

Indicators

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

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) - Staff shall not: See disciplinary technique below for citation level							
Restrict unreasonably from going to the bathroom	Never	Never	N/A	Staff fail to respond appropriately and/or timely to a child's request or need to toilet (Staff states, "You should have gone to the bathroom during the bathroom break and now you can't go.")	Child(ren) not allowed to go to the bathroom as punishment, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Child(ren) not allowed to go to the bathroom as punishment with an incident and/or injury requiring professional medical attention OR was not allowed to go for an egregious amount of time	N/A
Punish toileting accidents	Never	Never	N/A	Staff uses appropriate form of discipline as punishment immediately following a toileting accident (a 3-year-old is put in time out for 3 minutes following a toileting accident)	Staff uses an inappropriate form of discipline as punishment immediately following a toileting accident (a child is made to stand in the corner facing the wall following a toileting accident or a child was forced to clean up their own accident)	Restriction/punishment for bathroom accidents with an incident and/or injury requiring professional medical attention OR with aggravating circumstances	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline.

- (a) A Provider or a Home's Provisional Employees or Employees shall not: ...or by force feeding a Child; or by not feeding a Child regularly scheduled meals and/or snacks; or by forcing or withholding naps;

Rule Type: Core Rule

Intent

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

Clarification

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

Indicators

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

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) - Staff shall not: See disciplinary technique below for citation level							
Force-feed or withhold feeding regularly scheduled meals/snacks	Never	Never	N/A	Feeding of a child was intentionally delayed but still occurred during the current meal or snack service	Feeding of a child was delayed but still occurred after the current meal or snack but before the next meal or snack; Child was compelled to eat with no incident or injury	Child(ren) physically force fed (a child's mouth is held and made to eat) which resulted in a serious incident and/or injury requiring professional medical attention; Food withheld (and not given to child for the entire day or for all meals or snack services)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Force or withhold naps	Never	Never	Telling child(ren) that they must lay in a particular position on the mat or cot *If TA documented on previous visit, move to Low Risk under .11(3)	Force or withhold naps with no physical contact	Physically force/withhold naps without an incident or injury	Physically force naps with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Food should not be used to reward children's behavior or withheld from children due to their behavior. This includes special snacks and treats throughout the day.

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline.

- (a) A Provider or a Home's Provisional Employees or Employees shall not: ...or by allowing children to discipline or humiliate other Children;**

Rule Type: Core Rule

Intent

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

Clarification

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

Indicators

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

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) – Staff shall not allow children to discipline or humiliate other children	Never	Never	Staff requires child(ren) to report the bad behavior of other child(ren) *If TA documented on previous visit, move to Low Risk	Staff allow and/or encourage child(ren) to humiliate other child(ren) (name calling, belittling remarks, threats, use of profanity, etc.)	Staff allow and/or encourage child(ren) to physically discipline each other with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Staff allow and/or encourage child(ren) to physically discipline each other with an incident and/or injury requiring professional medical attention OR discipline with aggravating circumstances	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.11 Health, Safety, and Discipline

(3) Discipline.

- (a) A Provider or a Home's Provisional Employees or Employees shall not: ...or by confining a Child for disciplinary purposes to a swing, high chair, infant carrier, walker or jump seat.

Rule Type: Core Rule

Intent

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

Clarification

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

Indicators

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

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(3)(a) – Staff shall not confine a child for disciplinary purposes to equipment	Never	Never	N/A	Child(ren) confined for discipline <u>without</u> an incident or injury	Child(ren) confined for discipline which resulted in an incident and/or injury with no medical attention or with medical attention as a precaution; Child(ren) confined for discipline for an extended amount of time	Child(ren) confined for discipline with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

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

Things for child care programs to consider:

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

290-2-3-.12 Equipment and Supplies

- (1) The Home shall provide a variety of age-appropriate toys, books, and play equipment and materials to ensure that each child shall have opportunity to experience and participate in a variety of activities.**
- (9) Toys shall be stored on low, open shelves accessible to children in each room or assigned area.**
- (10) Toys that launch projectiles, such as dart guns, pop guns, slingshots, etc. shall not be allowed in the Home, and balloons shall not be accessible to preschool children.**

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Children's toys and play materials should allow children to use their large and small muscles and experience language, arts and crafts, dramatic play, rhythm and music, and science and nature activities. A variety of appropriate toys and materials must be maintained in the Home. The number of materials must be sufficient to ensure that all enrolled children can actively participate in play at the same time.

Outdoor play equipment should be of a size and skill level that is appropriate for the ages and developmental abilities of the children who use it. Children need equipment for climbing, balancing, riding, building, pushing, pulling, lifting, digging, running, etc. Playground equipment and materials should appeal to children's individual interests. Enough play equipment and materials should be available to avoid excessive competition and long waits. The Home should offer a wide variety of age-appropriate portable play equipment (e.g., balls, jump ropes, hoops, ribbons, scarves, push/pull toys, riding toys, rocking and twisting toys, sand and water play toys) in sufficient quantities so that multiple children can play at the same time.

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

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

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

Indicators

- ✓ Observe the toys and play materials to ensure that a variety is available and stored/placed where accessible to children.
- ✓ Check the Home's premises to ensure that projectile toys are not present and to ensure that balloons are not accessible to preschool children.

Best Practices:

- Place toys and materials on low shelves, so that children can easily and independently access them safely. If storage containers are used, place them on shelves in an organized manner, and refrain from double-stacking multiple containers on top of one another on the same shelves. This will help discourage climbing and ensure children can easily reach and use all equipment and toys safely.
- Toys and materials should be stored for easy, independent access by children on low shelves.
- Diverse age-appropriate materials should be provided to enhance teaching and learning opportunities, including the following suggested types of materials: fine motor, art, dramatic play, books, nature/science, blocks, math, and music.
- Toys and play materials should be sorted by type and organized into interest areas to create learning centers (e.g., book center, art center, music center, dramatic play center, etc.) focused on one type of play. For example, all dramatic play materials are located in one area to make a dramatic play interest center, and there is plenty of space provided for that type of play. This provides the opportunity for more in-depth play and skill enhancement opportunities.
- Place toys and play materials within arm's reach of non-mobile infants and children with disabilities as these children may need additional assistance to access the items.
- Ample opportunities for free play should be built into the schedule to allow children to access toys and materials for play. Free play is the best opportunity during the day for individualized teaching as caregivers rotate throughout the child care area and talk with children about their play, asking them open ended questions, having conversations about their play, and adding new information and ideas to enhance their play.
- Plentiful and varied age-appropriate portable and stationary gross motor equipment encourages children to practice and develop a wide variety of gross motor skills. Examples of portable equipment include large push/pull toys, balls, ride on toys, wagons, Cozy Coupes, ring toss, etc. Examples of stationary equipment include slides, swings, composites, spring bouncers, balance beams, etc.

Things for child care programs to consider:

- Toys should be available to rotate on a routine basis to ensure variety, to help alleviate children's boredom, and to support their interests.

290-2-3-.12 Equipment and Supplies

(2) Individual or disposable wash cloths and towels shall be provided.

Rule Type: Non-Core Rule

Intent

To protect children's health and to prevent the spread of infectious disease.

Clarification

Shared wash cloths and towels can transmit infectious diseases. Disposable or single-use wash cloths and towels alleviate this problem as long as they are discarded after each use. When non-disposable wash cloths and towels are used, they must be used one time by only one child before laundering.

Indicators

- ✓ Check to ensure individual or disposable wash cloths and towels are available to children.
- ✓ Ask the Provider about laundering practices if non-disposable wash cloths and towels are used.

Things for child care programs to consider:

- Monitor the Home throughout the day to ensure children have access to wash cloths and towels and to ensure they use them appropriately.

290-2-3-.12 Equipment and Supplies

- (3) Furniture and equipment shall be kept clean and in a safe usable condition.**
- (4) All indoor and outdoor furniture, activity materials, and equipment shall be: used in a safe and appropriate manner by each Provider, Provisional Employee, Employee and child in attendance and used in accordance with the manufacturer's instructions, recommendations, and intended use.**
- (6) All indoor and outdoor furniture, activity materials, and equipment shall be placed so as to permit the children's freedom of movement and to minimize danger of accident and collision.**

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children by taking precautions to minimize the risk of injury and infection. To ensure children's safety and to protect children from injuries which can occur when furniture, materials, and equipment are used inappropriately. To foster children's growth and development with appropriate equipment and furniture.

Clarification

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

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

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

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

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

Indicators

- ✓ Check the condition of the Home's indoor toys, equipment, and furniture to ensure the items are clean and in good repair.
- ✓ Ask the Provider about the Home's policy for cleaning toys, equipment, and furniture (i.e., how often, who is responsible, etc.).
- ✓ Observe staff and children's use of furniture, activity materials and equipment in the Home and on the playground to ensure that items are used appropriately and in accordance with the manufacturer's instructions, recommendations, and intended use.
- ✓ Ask the Provider how he/she ensures the manufacturer's instructions for furniture, activity materials and equipment are being followed.
- ✓ Observe the placement of toys, equipment, and furniture in the Home and on the playground to ensure:
 - Staff can adequately supervise the area.
 - Children can freely move around the items without risk of injury.
 - Items do not block the Home's exits.

Best Practices:

- Establish and implement a routine for checking toys, equipment, and furniture to ensure these items are kept clean and in good condition.
- Expect that children will attempt to sit and/or climb on tables and equipment as they play and explore their environment. When they do, staff must model and explain appropriate use of the item and redirect children's behavior to how the item should be used.
- Keep pathways/hallways and floors clear of obstacles, such as toys and shoes.
- Change batteries in toys promptly when they go dead so the toys remain operational and so that battery leakage is less likely to occur.
- If the equipment is wet and slippery, dry before children use.
- Check temperature of equipment to ensure it does not feel hot to the touch before allowing children to use it.
- To help prevent burns and ultra violet (UV) degradation that can cause pre-mature equipment failure, ensure that plastic and metal playground slides, platforms, and steps are shaded or located out of direct sunlight and provide shade over plastic play equipment when possible. Shade structures and tree limbs should be located high above the play equipment and out of reach of children, such that no impact, fall, or entanglement hazards could occur.
- When playgrounds are used by children of multiple ages, post readily visible signs or labels to indicate age-appropriateness of equipment.
- To prevent strangulation accidents, do not allow children to wear scarves or clothing with exposed drawstrings while using play equipment, especially slides. Similarly, require children to use jump ropes and other similar equipment with cords, cables, or ropes, away from all other types of equipment.
- The following equipment is not appropriate for any age group to use. Refrain from using trampolines, climbing ropes not secured at both ends, rope swings, swinging dual exercise rings, balance beams over 16 inches tall, and swinging trapeze bars.

- The following additional equipment is not appropriate for children younger than 6 years to use. Refrain from using freestanding arch climbers, dome climbers, freestanding flexible climbers, fulcrum seesaws, log rolls, track/trolley rides, spiral slides with more than one 360-degree turn, parallel bars, balance beams over 12 inches tall, and vertical sliding poles.
- The following additional equipment is not appropriate for children younger than 4 years to use. Refrain from using horizontal ladders, overhead rings.
- The following additional equipment is not appropriate for children younger than 2 years to use. Refrain from using rung ladders, merry-go-rounds, spinning equipment, rotating tire swings, spiral slides with a full 360-degree turn, and balance beams.
- Avoid sliding in tandem or on an adult's lap to prevent leg and foot fractures.
- No more than two swings should be present in a single bay, and swings should not be attached to any other equipment.

Things for child care programs to consider:

- Use furniture, materials, and toys in accordance with the manufacturer's guidelines, intended use and design without modification. For example, high chair safety straps, feeding table seat straps, bouncer seat straps, and infant swing straps (indoors and outdoors) should not be removed and should be used anytime children occupy the equipment.
- Check for recall information on furniture, materials, and toys, and sign up for product recall notifications at the following link: <https://www.recalls.gov/>

290-2-3-.12 Equipment and Supplies

(5) All indoor and outdoor furniture, activity materials, and equipment shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and kept clean.

Rule Type: Core Rule

Intent

To protect the health and safety of children by taking precautions to minimize the risk of injury and infection. To protect children from injury and harm by ensuring that outdoor play equipment is safe and in good condition.

Clarification

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

Metal fasteners should be corrosion resistant and be selected to minimize corrosion of the materials they connect. All S-hooks and C-hooks located on equipment (e.g., swings, etc.) should be properly closed. A hook is considered closed if there is no gap or space greater than 0.04 inches (i.e., the thickness of a dime) present.

When multi-axis tire swings (i.e., tire swings attached using three chains) are present on the playground, there must be a minimum clearance of 30 inches between the seating surface of a tire swing and the uprights of the supporting structure (i.e., bay/frame). Measurements should be taken when the tire is in a position closest to the support structure. The minimum clearance between the bottom of the seat and the protective resilient surfacing in the fall zone shall not be less than 12 inches.

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

Playground equipment hazards include, but are not limited to, the following:

- Exposed nails, screws, bolts, pipes
- Splintered, deteriorated wood
- Open/deformed "S" or "C" hooks, rings, links, etc.
- Crush/pinch joints
- Areas of entrapment
- Unprotected protrusions
- Broken/missing steps, rungs, handguards, rails, handles, sides, ladders
- Sharp edges
- Broken seats, parts, equipment
- Obstructions on slides
- Equipment off track, unsecured to supports
- Chipped peeling paint

- Worn swing hangers, chains
- Broken supports, anchors
- Bars, rungs, handholds unstable (wobble or turn when grasped)

Trampolines, both full and mini size, should be prohibited from being used as part of on-site child care program activities. Both the American Academy of Pediatrics (AAP) and the American Academy of Orthopedic Surgeons (AAOS) Policy Statements recommend the prohibition of trampolines for children younger than six years of age. The U.S. Consumer Product Safety Commission (CPSC) also supports this position. The trampoline has no place in outdoor playgrounds and should never be regarded as play equipment.

Indicators

- ✓ Check the Home's outdoor play equipment for hazards (as defined in the clarification).
- ✓ Observe the Home's outdoor play equipment for cleanliness.
- ✓ Ask the Provider about the Home's practice for monitoring outdoor equipment for hazards and for cleanliness.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
. 12(5) – Outdoor furniture, activity materials, and equipment shall be free from hazardous conditions, such as, but not limited to, sharp rough edges or toxic paint and kept clean	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	Never	Isolated minor hazards: small area of chipped paint or rust, a single missing pedal or hand grip, open "S" hooks, portable equipment damaged beyond use; cleanliness issues *If TA documented on previous visit move to Low Risk	Minor hazards: rusted chains, large areas of chipped paint, missing handles, pedals, grips, broken equipment sectioned off to make it inaccessible to children	Accessible hazards which prohibit safe use of the equipment: sharp edges, worn/broken hardware, broken/ingestible pieces; Hazardous equipment with an incident and/or injury with no medical attention or with medical attention as a precaution	Broken/hazardous equipment with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Establish and implement a routine for checking toys, equipment, and furniture to ensure these items are kept clean and in good condition.
- Metal slides should be placed in a shaded area to reduce the likelihood of a child sustaining a burn while using the equipment.
- If the equipment is wet and slippery, dry before children's use.

Things for child care programs to consider:

- Contact the Home's licensing consultant if/when equipment changes are made to the playground area(s).
- If a trampoline is located on the playground used for child care, ensure that it is inaccessible to all children by securely blocking all entry points. It is best practice to block the entire trampoline area completely so children cannot access.
- Refer to the U.S. Consumer Product Safety Commission's (CPSC) Public Playground Safety Handbook for additional information about playground equipment. The handbook can be found at: www.cpsc.gov/s3fs-public/325.pdf
- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>

290-2-3-.12 Equipment and Supplies

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

Rule Type: Core Rule

Intent

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

Clarification

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

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

Indicators

- ✓ Check potentially unstable equipment and furniture in the Home and in the outside areas accessible to children (i.e., routes to the play area, entrances/exits to the Home, etc.). If observed, ensure the items have been secured. Pull and/or push on furniture and equipment to ensure the items do not present a tipping or falling hazard to children. **NOTE:** Evaluate outdoor play area climbing and swinging equipment that is not anchored under Rule 290-2-3-.13(2)(b).

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.12(7) - All indoor and outdoor furniture and equipment shall be secured if equipment and furniture is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over	Never	Never	If child care area is not in use or potentially unstable equipment or furniture is observed outside the child care area (fish tank in dining room, etc.); Home is planning to add new equipment (ordering new cubbies, etc.)	Potentially unstable equipment or furniture observed in the child care area with no incident or injury	Potentially unstable equipment or furniture observed in the child care area or accessible to children in care with an incident and/or injury with no medical attention or with medical attention as a precaution	Potentially unstable equipment or furniture observed in the child care area or accessible to children in care with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

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

290-2-3-.12 Equipment and Supplies

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

Chair and Table Size Recommendations

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

Indicators

- ✓ Observe the Home to ensure that each child has table space and a chair.
- ✓ Check tables and chairs to ensure they are appropriately sized for (and meet the needs of) the children in the Home.

Best Practices:

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

Things for child care programs to consider:

- Indoor areas used by various ages must contain tables and chairs that are appropriately sized for all children who use the area(s).
- Follow the manufacturer's recommendations/instructions (e.g., age limits, weight limits, etc.) for all tables and chairs used by children.

290-2-3-.12 Equipment and Supplies

(11) Toys for Children Under Three. Toys for children under three (3) years of age shall also be age-appropriate.

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

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

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

drink. If a commercial disinfectant is used, the manufacturer's label should indicate that the product kills bacteria, viruses, and parasites, and it should be used according to the instructions on the label.

Indicators

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

Best Practices:

- Small toys with hard surfaces can be set aside for cleaning by putting them into a dish pan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to bring the soiled toys to a toy cleaning area later in the day. Providing additional toys to rotate while others are being cleaned makes this method of preferred cleaning possible.
- Do not allow children to play with water beads due to the possible risk of gastrointestinal blockage(s) if swallowed.
- Any toy that can fit inside a paper towel roll could possibly be swallowed by a child under three years of age.
- According to the federal government's small parts standard on a safe-size toy for children under three years of age, a small part should be at least one and one-quarter inches in diameter and between one inch and two and one-quarter inches long. Any part smaller than this poses a potential choking hazard.
- Magnets are generally small enough to pass through the digestive tract, however, they can attach to each other across intestinal walls causing obstructions and perforations within the gastrointestinal tract.
- Glitter can scratch the surface of the eye (when inadvertently rubbed in the eye) and is especially hazardous to children under three years of age.
- Toys should be cleaned with soap and water, then rinsed with a sanitizing solution. Some toys may be safe to clean in the dishwasher. A dirty film can develop on the surface of the toys if the toys are only sprayed with disinfectant without first being cleaned with soap and water.

290-2-3-.13 Building and Grounds

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

Rule Type: Core Rule

Intent

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

Clarification

This rule refers to the general condition and the cleanliness of the Home. Children play in and explore their environments. The physical structure where children spend each day can present safety concerns if the structure is not kept in good repair and maintained in a safe, clean condition. For example, peeling paint in an older Home could be potentially hazardous if ingested by a child and broken glass windows could cause severe cuts or other injury. Children's environments must be protected from exposure to moisture, dirt, and dust.

Floor surfaces, including carpet, area rugs, linoleum, wood, tile, etc., should be washable or easily cleanable to avoid transmission of disease and to maintain an environment that supports cleanliness. Floor coverings should be tight to reduce tripping hazards. Floors should be free from cracks, bare concrete, dampness, splinters, and sliding rugs. Carpeting should be clean, in good repair, nonflammable, and nontoxic. Bathroom floors should be impervious to water and capable of being kept in a clean and sanitary condition. Cracked or porous floors cannot be kept clean and sanitary. Dampness promotes the growth of mold. Rugs without friction backing or non-slip pads are tripping hazards. Flooring materials must not pose health, safety, or fire hazards.

Indicators

- ✓ Observe the condition of the Home and the premises. Check for cleanliness and state of repair. Ask the Provider about the Home's cleaning and repair procedures.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.13(1) - The Home's building shall be kept clean and free of hazards **Structural issues	Never	Never	Minor cleanliness issues such as isolated stains on carpet	Extensive cleanliness issues: Structural hazards that are accessible	Structural hazards that are dangerous and accessible with or without being handled by a child which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution	Structural hazards that are dangerous and accessible that caused an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Inspect indoor and outdoor areas daily for cleanliness and repair issues.
- Keep pathways/hallways and floors clear of obstacles, such as toys and shoes.
- Promptly clean up spills to reduce the risk of contamination and slips/falls.

Things for child care programs to consider:

- Concrete may be approved as an acceptable flooring material as long as it has been appropriately sealed to ensure it is waterproof, cleanable, and free from cracks.

290-2-3-.13 Building and Grounds

(1)

- (a) The areas used for child care shall provide a minimum of 35 square feet of usable floor space per child.**
- (b) Basement areas in excess of 25 linear feet from a window shall not be used for housing Children.**
- (c) Furniture and equipment shall be arranged so as not to interfere with exits.**

Rule Type: Non-Core Rule

Intent

To ensure that the indoor environment provides adequate space for children's growth and development through exploration, freedom of movement, etc. To ensure that the physical environment is conducive to the health and safety of children, and to promote a sense of well-being for children and staff.

Clarification

Young children relate to the world through their bodies and their senses, and they require space in which to learn by moving and doing. The size of the play space influences how children behave in a child care setting. According to the American Academy of Pediatrics, crowding reduces the ability to control the spread of infection. Crowding can also have a negative effect on children's activities and state of mind. Inadequate space can lead to aggressive, destructive and unfocused behavior. In addition, the risk of injury from accidents rises when children have insufficient play space. Children's behavior is more positive when the environment includes enough space for them to participate in developmentally appropriate activities.

Children should be housed in open, well-ventilated areas from which a quick evacuation can be made in case of fire or another emergency. Exits should be kept clear of equipment and furniture to allow for children's safe evacuation from the Home.

Indicators

- ✓ Observe the areas of the Home used by children to ensure at least 35 square feet of usable floor space per child is available.
- ✓ Observe basement or other areas below ground level if used as an activity area for children. Measure to ensure compliance with the rule requirements.
- ✓ Observe the placement of toys, equipment, and furniture in the Home. Check to ensure these items do not block the emergency exits as noted on the Home's emergency plan.

Best Practices:

- If used, basement areas might require dehumidifiers, or another means of removing excess humidity from the area to control mildew and air quality issues.

Things for child care programs to consider:

- Remember that the total licensed capacity of the Home can be limited by city and/or county authorities.

290-2-3-.13 Building and Grounds

(1)

- (d) The Home shall be kept free of fire hazards and unnecessary or excessive combustible material. 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. Unvented fuel fired heaters shall not be used unless equipped with an oxygen depletion safety shut off system.**

Rule Type: Core Rule

Intent

To ensure children's safety and to protect them from injury.

Clarification

The Home must be free of hazards that could cause a fire or provide fuel to a fire (e.g., excessive stacks of paper/magazines/cardboard boxes, chemically exposed cloth rags, extension cords, frayed electrical wires, etc.). Combustible materials (e.g., propane tanks, aerosol cans, etc.) should be discarded promptly or stored according to recommendations by the local fire department. Flammable liquids (e.g., lighter fluid, etc.) should be kept in tightly closed or sealed containers and stored only in quantities approved by the State Fire Marshal or the local fire department, if applicable. Flammable liquids should never be accessible to children.

Heating equipment can be hazardous to children resulting in burns and electric shock. If used, any form of heating unit, such as an open fire, floor furnace, space heater, etc. must be barricaded and/or have a protective screen to prevent children from having access. When using a barricade and/or a protective screen, the Home must ensure that it does not become hot to the touch to prevent a burn hazard to the children in care.

Indicators

- ✓ Observe the Home to ensure there are no fire hazards or unnecessary/excessive combustible materials.
- ✓ Check the Home for radiators, open fireplaces, oil or wood burning stoves and electric heaters. If observed and in use, check to ensure a barrier is present. If observed and not in use, ask the Provider what measures are taken to prevent children's access.
- ✓ Check the Home for unvented fuel fired heaters. If observed, ask the Provider for verification the heaters are equipped with an oxygen depletion safety shut off system.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
<p>.13(1)(d) - The Home shall be kept free of fire hazards and unnecessary or excessive combustible materials. 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. Unvented fuel fired heaters shall not be used unless equipped with an oxygen depletion safety shut off system.</p> <p>See rule components below for citation levels</p>							
Fire Hazards/Combustible Materials - Home shall be kept free of fire hazards and unnecessary or excessive combustible materials (such as excessive stacks of paper/magazines/cardboard boxes, chemically exposed cloth rags, etc.)	Never	Never	N/A	Equipment, materials or supplies that are a fire hazard and/or combustible material present	Fire hazards and/or combustible materials that could be dangerous to children in care which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution	Equipment, materials or supplies that are fire hazards or combustible that caused an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Fires/Stoves/Heaters - When in use, radiators, open fire, oil or wood burning stoves, floor furnaces, electric heaters and similar hazards shall have barriers or screens to prevent children from being burned	Never	If there are none in the Home	If present in the Home, but not in use	N/A	Heater and heating equipment accessible and in use which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Heater and heating equipment accessible and in use with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Shut off system - Unvented fuel fired heaters shall not be used unless equipped with an oxygen depletion safety shut off system	Never	If there are none in the Home	If present in the Home, but not in use	N/A	Fuel fired heaters in use that are not equipped with an oxygen depletion safety shutoff which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution	Fuel fired heaters in use that are not equipped with an oxygen depletion safety shutoff with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Store portable heating equipment outside of children's activity area(s) when not in use.
- Maintain open fireplaces clean and free of ash and debris to prevent children's access to potentially harmful items and substances.
- Keep manufacturer's information on file for any unvented fuel fired heaters.

290-2-3-.13 Building and Grounds

(1)

(e) Multiple plugs and electric extension cords shall not be used. Electrical outlets within reach of children shall be plugged or covered.

(f) Fans shall be positioned or installed so as to be inaccessible to the children.

Rule Type: Non-Core Rule

Intent

To ensure children's safety and to protect them from injury.

Clarification

Approximately 2,400 children are injured annually by inserting objects into the slots of electrical outlets. Most of these injuries involve children under the age of six. Potential fires, serious burns, and severe, possibly fatal, electric shock can result if children insert metal objects into empty electrical outlets or attempt to tamper with a cord that is plugged into an outlet.

Electrical power strips that are equipped with a breaker or surge protector are acceptable. These devices have a light to indicate that the breaker or the surge protector is working properly.

Fans (e.g., ceiling, portable, bladeless, oscillating) can be hazardous to children resulting in electric shock, entanglement in the rotary blades, etc. Fans must be placed so they are inaccessible to children or protected by a barrier if used in children's activity areas.

Indicators

- ✓ Check the Home for multiple plugs and extension cords.
- ✓ Check all electrical outlets (including unused outlets found on a power strip) within children's reach to ensure the outlets have protective caps/safety covers. If an outlet is in use, check to ensure that children do not have access to the outlet or to electrical cords.
- ✓ Observe the Home's premises for fans. If observed, check to ensure the equipment is secure and inaccessible to children.

Best Practices:

- Check the Home at the beginning of each day to ensure all outlets within children's reach are covered with protective caps/safety covers.

- Remember that the unused outlets in a power strip must have protective caps/safety covers if the power strip is located where children can reach it. If the outlets are unable to be covered with protective caps/safety covers, the power strip must be inaccessible to children.

Things for child care programs to consider:

- All surge protectors must be secured to walls making them a permanent fixture to the home, never loose under or behind furniture.
- All electrical outlets accessible to children who are not yet developmentally at a kindergarten grade level of learning should be a type called “tamper-resistant electrical outlet”. This type of outlet looks like a standard wall outlet but contains an internal shutter mechanism that prevents children from sticking objects like hairpins, keys, and paperclips into the receptacle. The spring-loaded shutter mechanism only opens when equal pressure is applied to both shutters such as when an electrical plug is inserted into the outlet.

290-2-3-.13 Building and Grounds

(1)

- (g) Measures shall be utilized to prevent the presence of rodents, flies, roaches and other vermin on the premises. Windows and doors used for ventilation shall be screened.**

Rule Type: Non-Core Rule

Intent

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

Clarification

The Home must be maintained in a clean and sanitary manner to prevent invasion by rodents and insects. Windows and doors used for ventilation should have tight-fitting screens without rips, tears, or holes to prevent insects from entering and infesting the Home. Garbage and waste should be removed from the Home on a routine basis, at least daily, in order to minimize the presence of rodents and vermin. The American Academy of Pediatrics recommends calling a commercial exterminator if evidence of infestation is discovered. Poisons and baited traps should never be used in a way that places children's safety at risk.

Indicators

- ✓ Observe the Home and the premises for the presence or evidence of insects and pests. Ask the Provider about the Home's extermination procedures.
- ✓ Check to ensure all garbage and trash has been disposed of properly. Ask the Provider about the Home's waste disposal procedures.
- ✓ Check open windows and doors to ensure screens are present and in good condition. If not observed, ask the Provider if windows and doors are used for ventilation. If so, check to ensure screens are present and in good condition.

Best Practices:

- Store outdoor garbage away from the Home to reduce the possibility of pests entering the Home. It is best practice that outdoor garbage containers are not located in a route that is regularly used by children.
- Inspect indoor and outdoor areas daily for pests.

Things for child care programs to consider:

- Keep documentation (e.g., invoices, receipts, etc.) of services provided by a professional exterminator as verification for the Home's records.

- Based on the guidelines recommended by Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education, child care programs should adopt an integrated pest management program to ensure long-term, environmentally sound pest prevention through a range of practices including pest control, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. (5.2.8.1 Integrated Pest Management)

290-2-3-.13 Building and Grounds

(1)

- (h) Water supply and sewage disposal systems, if other than approved county or city systems, shall be approved by the proper authority having jurisdiction.**

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children. To ensure that the Home complies with applicable environmental health requirements.

Clarification

To assure the water supply is safe and does not contain dangerous substances or spread disease, Homes with a private water supply (i.e., a well) must have the water tested and approved by the local county health department or the authority with jurisdiction. Homes with a private sewer/septic system must have an inspection and approval from the local county health department (i.e., environmental health section). If possible, the approval should state the system's load limit (or number of persons the system could accommodate). If a load limit is specified for the septic system, the Home must adhere to the restriction/limitation.

Indicators

- ✓ Check administrative files (i.e., state or worker file, Provider's file) for evidence of water and septic approvals.

Best Practices:

- Test well water annually to ensure that the water remains safe for consumption.

Things for child care programs to consider:

- Keep water and septic documentation in a centralized location for easy access during inspection visits.

290-2-3-.13 Building and Grounds

(2) Outside grounds and play areas shall be kept clean and free of obvious hazards to the children's health and safety.

(a) Outside play areas shall be free of hazards such as, but not limited to exposed sharp edges of concrete or non-play equipment, broken glass, debris, open drainage ditches, holes and stagnant water.

Rule Type: Core Rule

Intent

To promote clean and healthy conditions and to protect children from outside play area hazards that can cause injury.

Clarification

Proper maintenance is a key factor when trying to ensure a safe play environment for children. Each outside play area is unique and requires a routine maintenance check developed specifically for that setting. Outside play areas and routes to the play areas must be clean and free of hazards that could cause a potential injury to a child. Heating and cooling equipment (such as central heating and air units or window units) located on the outside play area and accessible to children must be enclosed. Mounted covers are acceptable for window units; otherwise, the heating and cooling equipment must be enclosed by a barrier (such as a fence or lattice) that is at least four feet in height. Decks or porches that are located on and/or in route to the playground must have a secure barrier (such as lattice) around the entire bottom perimeter to prevent children from entering underneath the structure. Electrical boxes which are attached to the outside of the building should be kept locked, in good repair, have no protruding wires, nor holes in which a child could possibly place a finger/hand inside the box.

Outside area hazards include, but are not limited to, the following:

- Glass
- Trip hazards
- Uneven turf
- Exposed bricks/cinder blocks
- Exposed concrete edges
- Open grating
- Slippery areas
- Yard debris (dead tree limbs/branches/pine cones, etc.)
- Exposed tree roots/rocks
- Tall grass
- Trash
- Potholes
- Exposed wiring
- Poor drainage
- Standing water
- Grills

- Garden tools/equipment and lawn maintenance items (lawn mowers, weed eaters, ant killer, weed sprays, plant foods, etc.)
- Wading pools not in use
- Heating and cooling equipment

Indicators

- ✓ Observe the outside play area(s) for cleanliness, litter, and general hazards as defined in the clarification.
- ✓ Ask the Provider about the Home's practice for monitoring and maintaining the outside play area(s).

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
. 13(2)(a) – Outside play areas shall be free of hazards such as, sharp edges of concrete or non-play equipment, broken glass, debris, open drainage ditches, holes, stagnant water, etc.	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	Never	Isolated minor hazards: small amount of trash/debris, minimal roots, thorny vines, sticks or branches; Mops or brooms outside of high traffic area; If one inch or less of standing water is observed *If TA documented on previous visit move to Low Risk	Widespread minor hazards: tripping hazards, sticks, branches, thorny vines, trash/debris; Presence of nests of and/or biting ants/stinging insects, poisonous plants; Mops, brooms, or rakes accessible or in high traffic area; Accessible heating and cooling equipment; Standing water without a drowning hazard (1-2 inches); Tools/equipment in an enclosed but unlocked shed (not accessed by children); With no incident or injury	Dangerous playground hazards: lawn mowers, tools, discarded equipment or appliances; Children accessed nests of and/or biting ants/stinging insects and/or poisonous plants; Standing water with a drowning hazard (2 inches or more); With or without an incident and/or injury with no medical attention or with medical attention as a precaution	Playground hazards with an incident and/or injury requiring professional medical attention (exposed nail causing an impalement/puncture injury, eating poisonous plants, bitten by ants/stinging insects, exposed root causing broken arm, etc.)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Check the outside play area after inclement weather for hazards such as limbs, debris, etc.
- Conduct a daily check of the outside play area prior to the children's arrival.

Things for child care programs to consider:

- If rubber mats are used on top of resilient surface materials (e.g., in the swing area, at the base of slides, etc.), ensure the mats are flush with the resilient surfacing and do not pose a hazard to children.
- Wading pools must be emptied and stored in an area inaccessible to children when not in use.
- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>

290-2-3-.13 Building and Grounds

(2)

- (b) Climbing and swinging equipment that are not portable shall be securely anchored to eliminate accidents or injuries.**
- (c) Climbing and swinging equipment that are not portable shall have a resilient surface beneath the equipment and the fall zone from such equipment, which is adequately maintained by the Family Child Care Learning Home to assure continuing resiliency.**

Rule Type: Core Rule

Intent

To protect children's safety and to reduce the risk of injury when climbers and swings are used.

Clarification

Climbing and swinging equipment should be securely anchored to prevent tipping. Some smaller, stable, portable equipment for younger children may not require anchoring. Equipment which is considered "non-anchored" is less than three (3) feet tall and was designed by the manufacturer to be moved by a child. This would include, but is not limited to, small climbers or slides. Staff must monitor children's use of this type of equipment to ensure that it is not moved too close to or located on another piece of equipment, concrete/asphalt areas, barriers around resilient surfacing, etc.

Over seventy percent of all accidents on playgrounds are from children falling. The surface under and around climbing and swinging equipment can be a major factor in determining the injury-causing potential of a fall. A fall onto a shock-absorbing surface is less likely to cause a serious injury because the surface is yielding. Hard surfacing materials, such as asphalt or concrete, are unsuitable for use under and around playground equipment of any height even if covered with loose-fill shock-absorbing material and therefore is prohibited.

Equipment used for climbing and swinging should not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing and swinging equipment. This type of equipment must be placed over a resilient surface which is composed of materials that provide a buffer, or shock absorber, that reduces the risk of injury if children accidentally fall from the equipment.

Resilient surface materials may be uniform or loose fill materials. Uniform materials are rubber mats/surfaces or similar materials held in place by a binder. Test data must be obtained from the manufacturer of the material when it is used. The test data should include the ASTM International (ASTM) Standard Specifications and should be maintained on file at the Home. Examples of acceptable loose fill materials include sand, pea gravel, wood chips, wood mulch, and shredded rubber. Resilient surface materials should not include sharp jagged edges, splintered wood, large pieces, etc.

Since the shock absorbing capability of loose fill materials decreases up to 25% yearly due to weathering and repeated impact, continuous care is necessary to maintain the cushioning effect. Loose materials should be

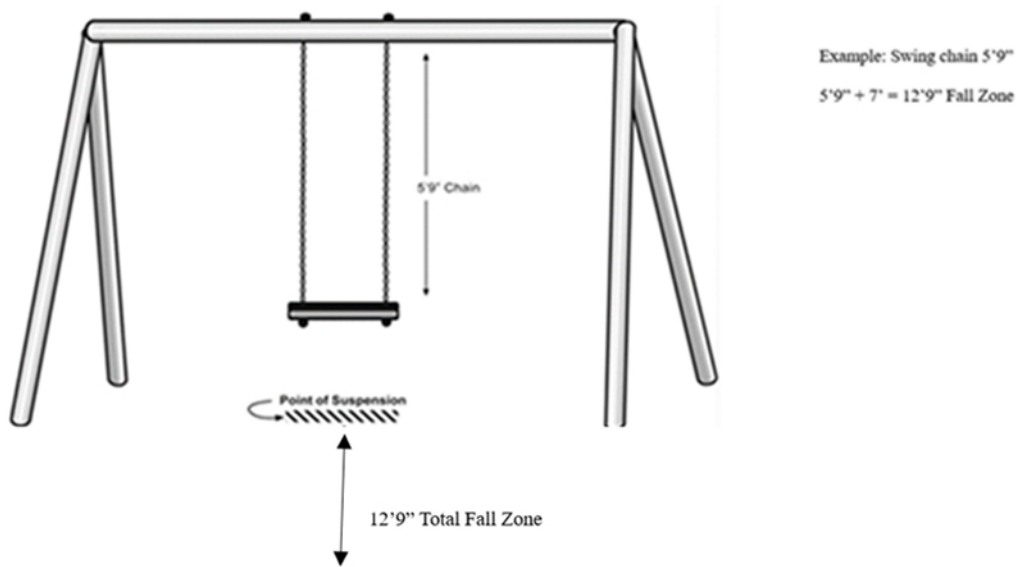
raked frequently to prevent them from becoming compacted and to remove hazardous objects. These materials should also be raked to fill in areas of wear or displacement (e.g., under swings, bottom of slides, etc.) on a daily basis before children use the equipment. When loose fill materials are used, a depth of at least six inches or more is required for equipment five feet or greater in height, and a depth of at least three inches is required for equipment less than five feet in height. Good drainage is essential to maintaining loose fill materials. Standing water with this type of surfacing material reduces effectiveness and leads to material compaction and decomposition.

The “fall zone” from a piece of equipment is the area in which any activity or movement can be expected to take place around the equipment and includes the area under and around the equipment where a child might fall. The extension of a fall zone is determined by the type of equipment (i.e., stationary climber, slide, or swing) and the entire fall zone area must be covered with protective surfacing material to protect children from injury. Equipment must be arranged so that there is no overlap of fall zones except those which are acceptable based on national safety standards.

Fall zones for slides, either free-standing or part of a multi-climber, would need to extend four (4) feet in all directions from the base of the steps and five (5) feet from the end of the slide and should extend out into a semi-circle shaped area. An example is shown below.



Fall zones for swings should measure the length of the swing chain plus an additional seven (7) feet. For example, with a swing chain measuring 5'9", the fall zone would need to extend 12'9" forwards and backwards from the swings resting position. An example is shown below:



Indicators

- ✓ Check climbing and swinging equipment to ensure the equipment is securely anchored, if applicable.
- ✓ Observe all climbing and swinging equipment to ensure the Home has resilient surfacing beneath the equipment and within the fall zone.
- ✓ Measure the fall zones and the depth of the resilient surface material to ensure required depths are maintained. If uniform materials are used, check the licensing file, or ask the Provider for the test data/information from the material's manufacturer. Ensure the uniform surface material has no visible damage or areas where repair is needed.
- ✓ Check loose fill materials (i.e., sand, pea gravel, wood chips, wood mulch, shredded rubber, etc.) for sharp, jagged edges, splintered wood, and/or large pieces.
- ✓ Check to ensure that rubber mats used on top of resilient surfacing materials are flush with the resilient surfacing (i.e., no lifted edges, etc.) and do not pose a hazard to children, if applicable.
- ✓ Ask the Provider about the Home's practice for maintaining resilient surface material.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.13(2)(b) - Climbing & swinging equipment that are not portable shall be securely anchored	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	If there is no climbing or swinging equipment required to be anchored	If adding non-portable playground equipment that would need anchoring	Non-portable equipment anchored but not stable	Non-portable equipment not anchored which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Non-portable equipment not anchored with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.13(2)(c) - Climbing & swinging equipment that are not portable shall have a resilient surface beneath the equipment and fall zones which is adequately maintained to assure continuing resiliency **NOTE: Resilient surfacing is NOT required under infant/toddler bucket swings or infant/toddler swings that require the child to be buckled in	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	If there is no climbing or swinging equipment requiring resilient surfacing beneath and in fall zones	Compacted resilient surfacing; Portable equipment is observed on a hard surface and can be moved during the visit; Isolated grass growing in resilient surfacing *If TA documented on previous visit, move to Low Risk	Inadequate amount of resilient surface: Climbing equipment under 5 feet tall (more than 0 inches but less than 3 inches); Climbing equipment that is 5 feet or greater in height or swinging equipment (more than 0 inches but less than 6 inches); Inadequate fall zones	No resilient surface with no incident or injury	No/inadequate resilient surface with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- To comply with the U.S. Consumer Product Safety Commission's guidelines for best practice, maintain at least nine inches for all types of loose fill protective surfacing materials, except shredded rubber meeting ASTM F3012 limits for toxicity, which only requires 6 inches. Typically, loose-fill surfacing compresses about 25% after installation during use, plan ahead with this in mind. For example, when 9 inches of wood chips need to be maintained, 12 inches should be installed to account for typical compression rates. A resource for Best Practices for Playground Surfacing Requirements can be found on the Department's website at <http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.
- When most loose fill surfacing freezes solid, it no longer functions as protective surfacing until such time as all layers of it thaw completely. It is not recommended for children to play on equipment under these conditions.
- Periodically use a garden tiller to thoroughly fluff mulch material for added resiliency.
- Check the resilient surface material daily to ensure the required depths are maintained at all times and to ensure that the surface material is fluffed and redistributed as needed.
- When measuring climbing equipment, measure from the highest climbing surface intended, such as the platforms on slides and composites, unless you see children climb higher. If children are allowed to

climb higher or use equipment in ways that are not intended, such as climbing on top of tunnels or tube slides, measure from the highest climbing surface you observe them to use.

- When measuring protective surfacing, measure at the most often used areas around equipment, such as at slide exits, under swings, near climbing access points, and in fall zones. These are the areas children are most likely to fall into.
- When measuring fall zones, measure in a straight line from the equipment outwards. Measuring diagonally can alter the measurement.
- When measuring swings, note that the pivot point is where the swing begins moving at the top of the chain.
- Shock-absorbing, protective surfacing is recommended under and around all equipment that children use where their feet do not remain in contact with the ground surface during intended play. This helps to reduce the likelihood of life-threatening head injuries from falls.
- Unitary protective surfaces are preferred for infants and toddlers instead of loose fill surfacing materials, since children of this age frequently place objects in their mouths.
- Fall zones for climbing equipment should extend at least six (6) feet in all directions for preschoolers and older children and three (3) feet in all directions for infants and toddlers.
- Fall zones are specific to one piece of equipment; fall zones cannot overlap the fall zones of other equipment.
- Slide fall zones:
 - Infants and Toddler slides up to 32 inches tall: Six (6) feet fall zone at the slide exit and three (3) feet fall zone on the remaining sides around the slide.
 - Preschool slides up to 60 inches tall: Six (6) feet fall zone at the slide exit and on all remaining sides around the slide.
 - School Age slides up to 84 inches tall: If the slide is taller than six (6) feet, the fall zone at the slide exit should be at least as long as the slide is tall up to eight (8) feet with six (6) feet on all remaining sides around the slide.
- Swing fall zones:
 - All fall zone measurements should extend the required distance in front of swings and behind swings and have a six feet perimeter from each side of the swing structure.
 - The pivot point is where the swing starts moving at the top of the chain.
 - The fall zones for belt swings should be twice the distance of the pivot point to the ground, in front and behind swings.
 - The fall zones for bucket swings should be twice the distance of the pivot point to the seat bottom, in front and behind swings.
 - The fall zone for tire swings should be the distance from the pivot point to the top of the tire plus six (6) feet in all directions.

Things for child care programs to consider:

- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>
- If rubber mats are used on top of resilient surface materials, ensure the mats are flush with the resilient surfacing (i.e., no lifted edges, etc.) and do not pose a hazard to children.
- If barriers (e.g., wooden beams, plastic edging, etc.) are used to contain loose fill materials, they should not be placed so close to a fence that a child's/staff person's foot could become entrapped between the two. This could cause injury to the foot, ankle, or leg.

290-2-3-.13 Building and Grounds

(2)

- (d) 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.

Rule Type: Core Rule

Intent

To protect children from potential injury and to prevent unsupervised wandering away from the outside play area. To protect children from pool hazards that can lead to serious injury or drowning.

Clarification

An effective fence/barrier is one that prevents children from getting over, under, or through it and keeps them from leaving the outside play area or from gaining access to a pool or body of water except when supervising adults are present. Although fences are not childproof, they provide a layer of protection for children from stray animals and other potential hazards. The fence must be constructed of solid, sturdy material such as chain link or smooth wood, and should be at least four feet in height in all areas. Wire, wood, or other material that is sufficiently sturdy to provide protection is acceptable. For a chain link fence, the mesh size should not exceed one and one-quarter square inches.

All fences must be maintained in good condition with no gaps, loose wires, exposed sharp prongs, bolts extending more than two threads, etc. If present, gaps, or openings in the fencing material should not exceed three and one-half inches to prevent entrapment and to discourage climbing. The fencing material must be secured to all poles, and the bottom of the fence should be flush with the ground.

When a barrier (e.g., wooden beams, plastic edging, etc.) used to contain loose fill material is positioned directly against the fence, then the height of the fence shall be measured from the top of the barrier instead of the ground beneath it. For example, a four-foot-tall fence would not meet the height requirements if a barrier located beside it measures 12 inches tall. This would make the fence three feet tall with a 12-inch step possibly used to climb out of the playground.

To ensure the safety of children, fences around outside play areas and swimming pools should be equipped with gates. Gates must be kept closed and latched whenever children are present. Outside play area fence gates are not required to be closed when children are not present; however, these gates should be closed before children enter the outside play area. Swimming pool fence gates must be equipped with locks to prevent children's unsupervised access to the pool area, and the locks must prevent the gate from being pushed open when pressure is applied.

Indicators

- ✓ Measure the height of the fence around the outside play area(s) and any fencing used as a barrier (e.g., fencing around heating and cooling equipment, storage areas, etc.) to ensure the fence and gates meet the four-foot requirement. (Fencing used to separate two play areas is not required to meet the four-foot height minimum.) **Note:** If resilient surface barriers are positioned along the bottom of the fence, measure from the top of the barrier to the top of the fence to determine the fence height.
- ✓ Observe the Home's premises for the presence of a swimming pool. If present, check to ensure the pool is completely enclosed by a fence that measures at least four feet in height with a locked gate.
- ✓ Check to ensure that all fencing material is approved by the Department, sturdy, solid and maintained to prevent children from leaving the area. Fencing material should be free of hazards, holes or gaps, loose clip wires, splintered wood, protruding nails/screws, entrapment hazards at the base of the fence, etc.
- ✓ Observe the fence gates on the outside play area(s) to ensure the gates are kept closed whenever children are present.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.13(2)(d) - Play areas 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	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	Never	Children not outside and the gate is open *never move to Low Risk; Isolated minor fencing issue in a limited area: small gap (less than 3.5 inches wide and no entrapment or escape hazard; Isolated damage to fence and hazardous area made inaccessible to children *If TA documented on previous visit, cite accordingly	Fence not four feet high; Minor fencing hazards: loose wires, bolts measuring over 2 threads, rust, splintering wood, potential impalement hazard, exposed sharp prongs, nails or screws, fence not secured, etc.; Gate open with no incident, while children on the playground; Potential entrapment hazard (gap that measures between 3.5 - 9 inches)	Not completely enclosed and child(ren) did not leave premises; Actual entrapment occurs, with an incident and/or injury with no medical attention or with medical attention as a precaution	Child left premises due to fence not completely enclosed, gate open, fence not four feet high; Entrapment or fence hazards with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.13(2)(d) - A fence shall be provided around swimming pools to make inaccessible when not in use	If there is no pool on the premises	If there is no pool on the premises	If planning to provide swimming activities in the future; Wading pool without water is accessible; If children not outside and the gate to the pool is unlocked	Pool area accessible but not accessed by children (gate latched but not locked)	Swimming pool accessible and accessed by child(ren) but no child(ren) entered the water; Wading pool used for water related activities accessible with no incident or injury	Swimming pool accessible and/or wading pool used for water related activities accessible with an incident and/or injury; Any other swimming related incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Install a fence that is taller than the four-foot minimum height requirement. The extra height will help to ensure that compliance is maintained should the fence height be reduced by the settling of the ground or by a buildup of mulch, dirt, etc.
- Inspect fencing material daily to check for potential hazards and to ensure that fence heights are maintained.
- Use tension wire along the bottom of a chain link fence to provide stability and security. The wire holds the chain link material in place low to the ground, keeps it tight and helps prevent the fencing material from bending at the bottom.
- Routinely monitor the entire perimeter of the pool's fence to ensure it remains in good repair. This will help to prevent injury to children and their accessibility to the pool when it is not in use.
- Only adults should be allowed to enter outdoor storage sheds and/or buildings.
- Fences should be a minimum of 6' tall with gate latches positioned 48" or higher and have no sharp points, holes, or protrusions, such as bolts facing inward with more than 2 threads.

Things for child care programs to consider:

- Some fence designs have horizontal supports on the outside of the fence that may allow intruders to climb over the fence. Select a fence design that prevents the ability to climb on either side of the fence.
- Avoid positioning resilient surfacing barriers at or along the bottom of the fence since the height of the fence is reduced by the height of the barriers. This also creates a gap between the edge of the barrier and the fencing material where children's feet can slip causing a potential injury.
- Position fence clip wires and bolts/screws towards the outside of the fence, when possible (i.e., when fencing material is not shared between outside play areas).
- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>
- If/when local ordinances require the fence around the pool to be taller than four feet, the Home must comply with the stricter requirement.
- When children occupy the pool area, keep the pool gate(s) closed. This will help to ensure children do not enter or exit the pool area without the Provider's knowledge.
- When a balcony, porch, or deck is approved as the outdoor play area for a Home located in an apartment, these areas must be properly enclosed consistent with the requirements listed above. This means that if the area is not securely screened/enclosed, rails measuring a minimum of four (4) feet tall will need to be added to prevent children from climbing over/through or have locations where children could possibly become entrapped.

290-2-3-.14 Reporting

- (1) Within twenty-four (24) hours or the next work day, the Home shall report or cause to be reported to the Department: any death of a Child while in the care of the Home; any serious illness or injury requiring hospitalization or professional medical attention other than first aid of a Child while in the care of the Home; any situation when a Child in care becomes missing, such as but not limited to, a Child who is left on a vehicle, a Child who leaves the Home, playground, or property, or a Child who is left behind on any trip; any fire; any structural disaster; any emergency situation that requires temporarily relocating children; and any time the Home's operating status changes (i.e., open to closed or temporarily closed and temporarily closed to open).**
 - (a) Availability of Records. The Home must make available all records related to any required report, to include but not limited to, audio, video, photos, written documentation, social media posts, and other electronic information. The Department shall have the right to a photocopy reproduction of any record maintained by or on behalf of the Home.**
- (2) Criminal Record. Within twenty-four (24) hours or the next work day, that the Home knows or reasonably should know that there has been an arrest or change in the Comprehensive Records Check Determination of any Provider or Employee (including any resident of the Home age 17 or older), or the Fingerprint Records Check Determination for any Provisional Employee, the Provider or designated person-in-charge shall report or cause to be reported to the Department the incident and the name of any such Provider, Employee or Provisional Employee of the Home.**
- (3) Child Abuse, Neglect or Deprivation. Within twenty-four (24) hours or the next work day, the Provider or designated person-in-charge shall report or cause to be reported any suspected incident of child abuse, neglect or deprivation to the local County Division of Family and Children Services in accordance with state law and to the Department, notifying that such a report was made.**
- (4) Communicable Diseases. The Provider or designated person-in-charge shall report or cause to be reported any cases or suspected cases of notifiable communicable diseases (COVID-19, Tuberculosis, Measles, etc.) or any viruses or illnesses identified during a public health emergency, immediately to the Department and to the local County Health Department as required by the rules of the Georgia Department of Public Health, Rule 511-2-1, Notification of Disease.**
- (5) Annual Reports. The Department may request an annual report from the Provider of a Home. If such a request is made, the Provider shall have up to thirty (30) days to submit the annual report to the Department.**

Rule Type: Non-Core Rule

Intent

To ensure compliance with applicable laws, public health requirements and the Department's rules and regulations. To ensure that all staff are aware of their responsibility to report any occurrence that poses a threat to children's health and safety. To ensure the Home is aware of the Department's right to copy and/or reproduce all records kept by or on behalf of the Home while conducting inspections and investigations of a required report.

Clarification

Family Child Care Learning Home staff are required by law to report any situation in which there is reasonable cause to believe that a child has been abused, neglected, or deprived. Staff are required to report their concerns within 24 hours or the next workday to the local Division of Family and Children Services (DFCS). Staff must also notify the Department of Early Care and Learning (DECAL) within 24 hours or the next workday whenever a report has been made to DFCS, however, the specifics of the DFCS report are not required.

Homes must immediately report notifiable communicable diseases, and any viruses or illnesses identified during a public health emergency to the Department and the local county health department. Reportable illnesses are more serious due to their infectiousness, severity, or frequency of occurrence, and they pose a serious public health threat (or the potential for such threat). The communicable disease chart provides guidance by helping a child care program determine when to report an illness. The chart can be located on DECAL's website at: <http://dec.al.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>. In situations where more than three people (within the Home) have a non-reportable illness, it is recommended that the Home report the illness to the county health department.

Homes must report serious illnesses, incidents, injuries, and other occurrences as specified in the rule requirements to the Department within 24 hours or the next work day. This allows the Department to quickly work with program staff to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. All records (i.e., audio, video, photos, written documentation, social media posts, other electronic information, etc.) associated with the report must be made readily available to the Department to assist in any investigation and inspection and to ensure all attempts were made by the Home to correct the incident and prevent it from happening again. In addition, reporting changes to the program's operating status ensures data and record keeping are maintained and current.

All these reports should be submitted electronically through DECAL KOALA at <https://decalkoala.com/>.

To ensure the safety and welfare of the children in care, all the Home's staff must have and maintain a satisfactory records check determination. If a staff person is arrested or has a change in their satisfactory records check determination, the Provider must report the change to the Department within 24 hours or the next work day. The report should include the incident and the name of the staff person.

The Department may request an annual report from the Provider to account for each staff person employed at the program. The report is a helpful tool for the Provider to track each staff person's personnel file to ensure the information is complete.

Indicators

- ✓ Ask the Provider about the Home's policies and procedures regarding reporting requirements. If appropriate, interview staff to ensure their understanding of reporting requirements.
- ✓ Observe documentation of incident reports.

Things for child care programs to consider:

- Homes can report suspected incidents of child abuse, neglect or deprivation to the Department of Family and Children Services online at the following link: <https://cps.dhs.ga.gov/Main/Default.aspx>. When reported online, the Home will receive an email confirming that the report was received.
- The next work day refers to the next working day after a report was made to the Home after business hours, over the weekend or on a holiday. For example, a parent reports to the Provider on Saturday morning while the Home is closed that their child received professional medical attention for an injury sustained at the Home on Friday. The Provider must report the injury to the Department as soon as possible on Monday, which is the next work day.

290-2-3-.15 Enforcement and Adverse Actions

- (1) Enforcement and Adverse Actions.** Under Georgia law, the Department, after considering the seriousness of the violation(s), including but not limited to the circumstances, extent and gravity of the prohibited act(s), the severity of the rule violation, the duration of non-compliance, the License Holder's prior Licensure or history, the voluntary reporting of the violation(s) for which an Adverse Action is being imposed and the hazard(s) or potential hazard(s) to the health or safety of the public, may take any of the following actions when a Home, Permit Applicant or License Applicant violates any of the rules for Family Child Care Learning Homes:
- (a) Refuse to grant a License or Permit;**
 - (b) Administer a public reprimand;**
 - (c) Suspend any License or Permit;**
 - (d) Prohibit any License Applicant, License Holder, Permit Applicant or Permit Holder from allowing a person who previously was involved in the management or control of any program which has had its License or Permit revoked or denied within the past 12 months to be involved in the management or control of such program;**
 - (e) Revoke any License or Permit;**
 - (f) Impose a fine, not to exceed a total of \$25,000, of up to \$500 per day for each violation of the law, rule, regulation or formal order related to the initial or ongoing licensing requirement of any program. If any violation is a continuing one, each day of such violation will constitute a separate violation for the purpose of computing the applicable enforcement fine;**
 - (g) Impose a late fee of up to \$250 for failure of a program to pay the annual License fee within 30 days of the due date;**
 - (h) Limit or restrict any License or Permit, including but not limited to, restricting some or all services of or admissions, into a Home;**
 - (i) Seek an injunction against an early care and education program operating without a License or Permit or in willful violation of these rules;**
 - (j) Make application for an inspection warrant to a court of competent jurisdiction to gain entry into a Home that is believed to be subject to licensure;**
 - (k) Order the emergency placement of a monitor or monitors in a Home at the expense of the Home; and**
 - (l) Order the emergency closure of a Home.**
- (2) Adverse Actions Subject to the Compliance and Enforcement Chart.** In the majority of cases when a rule violation is found, the Department will determine the appropriate action in accordance with the Compliance and Enforcement Chart below. A Home will receive points based on the frequency and severity of citations and will land in the corresponding box. Accordingly, Prevention, Intermediate or

Closure Actions will be imposed as outlined in the Enforcement Categories, Levels and Action chart below. The Department will consider mitigating and aggravating factors to determine which action is appropriate and will have sole discretion in making this determination. The guidelines for determining the Violation History Level and Violation Class shall be posted on the Department website and updated as needed. Note that if a rule violation is not found, the chart will not be applied, and no citations will be issued.

COMPLIANCE AND ENFORCEMENT CHART

V I O L A T I O N C L A S S	Incident results in or could result in:	VIOLATION HISTORY LEVEL			
		I 0 Points	II 1-3 Points	III 4-9 Points	IV 10 + Points
	D Extreme Harm or Risk of Harm Imminent Danger	I3-C D D			
	C High Harm or Risk of Harm	CI I1-I2 GS	CII I1-I3 S	CIII I2-C D	CIV I3-C D
	B Medium Harm or Risk of Harm	N/A	BII P2-P3 GS	BIII I1-I2 S	BIV I2-C D
	A Low Harm or Risk of Harm	AI P1-P2 GS	AII P1-P3 GS	AIII P2-P3 GS	AIV I1-I2 S

ENFORCEMENT CATEGORIES, LEVELS AND ACTIONS		
PREVENTION ACTION CATEGORY (P)	INTERMEDIATE ACTION CATEGORY (I) (Includes Citation and Prevention Actions)	CLOSURE ACTION CATEGORY (C) (Includes Citation and Prevention and/or Intermediate Actions)
Prevention 1 (P1)	Intermediate 1 (I1)	Closure (C)
Technical Assistance	Fine	Suspension of License (More than 1 week)
Prevention 2 (P2)	Intermediate 2 (I2)	Revocation of License
Citation	Per Rule Fine	Emergency Closure
Prevention 3 (P3)	Per Day Fine	
Formal Notice Letter	Intermediate 3 (I3)	
Office Conference	Public Reprimand	
	Fine and Restrictions	
	Restricted License	
	Restricted License & Per Rule/Per Day Fine	
	Emergency Monitor & Per Rule/Per Day Fine	
	Short-term Suspension (Less than 1 week)	

- (3) **Adverse Actions Not Subject to the Compliance and Enforcement Chart.** In the event that any of the rule violations described below are identified, the Department will not apply the Compliance and Enforcement Chart, but will take Adverse Action as follows:

- (a) The Department shall refuse to issue a License or shall otherwise restrict a License or Permit for any applicant who has had a License denied, suspended or revoked within one year of the date of the application.**
- (b) The Department shall refuse to issue a License or shall otherwise restrict a License for any applicant, alter ego or agent of the applicant who has transferred ownership or governing authority of a program when such transfer was made in order to avert payment of an enforcement fine, denial, revocation or suspension of such License.**
- (c) The Department shall refuse to issue a License upon a showing of non-compliance with rules and regulations, flagrant and continued operation of an unlicensed facility, or failure to pay the License fee.**
- (d) The Department shall refuse to issue a License or Permit if the applicant or the operation or management of a Home knowingly or intentionally makes or causes another to make any false statement of material information in connection with the application for a License or Permit, or in statements made, or on documents submitted to the Department as part of an inspection, survey, or investigation, or in the alteration or falsification of records maintained by the early care and education program.**
- (e) The Department shall refuse to issue a License or Permit if the applicant or Home fails to provide the Department with information pertinent to an investigation, or the initial or continued licensing of a program within the time specified by the formal notice provided by the Department.**
- (f) The Department shall refuse to issue a License or Permit if a Home repeatedly fails or refuses to allow the Department access to the Home for the purpose of determining whether the Home is in compliance with these rules.**
- (g) The Department shall refuse to issue a License or Permit if a Home knows or should reasonably know that any actual or potential Provider, Employee (including Independent Contractors, Students-in-Training, and Volunteers) or Provisional Employee has a Criminal Record, an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination and allows such individual to either reside at the Home or be present at the Home while any Child is present for care.**
- (h) The Department may revoke a License or Permit if a Home displays a multi-year pattern of failure to correct a correctable abuse, dereliction or deficiency in the operation or management of a Home within a reasonable time after having received notice from the Department.**
- (i) The Department shall revoke a License or Permit if a non-correctable abuse, dereliction or deficiency exists in the operation or management of the Home.**
- (j) The Department shall revoke a License if a Home fails to pay the annual License fee within a reasonable time after the Department provides formal notice of such fee.**
- (k) The Department shall revoke a License or Permit if a Home knows or should reasonably know that any actual or potential Provider, Employee (including Independent Contractors, Students-in-Training, and Volunteers) or Provisional Employee has a Criminal Record, an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check**

Determination and allows such individual to either reside at the Home or be present at the Home while any Child is present for care.

- (l) The Department shall revoke a License or Permit if a Home knowingly or intentionally violates other provisions relating to Criminal Records or Comprehensive Background Checks.**
- (m) The Department shall revoke a License if a Home fails to pay an enforcement fine within the time specified by the formal notice provided by the Department.**
- (n) The Department shall revoke a License or Permit if the operation or management of a Home knowingly or intentionally makes or causes another to make any false statement of material information in connection with the application for a License or Permit, or in statements made, or on documents submitted to the Department as part of an inspection, survey, or investigation, or in the alteration or falsification of records maintained by the early care and education program.**
- (o) The Department shall revoke a License or Permit if a Home fails to provide the Department with information pertinent to an investigation, or the initial or continued licensing of a program within the time specified by the formal notice provided by the Department.**
- (p) The Department shall revoke a License or Permit if a Home repeatedly fails or refuses to allow the Department access to the Home for the purpose of determining whether the Home is in compliance with these rules.**

(4) Rights and Responsibilities of a License Holder or Permit Holder

- (a) A License Holder or Permit Holder has the right to submit a written statement within ten (10) days of the receipt of notice of the Departmental intent to impose an Adverse Action as to why the Department should not take the Adverse Action. If the licensee submits a written statement, it will be placed in the facility's state file.**
- (b) The imposition of any Enforcement Action by the Department shall not preclude the Department from taking any additional action authorized by law or regulation.**
- (c) Right to a Hearing. The Department's Enforcement Actions shall be preceded by a notice and opportunity for a hearing and shall constitute a contested case in accordance with the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-1 *et seq.*, except that only thirty (30) days' notice in writing from the Commissioner's designee shall be required prior to License or Permit revocation except that the hearing held relating to such action by the Department may be closed to the public if the hearing officer determines that an open hearing would be detrimental to the physical or mental health of any child who will testify at that hearing.**
- (d) The notice of revocation, suspension or restriction of a License or Permit becomes effective thirty (30) days from the day of notice unless the License Holder or Permit Holder requests a hearing. A request for a hearing must be made in writing within ten (10) days of receipt of the notice of revocation, suspension or restriction.**
- (e) Payment of an enforcement fine must be made within thirty (30) days of receipt of the notice, unless otherwise specified in writing by the Department.**

- (f) The notice of the emergency closure of a Home becomes effective upon delivery of the order, unless otherwise provided in the order. A request for a hearing must be made in writing within 48 hours, excluding weekends and holidays, from the receipt of the emergency order.
- (g) When the Department issues a revocation or emergency order that is based upon health and safety rule violations, the following actions shall be taken:
1. the Department shall both hand-deliver and send the formal notice to the Home by certified or registered mail;
 2. the Home shall post the formal notice in an area that is visible to the Parents and others whose Children attend the Home;
 3. the Department shall provide a brief notice of revocation or emergency action to the Home; and
 4. the Home shall distribute the brief notice to all Parents or persons authorized to pick up Children from care for the Parents.
- (h) When the Department issues a revocation or emergency order that is not based upon health and safety rule violations, the Department shall either hand-deliver or send the formal notice or both to the Home by certified or registered mail.
- (i) The Department may post any notice of any Adverse Action on the Department's website.
- (j) The Department may share any notice of any Adverse Action and any information pertaining thereto with any other agencies which may have an interest in the welfare of the children in care at the Home.
- (k) When the Department has issued a notice of revocation or emergency action required to be posted in accordance with these rules, the Home shall ensure that the notice continues to be visible to the Parents and others throughout the pendency of the revocation or emergency action, including throughout any appeal period.
- (l) When the Home transports Children in care to and from the Home and Parents do not come to the Home on a regular basis, the Home shall send home copies of the brief notice of the revocation or emergency action with the Children on the day that it is delivered by Department.
- (m) When the Department has issued a notice of revocation or emergency order required to be posted in accordance with these rules, the Home shall post any inspection reports that are prepared by the Department during the pendency of any revocation or emergency action in an area that is readily visible to the Parents and others.
- (n) A Home shall not permit the removal or obliteration of any notices of revocation, emergency action, resolution, or inspection survey report posted on the premises of the Home during the pendency of any revocation or emergency action.

Rule Type: Non-Core Rule

Intent

To inform license and permit holders of penalties for non-compliance with licensing rules and to explain their rights and responsibilities upon the Department's issuance of an adverse action.

290-2-3-.16 Waivers and Variances

The Department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the Department. The Department may establish conditions which must be met by the Home in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

- (a) Variance. A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of the children exist and will be met in lieu of the exact requirements of the rule or regulations in question.**
- (b) Waiver. The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of the children.**
- (c) Experimental Variance or Waiver. The Department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.**

Rule Type: Non-Core Rule

290-2-3-.17 Severability

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part of these rules.

Rule Type: Non-Core Rule

290-2-3-.19 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

(a) Cribs and Other Approved Sleep Equipment. The Home shall provide either a safety approved crib or other equipment that is approved for infant sleep for each infant who cannot climb out of the crib or other approved equipment. Each crib shall be safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards; any other equipment, such as, but not limited to, a portable crib, playpen, play yard or bassinet, shall be in compliance with current ASTM Standard Consumer Safety Specifications for Non-Full-Size Baby Cribs/Play Yards. (“Infant” refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)

- 1. Crib Construction.** Cribs and other equipment approved for infant sleep shall be in good repair and free of hazards. Stack cribs and cribs with drop sides shall not be used.
- 2. Crib Mattress.** A mattress shall be provided for each crib and other equipment approved for infant sleep and shall be firm, tight-fitting, at least two inches (2”) thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
- 3. Crib Sheet.** Each crib and other equipment approved for infant sleep shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

Rule Type: Core Rule

Intent

To prevent injury, minimize the spread of infection, and allow mobility of infants.

Clarification

Providers should check each crib before the equipment is purchased and used to ensure the equipment is in compliance with the current U.S. Consumer Product Safety Commission (CPSC) and ASTM International (ASTM) safety standards. Standards have been developed to define crib safety, and the Provider should make sure that the cribs used in the Home meet these standards to protect children and prevent injuries or death. Significant changes to the CPSC and ASTM standards for cribs were published in December 2010. As of June 28, 2011, all cribs manufactured, sold or leased must meet the new stringent requirements. Each crib should be identified by brand, type, and/or product number and relevant product information should be kept on file (with the same identification information) as long as the crib is used or stored in the Home. Recalled or “second-hand” cribs must not be used or stored in the Home. When it is determined that a crib is no longer safe for use in the Home, it should be dismantled and disposed of appropriately. Information about crib standards can be found on the U.S. Consumer Product Safety Commission’s website at: <https://www.cpsc.gov/business--manufacturing/business-education/business-guidance/full-size-baby-cribs/crib-information-center/>.

The Home may use other types of approved sleeping equipment such as portable cribs, playpens, play yards, or bassinets as long as the equipment is in compliance with current ASTM Standard Consumer Safety Specifications for Non-Full-Size Baby Cribs/Play Yards.

More infants die every year in incidents involving cribs than with any other nursery product. The Provider should inspect each crib or other sleeping equipment before use and periodically thereafter to ensure that hardware is tightened and that there are not any safety hazards. If a screw or bolt cannot be tightened securely, or there are missing or broken screws, bolts, or mattress support hangers, the crib or other sleeping equipment should not be used.

Cribs with drop sides must not be used. Many deaths have been associated with drop-side cribs when the moveable side partly detached, trapping the infant between the mattress and the wooden slats of the crib. Cribs with swing down latch gates are different from drop down sides. This type of crib does meet CPSC requirements, so long as the crib has been inspected and approved and contains the appropriate approval certificate. Stacked cribs prevent infants from sitting and/or standing up, hindering their ability to exercise muscles and observe surroundings. Stacked cribs can also create a health hazard when fluids drip from the upper to lower cribs.

Mattresses should be firm, sufficiently padded for comfort, fit snugly, and be made specifically for the size of the sleeping equipment in which they are placed. If pressure is applied to the mattress and the indentation remains, the mattress is not firm enough. There should be no gaps between the mattress and the side of the sleeping equipment. Mattresses should be covered with a waterproof, easy-to-wipe surface with absolutely no cracks or quilted surfaces. From time to time, children drool, spit up, or spread other bodily fluids on their sleeping surfaces. Using cleanable, waterproof, nonabsorbent rest equipment enables the Provider to wash and sanitize the sleeping surfaces. Plastic bags may not be used to cover rest and sleep surfaces/equipment because they contribute to suffocation if the material clings to a child's face.

Clean linens should be provided for each child. Sheets must be changed daily or more often if contaminated. No child should sleep on a bare, uncovered surface. Sheets should be tight-fitting and in good repair with no rips or tears. Sheets used on a crib mattress or other approved sleeping equipment should be appropriately sized for the equipment since loose bedding can entangle an infant causing suffocation.

Indicators

- ✓ Observe the Home to ensure a crib or other approved sleeping equipment is provided for each infant. Check the equipment to ensure it is in good repair/free of hazards (e.g., missing or loose screws or brackets, broken or missing crib slats or rails, crib repairs that were made with hardware that did not come with the crib, etc.), and that it meets CPSC and ASTM standards. Check to ensure that stack cribs and cribs with drop sides are not being used.
- ✓ Ensure each crib is identified by brand, type, and/or product number. Ensure relevant product information is kept in file for each crib used and/or stored at the Home.
- ✓ Check the manufacture date on each crib. If manufactured prior to June 28, 2011, ask the Provider for the manufacturer's certificate of compliance. NOTE: For a standard full-size crib, the certificate of compliance should indicate that the crib meets compliance code 16CFR Part 1219. For a non-full-size crib, the certificate of compliance should indicate that the crib meets compliance code 16CFR Part 1220.

- ✓ Check manufacturer's documentation for portable cribs, playpens, play yards, or bassinets for compliance with current ASTM Standard Consumer Safety Specifications for Non-Full Size Baby Cribs/Play Yards.
- ✓ Check each crib mattress to ensure that it is firm, tight-fitting without gaps, at least two inches thick and covered with a waterproof washable material. Ask the Provider about the Home's practice regarding the cleaning and disinfecting of cribs and mattresses.
- ✓ Ensure a sheet is provided for each child. Check the fit of each sheet in cribs or other approved sleeping equipment. Ensure the sheets are tight-fitting so that excess material cannot gather around the infant's face, but not so tight that the mattresses bow/bend. Ask the Provider how often sheets are changed.
- ✓ Ask the Provider or staff about the Home's practice for the washing of sheets to ensure that crib sheets are washed daily or more often if contaminated.

Core Rule Severity Levels:

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.19(1)(a) - Cribs that meet CPSC and ASTM safety standards are provided for each infant	Never	If program does not serve infants	If planning to care for infants in the future; Noncompliant crib(s) not being used, located in an area not used for childcare and removed from Home during the visit with sufficient compliant cribs available for # of enrolled infants	Noncompliant crib(s) not being used, located in an area not used for childcare and unable to be removed from Home during the visit with sufficient compliant cribs available for # of enrolled infants	Noncompliant crib(s) in childcare area regardless of whether the crib is being used, which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution; Insufficient # of compliant cribs for # of enrolled infants which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution	Noncompliant crib(s) used with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.19(1)(a)1. - Crib construction: Good repair and free of hazards; Stack cribs and cribs with drop sides not used	Never	If program does not serve infants	If planning to care for infants in the future	N/A	Crib(s) not in good repair and/or hazards are present <u>without</u> an incident or injury; Stack crib(s) or crib(s) with drop sides used, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib(s) not in good repair and/or hazards are present <u>with</u> an incident and/or injury requiring professional medical attention; Stack crib(s) or crib(s) with drop sides used <u>with</u> an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.19(1)(a)2. - Mattress: Firm, tight-fitting without gaps, at least 2 inches thick and covered with a waterproof, washable material; Disinfected before change of occupant	Never	If program does not serve infants	If planning to care for infants in the future; Noncompliant mattress not being used and located in an area not used for childcare	Mattress not two inches thick; Not covered with waterproof, washable material; Not disinfected before a change of occupant	Mattress is not tight-fitting or firm which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Mattress is not tight-fitting or firm with incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.19(1)(a)3. - Sheets: Individual and tight-fitting and changed daily or more often as needed and prior to the change of an occupant	If program serves infants, but none are currently enrolled and no sheets in use	If program does not serve infants	If planning to care for infants in the future; If program serves infants, but none are currently enrolled and sheet(s) not tight-fitting on crib mattress; Isolated instance of a sheet not tight-fitting in an unoccupied crib and the sheet can be changed during the visit *If TA documented on previous visit move to Low Risk	Crib sheet is not changed daily or more often as needed; Crib sheet not changed prior to change of occupant	Crib sheet not tight-fitting and crib in use, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib sheet not tight-fitting with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Only use cribs for sleeping.
- Place children in cribs only after they fall asleep and remove them within 2-3 minutes of awakening.
- Crying children should be removed immediately from cribs and comforted.
- Caregivers need to visually check on children in person frequently and be close enough to see and hear the child; cameras, videos, monitors, and mirrors are not enough to ensure the child is safe.
- Individualized sleep schedules are recommended for infants and young toddlers. Children should be allowed to nap when tired.

Things for child care programs to consider:

- Remember that noncompliant cribs should not be on the Home's premises.
- Follow the manufacturer's instructions/guidelines for the approved sleeping equipment to determine when children need to be transitioned from the equipment.
- Ensure that all cribs used within the Home are approved for commercial use by the crib manufacturer and should only be used with the appropriate mattresses intended by the manufacturer.

290-2-3-.19 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

(b) Cots and Mats. Cots and mats shall be provided for each child who is two (2) years of age or older and who is required to take a nap and for each child under the age of two years who can climb out of a crib or other equipment approved for infant sleep.

- 1. Cot and Mat Construction.** Cots and mats shall be of sound construction and of sufficient size to accommodate comfortably the size and weight of the child. Mats must be in good repair, washable, covered with waterproof material and at least two inches (2") thick.
- 2. Individual Use.** Cots and mats must be used by the same child daily and marked for individual use.
- 3. Sheets.** Sheets or similar coverings for cots or mats shall either be marked for individual use or laundered daily. If individually marked, they must be laundered weekly or more frequently if needed.
- 4. Covers.** A light cover shall be available for each child's use on a cot or mat and shall be marked for individual use or laundered daily. If individually marked, they must be laundered weekly or more frequently if needed.

(4) Storage. If cots and mats are stored in the children's activity room or area, they shall be stored to prevent children's access to them and to allow maximum use of play space. When storage is available and used for the storage of cots and mats that allows the cots, mats and any bedding to be stored without touching any other cots, mats or bedding, the bedding may be left on the cot or mat. When such storage is not available for the cots and mats, each child's bedding shall be kept separate from other children's bedding and stored in containers marked for individual use, such as, but not limited to, bins, cubbies, or bags.

Rule Type: Non-Core Rule

Intent

To protect children's health and safety. To provide children with adequate support and comfort. To ensure sanitary conditions and prevent the spread of infection. To allow optimal use of space.

Clarification

To prevent children from sustaining injuries that can occur when they fall out of a crib, children should be transitioned to a cot or a mat at two years of age or earlier if they begin to climb out of the crib. Most toddlers can climb over the crib rail when they are approximately 35 inches tall and between 18 and 24 months of age; therefore, staff should closely monitor children's behavior.

Sleeping/resting equipment must be appropriately sized for the child's body, and the child's head and feet should fit comfortably on the equipment. No child should sleep on a bare, uncovered surface. Sheets should

cover the entire surface of the cot/mat to provide a barrier between the child's body and the sleeping/resting equipment. Covers should be large enough to extend from the child's shoulders to the child's feet and provide warmth. Since mats used for sleeping and resting are the sole barrier between the child and the floor, a two-inch (2") thick or thicker mat provides adequate cushioning and maximizes the child's comfort.

To reduce the risk of injury to children, cots and mats must be free from hazards and in good repair. Tape should not be used to repair cracks or torn areas on children's sleeping/resting equipment. Sleeping/resting equipment should be made with a waterproof material that can be easily cleaned and disinfected. From time to time, children drool, spit up, or spread other bodily fluids on their sleeping surfaces. Using cleanable, waterproof, nonabsorbent sleeping/resting equipment enables the Provider to wash and sanitize the sleeping surfaces. All sleeping/resting equipment and bedding should be washed, rinsed, and sanitized when soiled, between uses by different children, and at least once a week when used by an individual child. Laundering bedding in hot water and detergent cleans and sanitizes the bedding.

Children feel safe, secure, and comfortable when they each have their own individual mat or cot and their own individual bedding. Individual bedding also minimizes the spread of infection. Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping/resting equipment and bedding for each child and keeping these items clean can help prevent the spread of these diseases.

A labeling system other than children's names may be used when marking sleeping/resting equipment, sheets and covers. For example, children's cots/mats, sheets and covers can be marked with a different number or symbol and assigned to each child. A list of children's names and corresponding numbers/symbols should be posted on a chart and updated as needed.

Cots and mats stored in areas used by children should be stored in such a way as to prevent children's access to them. For example, the stack of cots could be covered with a sheet or similar material or positioned behind toy shelving to prevent children's access. Cots and mats should also be stored in such a way as to allow children a safe and adequate space for daily activities and room to move. When stored, the sleeping side of cots and mats should not be in direct contact with the floor. To prevent the spread of disease, a child's sleeping surface should not come into contact with another child's sleeping surface. Likewise, a child's bedding should not come into contact with another child's bedding. It is acceptable to store children's sheets and covers on the cots/mats marked for their individual use as long as one child's cot/mat and bedding does not touch another child's cot/mat and bedding.

Indicators

- ✓ Observe cots/mats and children's bedding to ensure that these items are available for all enrolled children, if applicable. Observe the storage of cots/mats and bedding. Ask the Provider and/or staff if additional sheets and covers are available for children's use if items brought from home are not returned to the program.
- ✓ Check to ensure that cots/mats and bedding are a sufficient size, in good repair and free of hazards. Check to ensure that mats are covered with a waterproof material and are at least 2" thick.
- ✓ Ask the Provider about the Home's practice for washing cots/mats, sheets, and covers.
- ✓ Check to ensure that cots and mats are marked/labeled for individual use unless sanitized daily.

- ✓ Check to ensure that sheets and covers are marked/labeled for individual use unless laundered daily.

Best Practices:

- Ensure that additional sheets and covers are available for children's use when these items brought from home are not returned to the program.
- Create a system for monitoring cots/mats to ensure these items are maintained in good repair. Maintain extra sleeping equipment so that damaged equipment can be replaced as problems are noted.
- Develop a plan for a laundry schedule to ensure that sheets and covers are laundered weekly or more often, if needed.
- Develop a plan/schedule for weekly cleaning of sleeping equipment. Sleeping equipment should be cleaned more often as necessary.

Things for child care programs to consider:

- If children's bedding is stored in their cubbies, ensure that the bedding does not touch any item used by another child in an adjacent cubbie.

290-2-3-.19 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

- (c) **Pillows.** Pillows may be used only by children two (2) years of age or older. When used, pillows shall be assigned for individual use and covered with pillow cases that are marked for individual use or covered with cases that are laundered daily. Individually marked pillow cases shall be laundered weekly or more frequently as needed.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children and to protect against the risk of suffocation.

Clarification

Pillows should not be used by children under two years of age. A pillow can block a baby's nose and mouth and can cause a baby to suffocate. On average, there are 32 infant deaths a year from pillows used as mattresses or to prop babies' heads. The majority of these deaths involve infants in their first three months of life.

Pillows are not required for older children. If used by children two years of age and older, pillows should be assigned to children and used only by the child to whom they are assigned while he/she is enrolled in the Home. From time to time, children drool, spit up, or spread other bodily fluids on their sleeping surfaces. Pillows assigned for individual use reduce the spread of disease from one child to another. Children's pillows should have removable cases that can be laundered. No child should sleep on a bare, uncovered pillow. Clean pillow cases should be provided for each child. Each child's pillow and pillow case should be stored separately from those of other children.

Indicators

- ✓ Observe children's use of pillows to ensure pillows are not used by children under two years of age. If not observed, ask the Provider about the Home's practice regarding pillow use by children.
- ✓ Check pillows to ensure they are marked/labeled for individual use and are covered with pillow cases.
- ✓ Ask the Provider about the Home's practice for laundering pillow cases. If not laundered daily, check the pillow cases to ensure they are marked/labeled for individual use.

Best Practices:

- Create a laundry schedule to ensure that pillow cases are laundered weekly or more often, if needed. When used, pillows should be laundered when soiled or visibly dirty.

Things for child care programs to consider:

- If children's pillows are stored in their cubbies, ensure that the pillows do not touch other children's items in adjacent cubbies.

290-2-3-.19 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

- (d) **Arrangement of Sleeping and Resting Equipment.** All sleeping and resting equipment shall be arranged to avoid obstructing access to exit doors, to provide the caregivers access to each child, and to prevent children's access to cords hanging from window treatments and other hazardous objects. To reduce the transfer of airborne diseases, sleeping and resting equipment shall be arranged as follows. There shall be a minimum of twenty-four inch (24") corridor between each row of sleeping or resting equipment. There shall be a minimum of twelve inches (12") between each piece of sleeping or resting equipment in each row of equipment. Children shall be placed on cots and mats so that one child's head is toward another child's feet in the same row.

Rule Type: Non-Core Rule

Intent

To ensure children's safety, to provide easy access to children, and to protect children from injury. To protect children's health.

Clarification

Children and staff must be able to safely and quickly evacuate the Home in case of an emergency. Sleeping/resting equipment must be arranged so that exits are not blocked and spaced to allow staff easy access to children. Sleeping/resting equipment must not be positioned in such a way to allow children access to window treatment cords or to other potentially hazardous objects.

Allowing space between children's sleeping/resting equipment reduces the spread of infectious diseases by children breathing in one another's faces. Alternating children's sleeping/resting positions maximizes the space between children's respiration areas for infection control purposes. Although children freely interact and can infect each other while awake, reducing the transmission of infectious disease agents during sleep/rest periods reduces children's overall exposure. Placing children on cots and mats in alternate positions, so that one child's head is across from another child's feet, can also reduce interaction and promote settling during sleep/rest periods.

Indicators

- ✓ Observe the arrangement of children's sleeping and resting equipment (i.e., cots, mats, and cribs) during nap time, particularly relative to window blinds, curtains, cords or other such hazards. Check to ensure that exit doors are not blocked, and that staff can easily access each child.
- ✓ Observe the spacing of children's sleeping and resting equipment during nap time. If not observed, ask the Provider about the placement of sleeping and resting equipment.
- ✓ Observe children's placement on cots and mats during nap time to ensure "head to toe" in the same row. If not observed, ask the Provider how children are positioned on cots and mats.

Best Practices:

- Create and post a written plan or diagram that reflects the placement and spacing of sleeping equipment during nap time.
- Arrange cribs, cots, and mats to have at least 36 inches of space between them. More separation ensures a healthier breathing environment while children sleep and prevents sleep distractions caused by having other children close by.

290-2-3-.19 Safe Sleeping and Resting Requirements

- (2) **Environment.** A Family Child Care Learning Home shall provide a safe sleep environment in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) recommendations as listed in these rules for all infants and one-year-old children when placed for sleep in a safety approved crib or in any other type of equipment approved for infant sleep. Staff shall place an infant to sleep on the infant's back unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant's back, but allow the infant to roll over into his or her preferred position and not re-position the infant. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant, however swaddling shall not be used unless the Home has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items and shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.
- (a) The Home shall maintain the infant's sleeping area to be comfortable for a lightly clothed adult within a temperature range of sixty-five (65) to eighty-five (85) degrees depending upon the season. There shall be lighting adequate to see each sleeping infant's face to view the color of the infant's skin and check on the infant's breathing.
 - (b) Wedges, other infant positioning devices and monitors shall not be used unless the Parent provides a physician's written statement authorizing its use that includes how to use the device and a time frame for using the device for that particular infant.
 - (c) Infants shall only sleep in a safety approved crib or other equipment approved for infant sleep as described in 290-2-3-.19(1)(a) and shall not sleep in any other equipment, such as, but not limited to, a car safety seat, bouncy seat, highchair, or swing. Infants who arrive at the facility asleep or fall asleep in such equipment or on the floor shall be transferred to a safety approved crib or other equipment approved for infant sleep.

Rule Type: Core Rule

Intent

To protect children's health and safety.

Clarification

The American Academy of Pediatrics (AAP) recommends that infants be placed on their backs for sleep, as this is the safest position for an infant to sleep. Putting an infant to sleep on his/her back decreases the infant's chance of sudden infant death syndrome (SIDS) and sudden unexpected infant death (SUID), which are

responsible for more infant deaths in the United States than any other cause during the first year of life (beyond the newborn period). If an alternate sleep position is required, a physician's written authorization must be on file in the Home. The authorization must include the infant's alternate sleep position (e.g., on his/her side), the time frame (e.g., number of days, weeks, months) and the length of time (e.g., an hour) the infant should sleep in the alternate position.

Wearable blankets, for example infant sleep sacks that zip or snap up the front and consist of a vest at the top that fits the infant so that it cannot rise, are permissible and do not require tucking. However, weighted and microfleece wearable blankets and sleepsuits are not permissible due to lack of safety evidence and overheating risks. Choosing the right size for a sleep sack is essential for ensuring a child's safety and comfort during sleep. Each manufacturer should provide an age, weight and length range on each size of wearable blanket. An improperly sized wearable blanket may pose risks, such as suffocation or difficulty regulating body temperature. A wearable blanket that is too tight may restrict movement, leading to discomfort and potential developmental concerns. On the other hand, a wearable blanket that is too loose poses risks of suffocation, especially for younger infants. The right fit ensures that the wearable blanket stays in place, minimizing the risk of fabric covering the face and enhancing overall sleep safety.

Staff may not swaddle a child without a physician's written authorization. The authorization must be on file in the Home and include instructions on how to swaddle the infant, the time frame (e.g., number of days, weeks, months) and the length of time (e.g., an hour) the infant should be swaddled. An appropriately sized commercial swaddling gown must be provided by the parent and used by the Home. Do not place hats on sleeping infants, due to the possibility of overheating.

Soft items such as pillows and comforters are hazardous when placed under the infant or in the infant's sleep area, as they pose a suffocation hazard. The AAP released a policy statement on October 18, 2011, that states that regular blankets may be hazardous and the use of them is not advisable. The presence of crib gyms presents a potential strangulation hazard for infants who are able to lift their head above the crib surface. These children can fall across the crib gym and not be able to remove themselves from that position. The presence of mobiles, crib toys, mirrors, etc. presents a potential hazard if the objects can be reached and/or pulled down by an infant. Falling objects could cause injury to an infant lying in a crib. Some stuffed animals and other objects that dangle from strings can wrap around a child's neck and cause strangulation.

Ornamental or small toys are often hung over an infant to provide stimulation; however, approved sleeping equipment should be used for sleep only. This equipment is not recommended as a place to entertain an infant or to "contain" an infant. If an infant is not content with this equipment, the infant should be removed.

The AAP states that there is evidence that room temperature is associated with the risk of SIDS. Overheating of the infant should be avoided. The lighting in the room must allow staff to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

The AAP warns against using positioning devices due to the risk of suffocation and entrapment. It also warns against the use of monitors (e.g., infant pulse oximetry, heart monitors, etc.) due to not being required to meet the same safety standards that medical devices do. The AAP states that it is much better for caregivers to rely on the safe sleep guidelines (i.e., sleep on backs on a firm, flat surface), which are based on carefully conducted research. If a positioning device or monitor is used in or under the approved sleeping equipment or attached to an infant, a physician's written authorization must be obtained and kept on file. These authorizations must include the type of positioning device (e.g., a wedge, side positioner, etc.) or monitor (e.g., Owlet Dream Socks, etc.) to be used and instructions on its use, the time frame (e.g., number of days, weeks, months) and the length of time (e.g., an hour) the device should be used.

Young infants are at increased risk for upper airway obstruction and oxygen desaturation while they are in semi-reclined equipment, such as car seats and swings, for long periods of time. When an infant is placed in a car seat in a vehicle, the seat is secured to a base at an angle that keeps the child's airway open. However, when the seat is taken out of the vehicle, that angle is no longer safe. The infant is likely to slouch forward, which can be extremely dangerous if the infant is young and has weak neck muscles. This slouched-forward position can cause positional asphyxiation; essentially the infant's airway is cut off and he/she is unable to breathe. This issue is not unique to car seats; positional asphyxiation can happen in a swing, bouncy seat or a baby carrier. If the infant is not repositioned quickly, this lack of oxygen can cause brain damage and eventual death. Infants who fall asleep in equipment of this type must be moved immediately to approved sleeping equipment.

Indicators

- ✓ Observe the positioning of infants in approved sleeping equipment to ensure they are placed on their backs to sleep. If not observed, ask the Provider about the Home's infant sleep practices. If an alternate sleeping position is observed/used, check to ensure the Home has a written physician's statement on file that includes all the information specified by the rule requirements.
- ✓ Observe the use of wearable blankets, sleepers and/or sleep sacks to ensure they are approved and fit according to the commercial manufacturer's guidelines. If swaddling is observed or used, check to ensure the Home has a written physician's statement on file that includes all the information specified by the rule requirements.
- ✓ Check to ensure that approved sleeping equipment is free of blankets, toys, pillows, quilts, comforters, bumper pads, etc. and that no objects are attached to the approved sleeping equipment if an infant is asleep in the equipment.
- ✓ Observe infants to determine if they appear comfortable with the temperature inside the Home. If necessary, use a thermometer to measure the temperature.
- ✓ Check the lighting in the sleeping area(s) to ensure staff can adequately observe infants while they are sleeping.
- ✓ Observe the use of infant positioning devices (e.g., wedges, etc.) and monitors. If not observed, ask the Provider about the Home's practice regarding the use of these items. If observed or used, check to ensure the Home has a written physician's statement on file that includes all the information specified by the rule requirements.
- ✓ Observe sleeping infants to ensure they are not allowed to sleep in equipment not approved for sleeping. If not observed, ask the Provider where infants are allowed to sleep.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
<p>.19(2) Staff shall place an infant to sleep on the infant's back unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant's back, but allow the infant to roll over into his or her preferred position and not re-position the infant. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant, however swaddling shall not be used unless the Home has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items and shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.</p> <p>See rule components below for citation levels</p>							
Back to Sleep - Infant placed on back to sleep unless the Parent or guardian has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future	Physician's written statement missing specific instructions and/or time frames	Infant(s) not placed on back to sleep with no physician's written statement and no incident or injury	Infant(s) not placed on back to sleep with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Rolling Infant - When an infant can easily turn over from back to front and back again, Staff shall continue to place the infant to sleep on their back, but allow the infant to roll over into his/her preferred position and not re-position the infant	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future	N/A	Infant(s) not allowed to roll over into their preferred position or repositioned without an incident or injury	Infant(s) not allowed to roll over into their preferred position or repositioned with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Sleepers/Swaddling - Sleepers, sleep sacks, and wearable blankets fit according to manufacturer's guidelines and will not slide up around the infant's face. Swaddling not used unless the Home has been provided a physician's written statement authorizing its use that includes instructions and a time frame for swaddling the infant	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future	Physician's written statement missing specific instructions and/or time frames	Sleepers, sleep sacks, and wearable blankets not used according to manufacturer's guidelines without an incident or injury; Swaddling used and no written physician's statement on file without an incident or injury	Sleepers, sleep sacks, and wearable blankets not used according to manufacturer's guidelines and do not fit appropriately with an incident and/or injury; Swaddling used and no physician's written statement on file with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
<p>.19(2) Staff shall place an infant to sleep on the infant's back unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant's back but allow the infant to roll over into his or her preferred position and not re-position the infant. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant, however swaddling shall not be used unless the Home has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items and shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.</p> <p>See rule components below for citation levels</p>							
Objects in Crib - No objects shall be placed or allowed on/in the crib with a sleeping infant	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future; Objects in or on an unoccupied crib. Objects present with an infant not sleeping, but removed immediately upon the child falling asleep	N/A	Objects in or on a crib with a sleeping infant (such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, blankets or other soft items) without an incident or injury	Objects in or on a crib with a sleeping infant (such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, blankets, or other soft items) with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Objects Attached to Crib - No objects shall be attached to crib with a sleeping infant	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future; Objects attached to unoccupied crib	N/A	Objects attached to a crib with a sleeping infant (such as but not limited to crib gyms, toys, mirrors and mobiles) without an incident or injury	Objects attached to a crib with a sleeping infant (such as but not limited to crib gyms, toys, mirrors and mobiles) with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.19(2)(a) - The infant's sleeping area is to be comfortable for a lightly clothed adult within a temperature range of 65 to 85 degrees, depending on season; Adequate lighting maintained	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future	Sleeping area not comfortable due to the temperature not being within the required range without an incident or injury; Lighting not adequate without an incident or injury	Sleeping area not comfortable due to temperature not being within the required range which resulted in an incident or injury with no medical attention or with medical attention as a precaution; Lighting not adequate which resulted in an incident or injury with no medical attention or with medical attention as a precaution	Sleeping area not comfortable due to temperature not being within the required range with an incident and/or injury requiring professional medical attention; Lighting not adequate with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.19(2)(b) - Wedges, other infant positioning devices and monitors shall not be used unless a Parent provides a Physician's written statement that includes time frame for use	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future; Positioning device in unoccupied crib	Physician's written statement missing specific instructions and/or time frames	Wedge, positioning device, monitor used without a physician's written statement <u>without</u> an incident or injury	Wedge, positioning device, monitor used without a physician's written statement <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.19(2)(c) - Infants shall not sleep in equipment other than safety-approved cribs, such as but not limited to, a car seat, bouncy seat, high chair or swing; Infants who arrive at the family child care learning home asleep or fall asleep in such equipment, on the floor, or elsewhere shall be transferred to a safety approved crib	If program serves infants, but none are currently enrolled	If program does not serve infants	If planning to care for infants in the future	N/A	Infant(s) allowed to sleep in equipment not approved for infant sleep <u>without</u> an incident or injury	Infant(s) allowed to sleep in equipment not approved for infant sleep <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Label the approved sleeping equipment of any child who can roll over independently from his/her initial sleeping position.
- Schedule routine refresher training for staff regarding safe sleeping practices.
- Only use cribs for sleeping.
- Place children in cribs only after they fall asleep and remove them within 2-3 minutes of awakening.
- Crying children should be removed immediately from cribs and comforted.
- Caregivers need to visually check on children in person frequently and be close enough to see and hear the child; cameras, videos, monitors, and mirrors are not enough to ensure the child is safe.
- Individualized sleep schedules are recommended for infants and young toddlers. Children should be allowed to nap when tired.

Things for child care programs to consider:

- Follow the manufacturer's instructions/guidelines for the approved sleeping equipment to determine when children need to be transitioned from the equipment (i.e., from cribs to cots or mats).

290-2-3-.19 Safe Sleeping and Resting Requirements

(3) Night-time Care. For Homes that offer night-time care, each child, except infants and toddlers who require individual cribs, shall be provided an individual bed with a four-inch (4”) mattress or a cot with a two-inch (2”) pad. Such equipment shall be arranged so that the children’s sleep will not be unnecessarily interrupted by delivery and pick up of other children.

Rule Type: Non-Core Rule

Intent

To ensure children’s health and comfort, and to provide easy access to children.

Clarification

Night-time care is care provided to children between the hours of 12:00 midnight and 6:00 A.M. Children who attend night-time care are more likely to be asleep for longer durations than children during a day time nap period; therefore, sleeping equipment should provide additional padding to ensure children receive a sound, restful sleep with particular attention to comfort and back support.

Because night-time sleep should be restful for children, accommodations should be made to arrange sleeping and resting equipment so that sleeping children will not be disturbed as other children are picked up from and dropped off at the Home.

Indicators

- ✓ Check KOALA Outback and/or the consultant’s file to determine if the Home is approved to provide night-time care. If so, check children’s night-time sleeping equipment for the conditions specified by the rule requirements.
- ✓ Observe the arrangement of children’s night-time sleeping equipment, if possible, to ensure children’s sleep is not interrupted by the pick-up and drop-off of other children. If not observed, ask the Provider about the placement of children’s sleeping equipment during night-time care.

Best Practices:

- Position sleeping equipment out of the flow of traffic (i.e., out of bathroom pathways, etc.).

Things for child care programs to consider:

- If night-time children share sleeping equipment with day-time children, the equipment must be cleaned, disinfected and the bedding changed after each child's use.
- Homes that provide early morning care (i.e., open for operation between 5:00 – 5:59 AM) are not required to provide night-time sleeping equipment for the children that are present during that time. Children are allowed to nap during the early morning hours on daytime sleeping equipment that meets the requirements listed in rules 290-2-3-.19(1)(a)1-3 and 290-2-3-.19(1)(b)1-4.

290-2-3-.20 E-Mail Contact Information

All Family Child Care Learning Home license applicants shall submit a valid e-mail address to the Department at the time of application on forms provided by the Department. It shall be the Family Child Care Learning Home's responsibility to maintain correct contact information, to update the Department if contact information changes, and to respond timely to information requests from the Department transmitted to the provided e-mail address. Delivery of any such information, including but not limited to directives, bulletins, data requests, notices of proposed amendments to rules and regulations, and any other matters affecting Family Child Care Learning Homes, to said e-mail address shall be considered valid so long as the Department does not receive a failure to deliver message.

Rule Type: Non-Core Rule

Intent

To make Providers aware of the Department's e-mail address requirements. To ensure the Department has valid and accurate contact information readily available for each child care program.

Clarification

E-mail correspondence is important because it creates a fast, reliable form of communication that is confidential, free and easily accessible to the sender and the recipient. E-mail messages are delivered almost instantly and take the stress out of communicating time-sensitive information as opposed to waiting for the information to be delivered through postal mail. The Department primarily uses e-mail to communicate with child care programs since it allows the Department to send out relevant information to more than one program at the same time.

The Department uses e-mail correspondence to communicate information about license fees, proposed rule updates/changes, public hearings, emergency relief and other information that may require a child care program's immediate attention. It is the Provider's responsibility to ensure that the Department always has a valid e-mail address for the Home and to frequently check the Home's e-mail account for correspondence from the Department.

Indicators

- ✓ Verify the Home's email address with the Provider to ensure the email address on file with the Department (i.e., as listed in KOALA Outback) is valid.

Things for child care programs to consider:

- Use DECAL KOALA to update the Home's email address if/when needed. Access DECAL KOALA at the following link: www.decalkoala.com

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (a) **The Home must ensure that the Provider, every actual and potential Employee (including residents age 17 and older) and Provisional Employee of the Family Child Care Learning Home must submit both a Records Check Application to the Department and Fingerprints to an authorized fingerprinting site.**

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

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

Things for child care programs to consider:

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

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

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

Rule Type: Core Rule

Intent

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

Clarification

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

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

Indicators

- ✓ Observe and identify all individuals who are present or any who would normally have access to the children, or those 17 years of age or older who reside in the Home. Ask the Provider about other individuals who are not present at the time of the visit.
- ✓ Review the Home's personnel records/files to ensure a satisfactory Comprehensive Records Check Determination is on file for the Provider and all Employees (as defined by Rule 290-2-3-.03(i)).
- ✓ Check KOALA Outback to verify the authenticity of the Provider's and each Employee's satisfactory Comprehensive Records Check Determination.
- ✓ Review each Comprehensive Records Check Determination to ensure the records check clearance date is within the preceding 12 months of the staff person's hire date.
- ✓ Review each staff person's ten-year work history to ensure there has been no lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.21(1)(b) - every Provider of a FCCLH must have a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the Home or before an individual age 17 or older resides in Home. The Comprehensive Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the license date; provided, however, if the Provider has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Comprehensive Records Check Determination is required.	Never	Never	A Resident will be turning 17 years old; A new Resident is entering Home	Records Check Clearance Date on Comprehensive Records Check Determination <u>older</u> than preceding 12 months of license date OR Records Check Clearance Date on Comprehensive Records Check Determination is not older than the preceding 12 months of license date, but there was a lapse of employment from the industry greater than 180 days (6 months) or longer.	Satisfactory Comprehensive Records Check Determination not completed	Satisfactory Comprehensive Records Check Determination not completed and/or knowledge of a committed crime	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.21(1)(c) - every Employee of a FCCLH must have a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the Home or before an individual age 17 or older resides in Home. The Comprehensive Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Employee has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Comprehensive Records Check Determination is required.	Never	Never	If planning to hire a new Employee; A resident will be turning 17 years old; A new resident is entering the Home	Records Check Clearance Date on Comprehensive Records Check Determination <u>older</u> than preceding 12 months of hire date OR Records Check Clearance Date on Comprehensive Records Check Determination is not older than the preceding 12 months of license date, but there was a lapse of employment from the industry greater than 180 days (6 months) or longer.	Satisfactory Comprehensive Records Check Determination not completed	Satisfactory Comprehensive Records Check Determination not completed and/or knowledge of a committed crime	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

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

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

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

Rule Type: Core Rule

Intent

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

Clarification

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

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

Indicators

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

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

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.21(1)(d) - every Provisional Employee of a FCCLH must have a valid and current satisfactory Fingerprint Records Check Determination on file prior to being present at the Home or before an individual age 17 or older resides in Home and must be supervised at all times by a Provider or Employee with a valid and current satisfactory Comprehensive Records Check Determination. The Fingerprint Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Employee has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Fingerprint Records Check Determination is required.	Never	Never	If planning to hire a new Provisional Employee; A resident will be turning 17 years old; A new resident is entering the Home	Records Check Clearance Date on Comprehensive Records Check Determination older than preceding 12 months of hire date OR Records Check Clearance Date on Comprehensive Records Check Determination is not older than the preceding 12 months of license date, but there was a lapse of employment from the industry greater than 180 days (6 months) or longer; Provisional Employee is not being supervised by Provider or Employee with Comprehensive Records Check Determination	Satisfactory Fingerprint Records Check Determination not completed	Satisfactory Fingerprint Records Check Determination not completed and/or knowledge of a committed crime	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

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

- Before Provisional Employees can become permanent Employees, they must have a satisfactory Comprehensive Records Check Determination.

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

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

Rule Type: Core Rule

Intent

To protect children's safety and welfare.

Clarification

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

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

Indicators

- ✓ Observe and identify all individuals who are present or any who would normally have access to the children, or those 17 years of age or older who reside in the Home. Ask the Provider about other individuals who are not present at the time of the visit.
- ✓ Obtain a current staff list from KOALA Outback or from the program and have the Provider verify staff currently employed by the program.
- ✓ Cross reference the staff list with staff identified and observed on-site during the inspection.
- ✓ Check KOALA Outback to verify that each staff person and resident has a satisfactory records check determination.

Core Rule Severity Levels

Family Child Care Learning Home Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.21(1)(e) - no actual or potential Provider, Employee, and Provisional Employee of a FCCLH with an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination may be present at a Home when any child is present for care or reside at a Home	Never	Never	N/A	N/A	N/A	Unsatisfactory Fingerprint Records Check Determination OR unsatisfactory Comprehensive Records Check Determination	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

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

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (f) Valid Evidence of a satisfactory Fingerprint Records Check Determination must be maintained at the Family Child Care Learning Home for each Provisional Employee for the duration of employment or residency plus one year, and such electronic evidence must be made immediately available to the Department upon request.**
- (g) Valid Evidence of a satisfactory Comprehensive Records Check Determination must be maintained at the Family Child Care Learning Home for the Provider and each Employee (including Students-in-Training, volunteers, independent contractors and residents age 17 and older) for the duration of employment or residency plus one year, and such electronic evidence must be made immediately available to the Department upon request.**
- (h) Every Provider must receive a satisfactory Comprehensive Records Check Determination before October 1, 2018.**

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

- ✓ Review the Home's personnel records/files to ensure each staff person and resident has evidence of a satisfactory records check determination.
- ✓ Check KOALA Outback to verify that each staff person and resident has a satisfactory records check determination.

- ✓ Ask the Provider about the Home's policy for maintaining records check determinations for staff and residents.

Things for child care programs to consider:

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

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

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

Indicators

- ✓ Review the Home's personnel records/files to ensure a satisfactory Fingerprint Records Check Determination is on file for all Provisional Employees.

- ✓ Check KOALA Outback to verify the authenticity of each Provisional Employee's satisfactory Fingerprint Records Check Determination. If the Provisional Employee's status in KOALA Outback indicates the Department is waiting for out-of-state results, request proof that the individual has requested/submitted the out-of-state information.

Things for child care programs to consider:

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

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

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

Indicators

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

Things for child care programs to consider:

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

290-2-3-.21 Criminal Records and Comprehensive Background Checks

(1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

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

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

Rule Type: Non-Core Rule

Intent

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

Clarification

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

Indicators

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

Things for child care programs to consider:

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

Resources

AbilityPath – Support for Parents of Children with Special Needs. Retrieved from <https://abilitypath.org/>.

AirNow. Retrieved from <https://www.airnow.gov/>.

American Academy of Pediatrics. Retrieved from <https://www.aap.org/en-us/Pages/Default.aspx>.

American with Disabilities Act. Retrieved from <https://www.ada.gov/>.

Barron & Berry, LLP. Retrieved from http://barronberry.com/firm-news-and-events/cpr-and-first-aid-certification/#.WBtt1_orKMo.

California Childcare Health Program. Retrieved from <https://cchp.ucsf.edu/>.

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. Retrieved from <https://nrckids.org/CFOC>.

Center for Advancing Health. Retrieved from <http://www.cfah.org/hbns/>.

Center for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/>.

Child Welfare Information Gateway. Retrieved from <https://www.childwelfare.gov/>.

Community Playthings. Retrieved from <https://www.communityplaythings.com/>.

Earlychildhood NEWS. Retrieved from <https://earlychildhoodnews.wordpress.com/>.

Environmental Rating Scales Institute. Retrieved from <http://ersi.info/index.html>.

eXtension – Child Care. Retrieved from <https://childcare.extension.org/>.

Foodsafety.gov. Retrieved from <https://www.foodsafety.gov/keep/charts/mintemp.html>.

Georgia Department of Early Care and Learning: Online Library Learning Initiative (OLLI). Retrieved from <http://olli.dec.al.ga.gov/>.

Georgia Department of Public Health. Retrieved from <https://dph.georgia.gov/>.

Head Start, Early Childhood Learning & Knowledge Center. Retrieved from <https://eclkc.ohs.acf.hhs.gov/>.

HealthyChildren.org. Retrieved from <https://www.healthychildren.org/English/Pages/default.aspx>.

Healthy Kids, Healthy Future. Retrieved from <https://healthykidshealthyfuture.org/>.

Joyful Heart Foundation. Retrieved from <http://www.joyfulheartfoundation.org/>.

KidsAndCars.org. Retrieved from <http://www.KeepYourChildSafe.org/child-safety-book/child-car-window-accidents.html>.

National Association for the Education of Young Children. Retrieved from <https://www.naeyc.org/>.

Onsafety, CPSC Stands for Safety. Retrieved from <https://onsafety.cpsc.gov/>.

U.S. Food & Drug Administration. Retrieved from <https://www.fda.gov/>.