



**Georgia Dept  
of Early Care  
and Learning**

**BRIGHT FROM THE START**

# **Health and Safety Standards for Informal Providers Receiving Subsidy**

**Effective  
July 1, 2025**



## OVERVIEW

In September 2016, the Office of Child Care (OCC), Administration for Children and Families (ACF), Department of Health and Human Services (HHS) issued a final rule which made regulatory changes to the Child Care and Development Fund (CCDF) based on the Child Care and Development Block Grant (CCDBG) Act of 2014. The changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, high-quality child care for low-income children; and enhance the quality of child care and the early childhood workforce.

As part of the reauthorization of CCDBG, the Childcare and Parent Services (CAPS) division at Bright from the Start: Georgia Department of Early Care and Learning (DECAL) made policy changes to comply with the federal mandates.

The Health and Safety requirements are designed to protect the health and safety of children and are applicable to child care providers of services for which assistance is provided. Such requirements are subject to monitoring pursuant to §98.42. This Health & Safety Standards manual is intended to be a guide for Informal Providers in what to expect during annual monitoring inspections. It outlines the health and safety standards that will be reviewed by child care licensing staff during on-site visits.

For the purpose of these standards, please reference Family Child Care Learning Home Rules and Regulations Chapter 290-2-3-.03 Definitions.

Health and Safety Standards  
for Informal Providers  
Receiving Subsidy

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# **CAPS Informal Provider Health and Safety Standards**

## **A. Activities**

- (1) Providers should provide a daily planned program of varied and developmentally appropriate activities that promote the social, emotional, physical, cognitive, language and literacy development of each child. Staff should use a variety of teaching methods to accommodate the needs of the children's different learning styles.
- (2) Individual Attention. Personnel shall provide individual attention to each child as evidenced by:
  - (a) Responding promptly to the child's distress signals and need for comfort.
  - (b) Playing with and talking to the children.
  - (c) Providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions appropriate to the child's age level.
- (3) Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

## **B. Bathrooms**

- (1) Required Facilities. One (1) Flush toilet and one (1) hand washing sink with running water shall be provided for the use of all children.
- (2) Location of Bathrooms. Bathrooms shall be located on each floor in or adjacent to the Provider's child care areas and rooms.
- (3) Supplies. Bathrooms shall be within easy reach of children and equipped with soap, toilet tissue and single-use towels or cloth towels used only once between launderings.
- (4) Cleanliness. Bathrooms shall be cleaned daily with a disinfectant.

## **C. Children's Records**

- (1) Informal Provider must maintain a file for each child while such child is in care and for a period of one (1) year after such child is no longer enrolled. The file shall contain emergency contact information including, but not limited to, the following:
  - (a) Identifying information about the child to include name, date of birth, sex, address, living arrangement if not with both Parents.
  - (b) Identifying information about the Parent(s) to include names of both Parents, if applicable, home and work addresses, and home and work telephone numbers.
  - (c) Identifying information about the person(s) to contact in emergencies when the Parent cannot be reached to include name(s) and telephone number(s).
  - (d) 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 Provider or within 30 days thereafter.
- (2) These records must be readily accessible to on-site staff at all times and shall be made available to the Department in printed or written form upon request.
- (3) All providers participating in CAPS, must maintain original and accurate arrival and departure records, and transportation records (if applicable) for a minimum of three years of the last date service was provided.

## **D. Criminal Records Check**

- (1) Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required
  - (a) The Informal Provider must ensure that every actual and potential resident (including residents aged 17 and older) must submit both a Records Check Application to the Department and Fingerprints to an authorized fingerprinting site. Comprehensive Records Check Determination” means a satisfactory or unsatisfactory determination by the Department, based upon a Federal Bureau of Investigation fingerprint based criminal record check, a search of appropriate sex offender registries, repositories, or data bases compliance with relevant state and federal law, and a search of the following registries, repositories or databases in the state where the actual or potential employee or director resides and in each state where such individual resided during the preceding five years: criminal registry or repository; state sex offender registry or repository; and state based child abuse and neglect registry and database.
  - (b) Every Informal Provider must have a current and valid satisfactory Comprehensive Records Check Determination on file prior to being present at the program while any child is present for care or before residing at the program in the Provider. 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 Informal Provider has had a lapse of employment from the child care industry that lasted for 180 days (six (6) months) or longer, a new satisfactory Comprehensive Records Check Determination is required. Comprehensive Records Check Determinations expire after five years from the fingerprint date, which appears in the first paragraph of the records check determination letter as the “based on information received” date. Any Provider or resident must obtain a new records check determination letter after any six (6) month break in service regardless of the expiration date. All record check determination letters are portable to other facilities during the first year and may be ported to as many locations as needed.
  - (c) 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 (six (6) months) or longer, and the Provider does not know or reasonably should not know that the individual’s satisfactory status has changed.
- (2) No actual or potential Informal Provider with an Unsatisfactory Records Check Determination may be present at a home when any child is present for care.
- (3) Valid Evidence of a satisfactory criminal records check must be maintained at the Program for the Informal Provider, and each resident of the home for the duration with care of children plus one (1) year, and such evidence must be made immediately available to the Department upon request.
- (4) Recheck Required. The Provider must immediately require that every Provider, Employee and Provisional Employee, or resident submit to the Comprehensive Records Check Determination process at the following times: When the Provider knows or reasonably should know that an Employee or Provisional Employee, ore resident has been arrested or charged for any covered Crime, and the Program must require a new Fingerprint Records Check Determination for the Informal Provider and any resident age 17 or older.

## **E. Discipline**

- (1) Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the Program shall not be detrimental to the physical or mental health of any child.
- (2) Personnel shall not:
  - (a) Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Program;
  - (b) Inflict corporal/physical punishment upon a child;
  - (c) Shake, jerk, pinch or handle a child roughly;
  - (d) 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;
  - (e) Isolate a child in a dark room, closet or unsupervised area;
  - (f) Use mechanical or physical restraints or devices to discipline children;
  - (g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;
  - (h) Restrict unreasonably a child from going to the bathroom;
  - (i) Punish toileting accidents;
  - (j) Force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks;
  - (k) Force or withhold naps;
  - (l) Allow children to discipline or humiliate other children;
  - (m) Confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat;
  - (n) Commit any criminal act, as defined under Georgia law which is set forth in O.C.G.A. § 16-1-1 *et seq.*, in the presence of any child enrolled in the program.

## **F. Equipment and Toys**

- (1) All indoor and outdoor furniture, activity materials, and equipment shall be used:
  - (a) In a safe and appropriate manner by each Employee and child in attendance; and
  - (b) In accordance with the manufacturer's instructions, recommendations, and intended use.
- (2) All equipment and furniture shall be used only by the age-appropriate group of children. Equipment and furniture shall be:
  - (a) Free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint;
  - (b) Kept clean;
  - (c) Placed so as to permit the children's freedom of movement and to minimize danger of accident and collision;
  - (d) 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.

## **G. First Aid and CPR**

- (1)
  - (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 Provider's premises.
  - (b) 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 on the Provider's premises whenever any Child is present.
  - (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.

## **H. Hygiene**

- (1) Handwashing, Children. Children's hands shall be washed with liquid soap and warm running water:
  - (a) Before and after eating meals and snacks, and handling or touching food; and
  - (b) After toileting and diapering.
- (2) Handwashing, Staff. Staff shall wash their hands with liquid soap and warm running water:
  - (a) Before and after eating meals and snacks, and handling or touching food;
  - (b) After diapering each child; and
  - (c) After toileting or assisting children with toileting.

## **I. Medications**

- (1) Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician and/or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.
- (2) Dispensing Records. The Informal Provider shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.
- (3) Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to children and stored separately from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to children.

## **J. Policies and Procedures**

- (1) The Informal Provider shall have a written policy regarding the following:
  - (a) Exclusion of children with contagious illnesses;
  - (b) Notification to parents in the event their child becomes ill while at the Program;
  - (c) Notification to all parents of enrolled children when a reportable contagious illness is present at the Program;
  - (d) Prevention of and response to food and allergic reactions
  - (e) A description of the practices followed by the Program 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,
  - (f) The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding),
  - (g) Recognition and reporting of child abuse and neglect.
- (2) Emergency preparedness and response. A written plan for handling emergencies, including but not limited to severe weather, loss of electrical power or water and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the Program. The Provider will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, and continuity of operations. The plan must apply to all children in care and will include specific accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Such plan shall include assurance that no Personnel will impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.
- (3) The Provider to conduct drills for fire, tornado and other emergency situations. The fire drills will be conducted monthly while tornadoes and other emergency situation drills will be conducted every six months. The Provider shall maintain documentation of the dates and times of these drills for two years.
- (4) Informal Provider shall implement behavior management and discipline actions used by the Program, to include the Provider's practices regarding the expulsion and suspension of children enrolled for care.
- (5) The Informal Provider shall provide the Parent(s) with a copy of the Program's policies and procedures.

## **K. Personnel Records**

- (1) The Informal Provider must maintain a personnel file on all Staff for the duration of the term of employment plus one calendar year, and it shall contain the following:
  - (a) Identifying information to include: name, date of birth, current address and current telephone number;
  - (b) All training required by these standards which shall include: title of training, date of training, trainer's signature, location of training and number of clock hours obtained;
  - (c) Verification of a Satisfactory Records Check Determination.

## **L. Physical Plant**

- (1) Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials to include but not limited to heaters and fire places, cleaning supplies, poisons, insecticides, office supplies, weapons, and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.
  - (a) At least one approved smoke detector shall be on each floor of the Home and such detectors shall be maintained and in working order,
  - (b) At least one fire extinguisher shall be kept in the child care area. The extinguisher shall be maintained in working order and shall be inaccessible to the children.

## **M. Playgrounds**

- (1) Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.
- (2) Equipment. Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age-appropriate. The outdoor equipment shall be free from hazards such as, but not limited to, lead-based paint, sharp corners, and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct the supervision of children. Climbing and swinging equipment shall be anchored and have a resilient surface beneath the equipment. The fall-zone from such equipment must be adequately maintained to ensure continuing resiliency.
- (3) Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.

## **N. Staffing and Supervision**

- (1) Staffing. The total number of children in care cannot exceed six (6). Of the children in care, no more than two can be unrelated for pay.
- (2) Supervision. Children shall be supervised at all times. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children. The persons supervising in the child care area must be alert, and able to respond promptly to the needs and actions of the children being supervised.

## O. Staff Training

- (1) The initial program written orientation must include the following subjects: the provider and all employees (i.e., Volunteers, Students-in-Training, Independent Contractors, etc.) and Provisional Employees to receive initial program orientation prior to assignment of children to be oriented on the portions of the program's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Unexpected Infant Death (SUID) which includes Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.
- (2) Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
  - (a) Prevention and control of infectious diseases;
  - (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 and abusive head trauma;
  - (g) Emergency preparedness and response planning for emergencies resulting from severe weather, loss of electrical power or water, death, serious injury, or loss of a child, a threatening event or natural disaster which may occur at the Program. The Provider will have procedures for the following; evacuation, relocation, shelter in place, lock down, communication, and reunifications with families, and continuity of operations. The plan must apply to all children in care and will include specific accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.
  - (h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and
  - (i) Precautions in transporting children (if applicable).
  - (j) Recognition and reporting of child abuse and neglect.
  - (k) Child Development to include all major domains: cognitive; social and emotional; physical development and motor skills; communication, language, and literacy; and approaches to play and learning.
- (3) Ongoing 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).
- (4) 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.

## P. Swimming Pools and Water-related Activities

- (1) Accessibility of Pools. All swimming and wading pools shall be adequately fenced and inaccessible to children except during supervised activities.
- (2) Supervision of Children in Water Over Two (2) Feet Deep. For water-related activity (such as swimming, fishing, boating or wading) in water over two (2) feet deep, continuous supervision of children must be provided as follows:

<b>Ages of Children</b>	<b>Staff: Child Ratio*</b>
Under two and one-half (2 1/2) yrs.	1:2
Two and one-half (2 1/2) to four (4) yrs.	1:5
Four (4) yrs. and older who cannot swim a distance of fifteen (15) yards unassisted **	1:6
Four (4) yrs. and older who can swim a distance of fifteen (15) yards unassisted**	1:6

\* At least one person must have current evidence of having completed successfully a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard-setting agency for water safety instruction. Such person may be a program staff member or an employee of a water facility (e.g., local swimming pool).

\*\* In lieu of requiring each child to take a swimming test to determine whether the child can swim a distance of fifteen (15) yards unassisted, program staff may accept copies of certificates or cards from a recognized water-safety instruction organization showing that the child has successfully completed a swimming class which required the child to swim a distance.

- (3) Supervision of Children in Water Less than Two (2) Feet Deep. For water-related activities (such as swimming, fishing, boating or wading) in water less than two (2) feet deep (such as a wading pool), continuous supervision must be provided in accordance with normal Staff:Child ratios maintained at 1:6.
- (4) Additional Supervision. At least one (1) additional Staff member above the required Staff:Child ratios for any water-related activity (such as swimming, fishing, boating, or wading) shall be available to rotate among the age groups as needed when any of the following circumstances are present:
  - (a) The majority of the children in a group are not accustomed to or are afraid of the water;
  - (b) The majority of the children in a group comprised of children who cannot swim a distance of 15 yards unassisted cannot touch the bottom of the water facility without submerging their heads;
  - (c) The water facility is particularly crowded;
  - (d) The children have special needs which impact on their ability to participate safely in the water-related activity.

## **Q. Transportation**

- (1) If children are transported in a vehicle, the Informal Provider shall:
  - (a) Have a Current driver's license.
  - (b) Restrain children by either individual seat belts or appropriate child restraints in accordance with current state and federal laws and regulations.
  - (c) Obtain written authorization for the child to be transported by the Provider.
  - (d) Obtain 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.
- (2) Supervision of Vehicles. A child shall never be left unattended in a vehicle.

## **R. Field Trips**

- (1) Parental Permission. An Informal Provider shall obtain written permission from Parent(s) in advance of the child's participation in any field trip and such permission must be signed and dated by a Parent.
- (2) List of Trip Participants. A list of children and adults participating in the trip shall be left at the Informal Providers home as well as be taken on the trip in the possession of the adult in charge of the trip.
- (3) Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the Provider uses in the area where the Provider is located; and the telephone numbers where the Parent(s) can be reached shall be left at the program as well as be taken on the trip in the possession of the adult in charge of the trip.

## **S. Required Reporting**

- (1) The Informal Provider shall report or cause to be reported the following to the Department within twenty-four (24) hours or the next work day:
  - (a) Child Abuse, Neglect or Deprivation. Within twenty-four (24) hours or the next work day, suspected incidents of child abuse, neglect or deprivation shall be reported to the local County Department of Family and Children Services in accordance with state law and to the Department, notifying that such a report was made.
  - (b) Communicable Diseases. 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, Notification of Disease.
  - (c) Death.
  - (d) Serious illness or injury requiring hospitalization or professional medical attention.
  - (e) Fire.
  - (f) Structural disaster.
  - (g) Any emergency requiring temporally relocation of children.
  - (h) Any employee who acquires a Criminal record.

## **T. Diapering**

- (1) Handwashing Sink. A hand washing sink with running heated water shall be located adjacent to the diapering area.
- (2) Diaper Changing Surface. If diapers are changed on a diaper changing table/surface, the surface shall be smooth, nonporous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper change surface shall be cleaned with a disinfectant and dried with a single-use disposable towel. Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface.
- (3) Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.

## **U. Safe Sleep Requirements**

- (1) Cribs. A crib and other approved sleep equipment that are safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards shall be provided for each infant. ("Infant" refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)
- (2) Crib Mattress. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
- (3) Crib Sheet. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.
- (4) Infant Sleep Position. Informal Provider shall place an infant to sleep on the infant's back in a crib unless the Provider has been 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.
- (5) The Provider shall provide a safe sleep environment in accordance with the American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM). 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. Swaddling shall not be used unless the Provider 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. The Provider 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 mobile.