Child Care Services Rule Changes

Frequently Asked Questions & Clarifications

Changes Effective
- **October 1, 2020**
- Child Care Learning Centers
- Family Child Care Learning Homes

CCLC Chapters Changed
- **591-1-1-.15** Food Service and Nutrition
- **591-1-1-.16** Governing Body and Licenses
- **591-1-1-.17** Hygiene
- **591-1-1-.29** Required Reporting
- **591-1-1-.32** Supervision

FCCLH Chapters Changed
- **290-2-3-.04** Requirements for Applications and Licenses
- **290-2-3-.07** Staffing and Supervision
- **290-2-3-.10** Nutrition and Food Services
- **290-2-3-.11** Health, Safety, and Discipline
- **290-2-3-.14** Reporting

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

- **Can you clarify what expectations would be for children who are 4-years old in terms of food restrictions?**
  - When thinking about restrictions for food, consider two groups: 1) children who are younger than four (4) years of age; 2) and children who are four (4) years of age and older. Once children reach their fourth birthday, they would be considered in the "older than four (4) years of age" group. However, if you have an older child who is not developmentally ready to eat certain foods that may be considered choking hazards, then accommodations should be made for that child, regardless of age.

- **How often should children be given water to drink?**
  - Drinking water shall be available to all children, over 12 months of age, and shall be offered at least once between meals and snacks.
  - For infants less than 12 months of age, water should only be given as directed by the child's parent(s) and as indicated on the infant feeding plan.

- **What changes have been made to the requirements for feeding infants?**
  - 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). Some developmental milestones that should be considered are:
    - Can the child hold his/her head steady?
    - Can the child open his/her mouth and lean forward in anticipation of food offered?
    - Can the child close his/her lips around a spoon?
    - Can the child transfer food from front of the tongue to the back and swallow?

- **Will a physician have to sign the infant feeding plan for the introduction of solid foods?**
  - No, a signature from the physician is not required. What will be required is parent initials confirming that they have discussed with the child's primary care physician that the child is developmentally ready to begin eating solid foods.

- **Is a sample infant feeding plan available for use?**
  - Yes, a sample infant feeding plan can be found on the Department's website under Child Care Learning Center and Family Child Care Home forms or accessed here:
    http://www.decal.ga.gov/documents/attachments/InfantFeedingPlanCCS.pdf

- **How can a teacher in a toddler or two-year-old classroom sit within arm's reach of children during meals and still do all of the tasks needed?**
  - Meal times are considered "high risk" activities in classrooms containing children younger than 36-months old, and staff must minimize all other activities not related to the meal to prevent instances of choking. Once food is served, staff should position themselves, so their focus is on attending to children eating so they can react quickly, ensuring children are not putting too much food into their mouths or getting up from the table before they have finished chewing and swallowing their food. Often it is not obvious when a young child is choking, making it even more important that staff are not distracted with laying out rest mats, washing hands, or setting up another activity that will occur when the meal is done. Strategies that support improved supervision include, adjustment of scheduled routine care or play activities and staff breaks, or the addition of a staff person to assist during mealtimes. For example, rest mats can be laid out after lunch by one person, while another person reads a story, or engages children in calming activities like yoga.

- **How should I make reports to the Department regarding incidents, communicable diseases, DFCS referrals, or changes in program operating status? Notify my Consultant or through DECAL KOALA?**
  - Effective **October 1, 2020**, all reports should be made to your Child Care Services Consultant, via email or telephone.
  - Effective **November 1, 2020**, all reports should be made through DECAL KOALA. However, a follow-up email to your Consultant would also be recommended to ensure the information has been received.

- **What type of communicable diseases do I need to report to DECAL?**
  - Any cases of serious communicable diseases identified as "notifiable or reportable" to the Department of Public Health (DPH) on the Communicable Disease chart and any cases of COVID-19, or other diseases associated with a public health emergency. More common communicable diseases identified on the chart as "not reportable," will not need to be reported to DECAL or DPH, but programs should continue their practice of notifying parents as required.

- **If a report was made to DFCS, what is the program responsible for reporting to DECAL?**
  - Once a report is made to the Department of Family and Children Services (DFCS), the program should notify DECAL only that a report was made to DFCS. The specifics and details of the report are not required, and DECAL does not share identifying information about reports made to DFCS.

- **What type of program operating status changes need to be reported?**
  - Any changes outside of program's normal operating status should be reported to the Department. This could include open to closed or temporarily closed, and temporarily closed to open.