

# Applicant's Guide to Licensing for Child Care Learning Centers



Georgia Department of Early Care and Learning  
2 Martin Luther King Jr. Drive, SE  
Suite 670, East Tower  
Atlanta, Georgia 30334  
404-657-5562  
[www.dec.state.ga.us](http://www.dec.state.ga.us)



**Revised September 2023**

# Table of Contents

|   |           |
|---|-----------|
| <b>Introduction .....</b>   | <b>5</b>  |
| Steps For Successful Application .....                            | 6         |
| Application Definitions .....                                     | 8         |
| <b>License Application .....</b>                                  | <b>9</b>  |
| Instructions for Completing License Application .....             | 10        |
| Affidavit For Lawful Presence Verification .....                  | 12        |
| Frequently Asked Questions for Lawful Presence Verification ..... | 13        |
| Formal Partnership Requirements.....                              | 15        |
| License Fee.....  | 16        |
| Staff Profile Form.....   | 17        |
| Application Checklist .....                                       | 18        |
| <b>Comprehensive Record Checks .....</b>                          | <b>19</b> |
| Comprehensive Record Check Guidelines.....                        | 20        |
| <b>Physical Plant Requirements .....</b>                          | <b>21</b> |
| Sample Floor Plan .....   | 22        |
| Licensed Capacity Requirements .....                              | 23        |
| Example.....  | 24        |
| Window Space Requirements.....                                    | 25        |
| Staff: Child Ratios.....  | 26        |
| Mixed-Age Groups For Child Care Learning Centers .....            | 27        |
| Diaper Changing Areas.....  | 28        |
| Storage Space/Bathrooms.....                                      | 29        |
| Kitchen/Laundry/Building Safety and Repair .....                  | 31        |
| Floor Plan Checklist .....  | 33        |
| <b>Site Requirements .....</b>                                    | <b>39</b> |
| Sample Site Plan .....  | 40        |
| Playground Area Rules .....                                       | 41        |
| Playground Size .....   | 42        |
| Ground Covering.....  | 43        |
| Fencing.....  | 44        |
| Play Equipment and Surfaces.....                                  | 45        |
| Fall Zones .....  | 46        |
| Resilient Surfacing.....  | 47        |
| Playground Maintenance Checklist .....                            | 48        |
| Site Plan Checklist .....   | 50        |
| <b>Plans, Policies, Procedures &amp; Checklists .....</b>         | <b>53</b> |
| Definitions .....   | 54        |
| Guidelines for Creating Policies & Procedures.....                | 55        |
| Personnel Policies.....   | 57        |

|  |            |
|--|------------|
| Employee Files.....                                | 58         |
| Children’s Files.....                              | 59         |
| Schedules.....                                     | 60         |
| Weekly Menu.....                                   | 61         |
| Emergency Plans.....                               | 62         |
| Transportation.....                                | 63         |
| Operation Plan Checklist.....                      | 64         |
| <b>Forms.....</b>                                  | <b>65</b>  |
| Forms & Checklists.....                            | 66         |
| Staff Forms.....                                   | 67         |
| Children’s Records.....                            | 69         |
| Policies and Procedures Manuals.....               | 73         |
| Policies and Procedures Manuals Checklist.....     | 74         |
| Staff Policies Handbook.....                       | 76         |
| Staff Policies Handbook Checklist.....             | 77         |
| Schedules, Lesson Plans, and Menus.....            | 78         |
| Schedules, Lesson Plans, and Menus Checklists..... | 79         |
| Emergency Plans.....                               | 80         |
| Emergency Plans Checklist.....                     | 81         |
| <b>Sample Forms.....</b>                           | <b>82</b>  |
| <b>Sample Forms Directory.....</b>                 | <b>83</b>  |
| <b>Sample Staff Forms.....</b>                     | <b>84</b>  |
| Staff Application.....                             | 85         |
| 10-Year Employment History.....                    | 87         |
| Documentation of Center Orientation.....           | 88         |
| Daily Staff Attendance Record.....                 | 89         |
| Professional Learning Plan.....                    | 90         |
| Additional Staff Policies & Procedures.....        | 92         |
| <b>Sample Children’s Record Forms.....</b>         | <b>93</b>  |
| Sample Children’s Enrollment Form.....             | 94         |
| Emergency Medical Authorization.....               | 96         |
| Parental Agreement with Child Care Facility.....   | 97         |
| Safe Sleep Practices Policy.....                   | 98         |
| Medication Authorization.....                      | 99         |
| Infant Feeding Plan.....                           | 100        |
| Daily Attendance/ Arrival & Departure Record.....  | 101        |
| Required Report of Incident.....                   | 102        |
| <b>Sample Food Service Forms.....</b>              | <b>103</b> |
| Food Service Rules.....                            | 104        |
| Meet My Plate USDA Guidelines.....                 | 105        |

|   |            |
|---|------------|
| USDA Infant Meal Patterns .....                                     | 106        |
| USDA Child and Adult Meal Patterns .....                            | 108        |
| Child and Adult Care Food Program: Best Practices.....              | 110        |
| Weekly Menu Form .....  | 112        |
| Manual Dishwashing – Chemical Method .....                          | 114        |
| Criteria For Sack Lunches .....                                     | 115        |
| Connect Mealtime to GELDS.....                                      | 116        |
| Reducing the Risk of Chocking in Young Children .....               | 118        |
| Meal Pattern Resources .....  | 122        |
| <b>Items To Be Posted.....</b>                                      | <b>123</b> |
| All Items To Be Posted .....  | 124        |
| Posted Notices .....  | 125        |
| Hand Washing Instructions .....                                     | 132        |
| Infectious Illnesses Chart.....                                     | 134        |
| Poisonous Plants .....  | 135        |
| Fire and Safety Drills Form .....                                   | 138        |
| Child Care Weather Watch Form .....                                 | 140        |
| <b>Transportation Guidelines.....</b>                               | <b>142</b> |
| Transportation Plan Guidelines .....                                | 143        |
| Annual Transportation Vehicle Safety Inspection Certification ..... | 144        |
| Transportation Agreement .....                                      | 145        |
| Vehicle Emergency Medical Information.....                          | 146        |
| Child Care Transportation Vehicle Requirements .....                | 147        |
| Child Care Transportation Vehicle Requirements FAQs .....           | 148        |
| <b>Resources &amp; Contact Information .....</b>                    | <b>150</b> |
| Child Care & Preschool Pandemic Influenza Planning Checklist .....  | 151        |
| Federal Crib Requirements .....                                     | 153        |
| DECAL Contact Information .....                                     | 155        |
| <b>CCLC Licensure Orientation Meeting Resources .....</b>           | <b>156</b> |
| Director Training Requirements .....                                | 157        |
| Child Caregiver Fire Safety Training Requirements.....              | 158        |
| State Fire Marshal Code Regulations for Child Care Providers .....  | 159        |
| Acceptable Plan Submittal Rules.....                                | 163        |
| Data on Fires That Occurred in Child Care Facilities .....          | 165        |
| Child Care Resource and Referral Agencies in Georgia.....           | 166        |
| Georgia Regional Map .....  | 168        |

# Introduction

**Steps For Successful Application .....6**  
**Application Definitions.....8**

# Steps For Successful Application

1. The owner must complete and submit the online licensing application for Child Care Learning Centers and become familiar with appropriate rules and regulations for the type of facility that will be operating. The application should be completed online via the Owners DECAL Koala account. Owners may set up a DECAL Koala account at <https://www.decalkoala.com/Default>
2. Attend the Child Care Learning Center (CCLC) Licensure Orientation Meeting (LOM) conducted by DECAL. Classes are posted on the website at [www.decals.ga.gov](http://www.decals.ga.gov)
3. **Classes are free and registration is required.**
4. Determine what local and state agencies have jurisdiction for the facility and become familiar with their requirements. Examples are agencies that have jurisdiction for fire, zoning, building, and health regulations and requirements that will apply to the facility. Begin securing the appropriate approvals needed for the facility from these agencies.
5. Prepare the facility for compliance with the rules and regulations and submit the completed application online to the Application Services Unit (ASU).
6. Upload and submit the completed Affidavit and secure and verifiable documentation (front and back if there is anything on the back of the back of the document) verifying status for Child Care Learning Center. This should be completed by the owner of the business or the person legally responsible for the business. This should be signed and notarized then uploaded to the online application. This should be completed by the owner of the business or the person legally responsible for the business.
  1. The secure and verifiable documentation is U.S. issued passport or passport card, U.S. military ID, or U.S. issued driver's license.
7. Upload and submit detailed and readable copy of the floor plan checklist, floor plan(s), site plan checklist, site plans, operational plan(s) checklist, and playground checklist of the facility. The floor plan should show all rooms of the facility and ages that will be housed in each room. The site plan should show the property of the location and the building(s) and playground(s) of the property. Each checklist should be very detailed and should provide all the information requested.
8. If the ownership of your facility is under a Corporation (Inc.) or a Limited Liability Company (LLC), you will need to upload and submit the following documentation: a certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable. If the ownership is a partnership include the partnership agreement, when applicable. Also, for corporations, all information listed on the application regarding your corporation should match the information listed with the Secretary of State. This can be verified at [www.sos.ga.gov/corporations](http://www.sos.ga.gov/corporations)
9. If you do not own the property/building where the facility will be located, a lease agreement must be uploaded and submitted with the online application. If you own the building where the facility will be located, proof of ownership such as a tax bill or tax assessment must be uploaded and submitted.
10. Written zoning approval from the county/city A certificate of completion from a Licensure Orientation Meeting must be submitted with the application. A copy is acceptable. Other documentation to upload and submit includes:

- A certificate of completion of a 40-hour Director's training course that has been approved by DECAL. The Director responsible for the day-to-day operation of the center shall complete the training.
  - Director's Education Credentials and 10-Year Employment History
  - Director's CPR and First Aid Card/Training
  - Results of satisfactory comprehensive criminal record checks for all staff should be displayed in KOALA. Get information and instructions at:  
<http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>
  - Confirmation of public sewage and public water, or an approval letter from the local health department indicating safe drinking water and an approval for septic tank usage for the capacity of the facility.
  - Final Certificate of Occupancy Inspection from the agency who has jurisdiction for fire approval.
  - Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for building approval and occupancy, or a letter stating no building inspection approval is required for occupancy.
  - Completed vehicle inspection, vehicle registration and insurance, director, and staff transportation training (only if transportation will be provided)
  - Completed Initial Licensing Study Staff Profile form for facility staff.
  - Lead Teacher Credentials.
  - CPR and First Aid cards/training (for all staff who have CPR and First Aid certification).
11. After approval of Application, the ASU consultant will be in touch to review the Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations. If the facility is approved during the on-site inspection, a Permission to Operate will be granted and operation can begin. The annual licensing fee must be paid within 30 days in order to receive a licensing certificate. License fee payments can be made at [www.decalkoala.com](http://www.decalkoala.com) once the center's account is created.

## Application Definitions

### Child Care Learning Center:

- is operated by a person, partnership, association, society, agency, corporation, institution, or group that receives pay for the care of children.
- children remain less than 24 hours per day.
- provides care for seven (7) or more children, under 18 years of age.

**Note:** If you plan to operate a Family Child Care Learning Home (FCCLH) in a private residence to serve three (3) to six (6) children not related to you, you do not need to obtain a license through the process described in this manual. You do need to contact DECAL Child Care Services to obtain the necessary registration materials.



# License Application

|   |           |
|---|-----------|
| <b>Instructions for Completing License Application .....</b>            | <b>10</b> |
| <b>Affidavit For Lawful Presence Verification.....</b>                  | <b>12</b> |
| <b>Frequently Asked Questions for Lawful Presence Verification.....</b> | <b>13</b> |
| <b>Formal Partnership Requirements .....</b>                            | <b>15</b> |
| <b>License Fee.....</b>   | <b>16</b> |
| <b>Staff Profile Form .....</b>   | <b>17</b> |
| <b>Application Checklist .....</b>                                      | <b>18</b> |

## Instructions for Completing License Application

1. Child Care Learning Center: A Child Care Learning Center is defined as providing group care, for pay, without transfer of legal custody, for seven (7) or more children.
2. License or Commission: Check either License or Commission.
3. Commission: A certificate conferring authority to perform various acts or duties. Applicants are required to complete the same process whether they are seeking a license or commission.
4. Applicant Information: The applicant information defines the person or entity that has legal ownership of the business. This information will be the same for owner/applicant throughout the application.
5. Individual: Complete this section if one person owns all the assets of the business and is solely liable for all debts of the business.
6. General or Limited Partnership: Complete this section if two or more people own the business.
7. Partnership: A voluntary contract between two or more persons to carry on a business for profit as co-owners. Refer to the Formal Partnership Requirements document.
8. Corporation or LLC: Complete this section if a corporation owns the business. The name of the corporation will be shown as applicant.
9. Mailing Address: The mailing address is the same as the principal mailing address of the corporation. This information must be consistent with documents filed with the Secretary of State's Office. The Certificate of Incorporation, Articles of Incorporation, and the By-Laws must also be attached to the application.
10. Unincorporated Association: Complete this section if an association such as a community association or parent association owns the business.
11. Association: An association indicates a collection or organization of persons who have joined together for a certain or common purpose. The name of the association and the primary mailing address will be shown as the applicant.
12. Limited Partnership: Complete this section if a Limited Liability Partnership (LLP) or Limited Liability Company (LLC) owns the business. The name of the LLP/LLC will be shown as applicant. The Certificate of Organization and the Articles of Organization are also required to be attached to the application. The applicant information listed for the LLP/LLC must be consistent with documents filed with the Secretary of State's Office.
13. Name of Center: Write the name of the center exactly as you want it to appear on the license/commission. Show the complete address where the center will be located, including the county and zip code. Effective May 7, 2009, all applicants are required to furnish DECAL with e-mail contact information so that the agency may contact the center and send information via e-mail. Please be sure to list the e-mail address accurately in this section. See Rule #591-1-1-.16(g) in the Rules for Child Care Learning Centers.
14. Type of Ownership: Check the one that applies to your center. Remember to attach supporting documentation depending on the type of ownership.
15. Person Legally Responsible and Official Address for all Communication: This information is the same for an individual owner as shown on the Application under the Personnel Responsible Tab. For facilities owned by a corporation/LLC, this would be the Chief Executive Officer (CEO) or Board Chairman.

16. Name and Address of Agent for Service for Facility: This section is to be completed only for corporations, Limited Liability Partnerships, and Limited Liability Companies. The agent's name and address must be consistent with documents filed with the Secretary of State's Office.
17. Miscellaneous Information: (A) Provide specific information about any exempt programs operated by you in Georgia. (B) If you do not own the building where the business is to be located, provide the name and complete address of the landlord. You are also required to attach a copy of the signed Lease Agreement with the application. (C) Be specific on the proposed months of operation (January-December), the proposed days of operation (Monday-Friday), and the proposed hours of operation (6:30 a.m.-7:00 p.m.). (D) Be specific and show the actual ages of the children you propose to serve (6 weeks-12 years). (E) Check all the services you propose to provide. \*Attach the required copies of the Floor Plan, the Site Plan, the Operation Plan, and the completed checklists, as well as a self-addressed, stamped envelope to the application.
18. Owner(s) of Center: This information should be consistent with the Applicant Information. If owned by an individual, the individual owner will sign on this line. If owned by a corporation, partnership, Government, or unincorporated association, that name should be listed on the application.
19. Board Chairman/President: This information should be consistent with, Person Legally Responsible, and should be a signature - not a printed name.



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

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

License Number \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Owner \_\_\_\_\_

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

\_\_\_\_\_ *[printed name of person]*

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

- 1 ) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**
- 2 ) \_\_\_\_\_ I am a legal permanent resident of the United States, 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**
- 3 ) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a legible front and back copy of secure and verifiable document from the list below that includes your alien number.**

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

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

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Georgia law, O.C.G.A. Sec. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Completed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant Printed Name of Applicant

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

Contact Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20**

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires: \_\_\_\_\_

# Frequently Asked Questions for Lawful Presence Verification

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

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

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

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

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

## 3. What is an Affirmation for Lawful Presence Verification?

Completing an Affirmation is the process of confirming whether or not the owner previously submitted the documents and was verified as a U.S. citizen by DECAL. Owners who have previously been verified as a U.S. citizens are required to complete the Affirmation at [www.decalkoala.com](http://www.decalkoala.com) annually as part of the license fee payment process.

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

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

## 5. What qualifies as a “secure and verifiable document”?

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

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

A list of acceptable documents can be found below.

## 6. Am I required to send an original document of one of the “secure and verifiable documents” on the Attorney General’s list?

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

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

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

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

Do not submit the FAQs, instructions or list of secure and verifiable documents. These were sent to assist you and are not part of the Affidavit.

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

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

**9. Can the Lawful Presence Verification form be notarized by a notary outside of Georgia?**

Yes. The notary will list the appropriate state in the space provided.

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

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

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

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

Contact [ccsaffidavit@decals.ga.gov](mailto:ccsaffidavit@decals.ga.gov) for assistance with the Affidavit or Affirmation for Verification of Lawful Presence.

# Formal Partnership Requirements



## Formal Partnership Requirements

1. A license can only be issued to one individual and cannot be shared.
  - For example, if John Smith and Susan Jones apply for a Child Care Learning Center license to operate ABC Day Care, we can only grant a license to John Smith OR Susan Jones to operate ABC Day Care at a specific location. If Mr. Smith elects to be the license holder, the license would be held by John Smith d/b/a ABC Day Care. He would be listed as an individual owner.
2. If two individuals wish to apply for a license as a partnership, the applicant(s) will be required to provide the Department with a Partnership Agreement. A Partnership Agreement is a legal document. Partnerships do not have to register with the Georgia Secretary of State, but they are required to have a partnership agreement, business name and Employer ID Number. A partnership agreement would include a business name. The license could then be granted to the partnership.
  - For example, John Smith and Susan Jones form Smith Jones Partnership. Smith Jones Partnership wants to open a child care learning center called ABC Day Care. We could issue a license to Smith Jones Partnership d/b/a ABC Day Care if Smith Jones Partnership includes a copy of their partnership agreement with the application. Partnerships would not be required to have a registered agent.
3. A partnership agreement does not have to be done by an attorney. There are free forms online. If the partnership is the last name of the partners, the department can accept anything they choose to draw up. However, if they are using a fictitious name for the partnership name, they need to register that fictitious name as a trade name. They would need to provide us with proof that this has been done.
  - Using the examples from last time: John Smith and Susan Jones form Smith Jones Partnership. In order for us to grant a license to Smith Jones Partnership, all we need to see is a document with the title "Partnership Agreement" that is signed by Mr. Smith and Ms. Jones. They could write it themselves.
  - However, if John Smith and Susan Jones form Kid Care Partnership, we can only grant a license to Kid Care Partnership if we have 1) a document with the title "Partnership Agreement" signed by Mr. Smith and Ms. Jones (it can be written by Mr. Smith and Ms. Jones), and 2) proof that Mr. Jones or Ms. Smith registered the trade name Kid Care Partnership with the state of GA. This is done by completing a filing with the appropriate county superior court clerk and paying a fee. If we receive an application from Kid Care Partnership, we would respond by asking for the partnership agreement and proof of registration of the trade name.

## License Fees

The Georgia Legislature passed House Bill 1055, which requires annual fees for applications for licensure or commission as a Child Care Learning Center. Under that law, the license fee must be submitted before DECAL will issue a program's official license.

Specifically, the license fee must be paid after the Initial Licensing Study has been conducted and within 30 calendar days of the Permission to Operate being issued. **Failure to pay the license fee required under law will result in revocation of that license to operate the child care center.** License fees are non-refundable.

The following fees apply, based on a facility's anticipated capacity:

| Facility Capacity      | Fee Amount | Late Fee Amount |
|------------------------|------------|-----------------|
| Fewer than 25 children | \$50.00    | \$25.00         |
| 26 to 50 children      | \$100.00   | \$50.00         |
| 51 to 100 children     | \$150.00   | \$75.00         |
| 101 to 200 children    | \$200.00   | \$100.00        |
| 201 or more children   | \$250.00   | \$125.00        |

Payments can be made online through [www.decalkoala.com](http://www.decalkoala.com) once a KOALA account is set up, or by mailing a money order or certified check, payable to Bright from the Start: Georgia Department of Early Care and Learning to:

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





# Initial License Study Staff Profile Form

NAME OF CENTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DIRECTOR \_\_\_\_\_ TOTAL # STAFF \_\_\_\_\_

DAYS/HOURS OF OPERATION \_\_\_\_\_

| PERSONAL DATA                 |               |              |               | INFORAMTION ON FILE?<br><i>Place Check in These Columns</i> |         |       |                          |                          | QUALIFICATIONS<br><i>Check If Met (Columns 1-3) Explain in Columns (4-5)</i> |                                       |                    |  | TRAINING/DRIVER INFORAMTION                                    |             |                    |  |
|-------------------------------|---------------|--------------|---------------|---|---------|-------|--------------------------|--------------------------|--|---------------------------------------|--------------------|--|--|-------------|--------------------|--|
| Name<br>(First and Last Name) | Date<br>Hired | Job<br>Title | Birth<br>Date | SSN   | Address | Phone | 10Yr.<br>Work<br>History | Completed<br>Orientation | CRC  | Not on<br>Sex<br>Offender<br>Registry | Work<br>Experience | Degree<br>Type/<br>Area/Date<br>Earned | 40-hour<br>Director's<br>Training<br>(NA if not<br>applicable) | CPR<br>Date | 1st<br>Aid<br>Date | Driver's<br>License<br>Number/<br>Class/<br>Expiration<br>Date |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |
|                               |               |              |               |   |         |       |                          |                          |  |                                       |                    |  |  |             |                    |  |

Office Use Only

Consultant Signature: \_\_\_\_\_ Date \_\_\_\_\_

revised 08/01/2023

# Application Checklist

Applicant's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

**Include each of the following in your completed online application.**

| Owner/Applicant Information    |   |
|--------------------------------|---|
|                                | EIN or SSN  |
|                                | Affidavit & Verifiable Identification (copy of front and back)  |
|                                | Comprehensive Record Check Acknowledgement  |
|                                | Completion of the Child Care Learning Center (CCLC) Licensure Orientation Meeting (LOM) and copy of the certificate (dated within the last 24 months).  |
|                                | Active and Compliance registration status with the Secretary of State <a href="https://sos.ga.gov/">https://sos.ga.gov/</a>   |
|                                | <p>Corporation/LLC Documentation:</p> <ul style="list-style-type: none"> <li>If the ownership of your facility is under a Corporation (Inc.), you will need to upload and submit the following documentation: certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable.</li> <li>If the ownership of your facility is under a Limited Liability Company (LLC), you will need to upload and submit the following documentation: Operating agreements, when applicable.</li> <li>If the ownership is a partnership include the partnership agreement, when applicable.</li> </ul> <p><b>Also, for corporations, all information listed on the application regarding your corporation should match the information listed with the Secretary of State. This can be verified at <a href="https://sos.ga.gov/">https://sos.ga.gov/</a></b></p> |
| Center or Facility Information |   |
|                                | Proof of building ownership or lease agreement  |
|                                | Homeowner Association Letter (if applicable)  |
|                                | Floor Plan(s) and Checklist   |
|                                | Site Plan and Checklist   |
|                                | Operation Plan Checklist  |
|                                | Fingerprint Results visible in KOALA for Director and staff   |
|                                | <b>*NOTE: ALL staff must have comprehensive satisfactory criminal records check completed prior to the Initial Licensing Study (ILS)</b>  |
|                                | Completed Staff Profile Sheet   |
|                                | Copy of Lead Teacher Credentials (TCC, CDA, AA, BA, Diploma Transcripts, Professional Learning Plan, etc.)  |
|                                | Copy of CPR and First Aid for staff   |
|                                | Copy of Director Credentials (TCC, CDA, AA, BA, Diploma Transcripts, etc.), 40 Hour Director Training, CPR and First Aid, and 10-Year Work History.   |
|                                | Completed vehicle inspection, vehicle registration, insurance card, director and bus staff transportation training (This is only required if the facility will offer transportation service).   |
|                                | Documentation of Food Service Permit and Caterer's Permit (If using an outside source to cater your meals) (If applicable)  |
| Approvals                      |   |
|                                | Copy of Zoning Approval from agency with jurisdiction or letter stating no zoning required (Must be dated within the past 12 months)  |
|                                | Fire Inspection (dated within past 12 months)   |
|                                | Building Inspector's Report <u>or</u> Certificate of Occupancy <u>or</u> Letter stating you have met the building codes for your city or county <u>or</u> Letter stating that your city or county does not have building codes.   |
|                                | Confirmation of city/county water/sewer (copy of bill)  |
|                                | Confirmation of septic or well (Environmental Health Letter) (only if applicable)   |

# Comprehensive Record Checks

Comprehensive Record Check Guidelines..... 20

## Comprehensive Record Check Guidelines

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires comprehensive satisfactory criminal records checks on Directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or Director of a child care facility. As part of the comprehensive background check process required to obtain a valid license, the Director and all employees must also receive a satisfactory comprehensive fingerprint criminal record check clearance from DECAL within the preceding twelve months. The background check must be conducted through DECAL.

Get instructions and forms at <https://www.dec.state.ga.us/CCS/CriminalRecordsCheck.aspx>

Who must have a background check and be fingerprinted?

- Director of licensed facilities
- Any Director of a licensed facility who becomes a Director of another licensed facility must be re-fingerprinted if it has been more than (12) twelve months since the last satisfactory fingerprint check results. If the fingerprint records check determination was processed less than (12) twelve months earlier, a copy of current results must be submitted for verification.
- All employees of a licensed facility

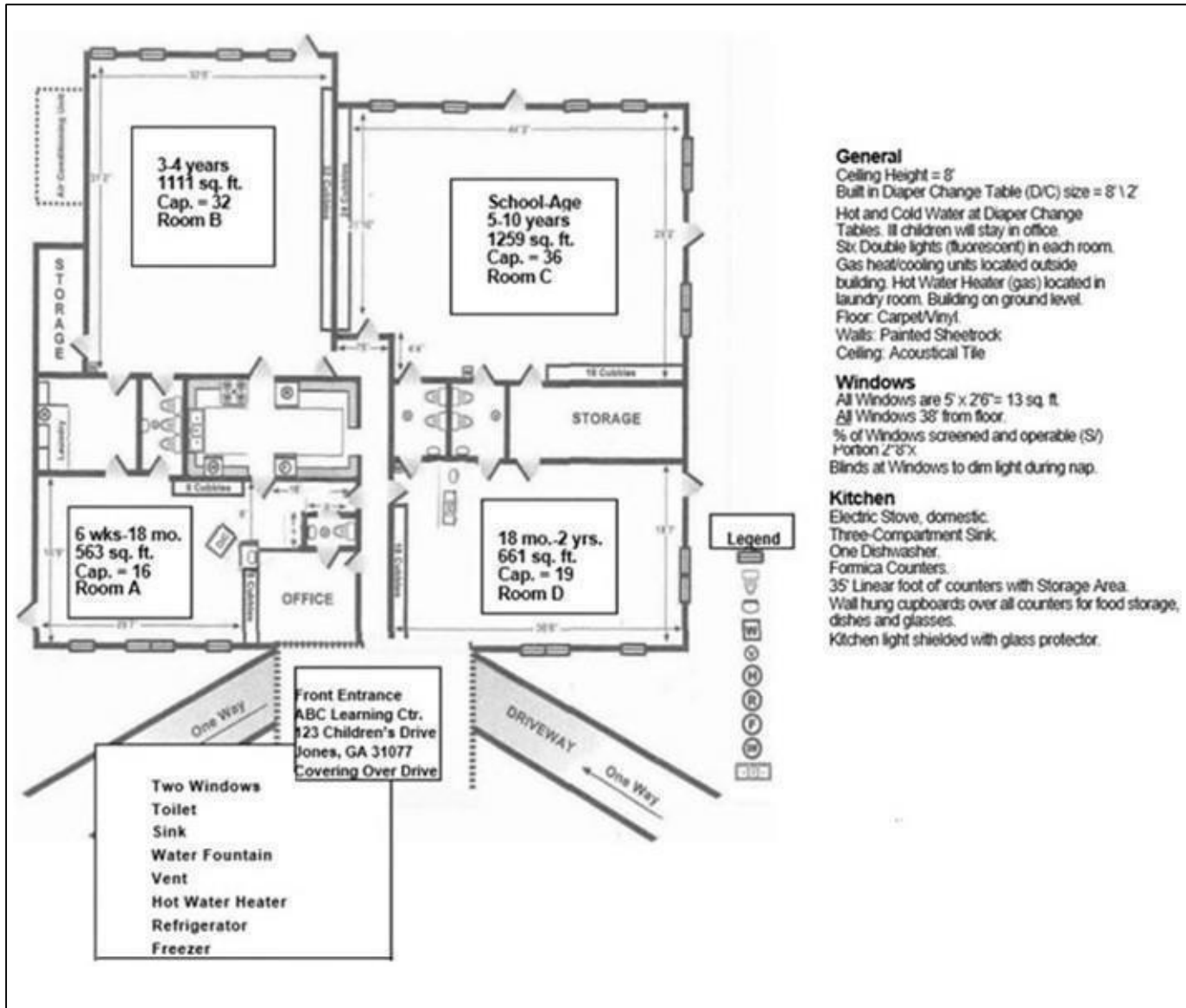
Director is defined as the chief administrative or executive officer of a facility. This person is responsible for the daily on-premises supervision, operation and maintenance of the facility. Georgia law requires that a criminal records check clearance for an employee or Director be on file before the person begins employment. This clearance must be on file for the Director before the center can be initially licensed.

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

# Physical Plant Requirements

|  |    |
|--|----|
| Sample Floor Plan.....                                 | 22 |
| Licensed Capacity Requirements.....                    | 23 |
| Example.....   | 24 |
| Window Space Requirements.....                         | 25 |
| Staff: Child Ratios.....                               | 26 |
| Mixed-Age Groups For Child Care Learning Centers ..... | 27 |
| Diaper Changing Areas.....                             | 28 |
| Storage Space/Bathrooms .....                          | 29 |
| Kitchen/Laundry/Building Safety and Repair.....        | 31 |
| Floor Plan Checklist .....                             | 33 |

# Sample Floor Plan



## Licensed Capacity Requirements

Licensed Capacity Requirements are designed to ensure that the indoor environment provides adequate space for growth and development through exploration, freedom of movement, etc. According to the American Academy of Pediatrics, crowding reduces the ability to control the spread of infection, and has a negative effect on children's activities and state of mind. Inadequate space can lead to aggressive, destructive, unfocused behavior.

To determine the licensed capacity of each child care room:

- Measure the length and width of a room from inside wall to inside wall. (Use the conversion chart below to convert inches to decimals.)

To determine the square footage of each room and the total licensed capacity of the center:

- Multiply the length times the width to get the total square footage of the room/area.
- Space occupied by closets, door inserts, bathrooms and wall protrusions will not be counted to determine the licensed capacity of a room. These areas will be deducted from the total square footage of the room to get a measurement of usable floor space.
- Show the measurements of these areas on your floor plan.

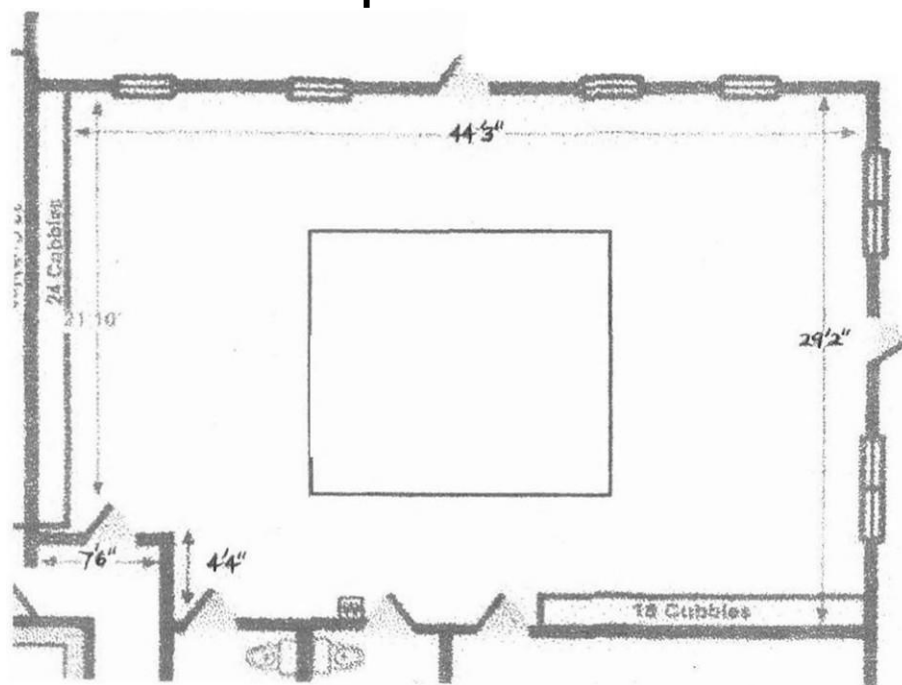
To determine the capacity of the room divide the useable floor space by 35 square feet.

- Express the figure as a whole number by rounding decimals of .50 and above up, and those of .49 and below down.
- After measuring all rooms used by children, add the capacity of each room together to get the total licensed capacity for the center.
- Kitchens, bathrooms, closets, halls, storage areas or rooms, offices, rooms designated for staff use and other single use areas shall be excluded in determining usable space.

### **CONVERSION TABLE (inches to decimals)**

|                     |                      |
|---------------------|----------------------|
| <b>1 INCH=.08</b>   | <b>7 INCHES=.58</b>  |
| <b>2 INCHES=.17</b> | <b>8 INCHES=.67</b>  |
| <b>3 INCHES=.25</b> | <b>9 INCHES=.75</b>  |
| <b>4 INCHES=.33</b> | <b>10 INCHES=.83</b> |
| <b>5 INCHES=.42</b> | <b>11 INCHES=.92</b> |
| <b>6 INCHES=.50</b> |                      |

## Example



### ROOMSPACE

29'2" X 44'3"

29'2"

(2"=.17) (3"=.25)

29.17 X 44.25=1290.7 (ROUND UP)=1291 SQUARE FEET

(217)(3.25)

### LESS THE ENTRANCE PROTRUSION:

Less the entrance protrusion:

7'6" X 4'4"

7'6" x 4

(6"=.50) (4"=.33)

7.50 X 4.33=32.4 (ROUND DOWN)=32

(6=.50) (4=.33)

1291

-32

1259 SQ. FT.

1259 DIVIDED BY 35=35.9 (ROUND UP)=36 CHILDREN

### WINDOWS



# Window Space Requirements

## For Centers With No Central Heat and Air

The requirements in this section apply only to facilities that do not have a central air conditioning unit or individual room air conditioners.

The window space in each child care room is determined in the following way:

- When central heat and air is not provided, total window space per room must be 5% of the useable floor space.
- Multiply useable floor space by .05 to determine required window space.
- At least 50% of required window space must be screened and operable.
- To determine the total square footage of the window space, multiply the length of the window times (X) the width of the window.
- Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

## For Centers With No Vent Fans Over The Diapering Surfaces

The requirements in this section apply only to facilities that do not have a vent fan over the diapering surfaces.

- Operable window space must equal 2.5% of the useable floor space.
  - For example, a room in a center that has 1,259 square feet of usable floor space and will house diapered children with no vented exhaust fan present must have [1,259 X 2.5%] 31 square feet of screened and operable window space.
- To measure screened and operable window space:
  - Open the window to the maximum opening position.
  - Measure the screened open area.
  - For example, 2'2" X 2'0"=4.3 (round down) = 4 square feet of screened and operable space for the window.
- Based on that calculation, if the room needs 31 square feet of screened and operable space, then you would need [31 ÷ 4] 8 screened and operable windows.
- Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

## Staff: Child Ratios

| Child Care Learning Center<br>Rule #591-1-1-.32(1) |          |            |
|--|----------|------------|
| AGE  | # ADULTS | # CHILDREN |
| Birth to 18 months<br>(Not walking)                | 1        | 6          |
| One (1) year olds<br>(Walking)                     | 1        | 8          |
| Two (2) year olds                                  | 1        | 10         |
| Three (3) year olds                                | 1        | 15         |
| Four (4) year olds                                 | 1        | 18         |
| Five (5) year olds                                 | 1        | 20         |
| Six (6) year olds                                  | 1        | 25         |

## Mixed-Age Groups For Child Care Learning Centers

In mixed-age groups, the required staff: child ratios shall be based on the age of the youngest group of children that makes up more than twenty percent (20%) of the total number of children in the mixed-age group.

Children may be combined in mixed-age groups as follows:

### **For Centers with a licensed capacity of 19 or more children:**

Infants and children younger than three (3) years of age cannot be mixed with children three (3) years of age and older except as set forth below:

- During the first hour of the center's operation and the last hour of operation, infants and children younger than three (3) years may be grouped with older children as long as staff: child ratios and group size are met based on the age of the youngest child in the group.
- Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the agreement of the older child's parent(s) and is developmentally appropriate for the child.

### **For Centers with a licensed capacity of 18 or fewer children:**

Children of different ages may be mixed together in one room as long as the following staff: child ratio requirements are met:

- The age of the youngest child present under three (3) years of age shall determine the staff: child ratio for the group in which the child(ren) under three (3) years of age are cared for.
- Where all of the children in any group are three (3) years of age or older, the age of the majority of the children in the group shall determine the staff: child ratio.

## Diaper Changing Areas

The diaper changing surface must:

- be located in child care rooms.
- be non-porous and easily cleaned.
- be large enough to contain the child being diapered.
- have guards (straps) or rails on sides to protect the child from falling. However, those children who sleep in their cribs may be changed in them.

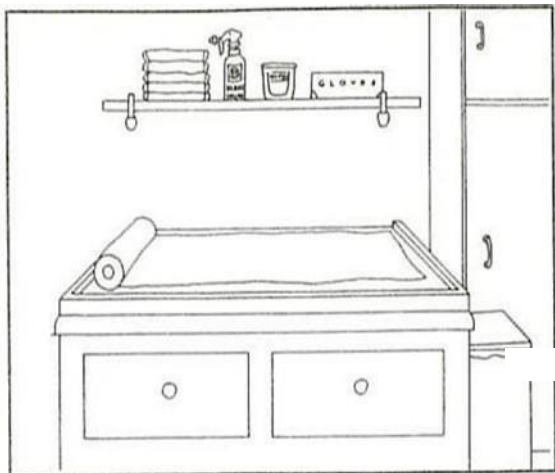
The diaper changing area must:

- provide for caregivers to wash their hands with liquid soap and warm running water immediately before and after each diaper change.
- have lavatories with hot and cold running water adjacent to the diapering area. This means that the sink should be within arm's reach of the staff who is attending the child on the diapering surface.
- have liquid soap and paper towels, single-use cloths, and storage for disinfectants to keep them inaccessible to children.
- have a closed container for diaper disposal. This container must latch or be inaccessible to children who are housed in the classroom.
- have ventilation. This can be provided by a functioning exhaust fan or by the required amount of screened/operable windows.

**Note:** Position diaper changing tables so that staff members can see the entire classroom as they diaper. This will enable staff to supervise all of the children during diapering activities. If diapering tables do not face the classroom, a written supervision plan for extra staff will be required. Diaper changing tables must be within arm's reach of the diapering sink.

# DIAPERING PROCEDURES

## STEP 1



### Prepare for Diapering Before Bringing Child to the Table

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

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

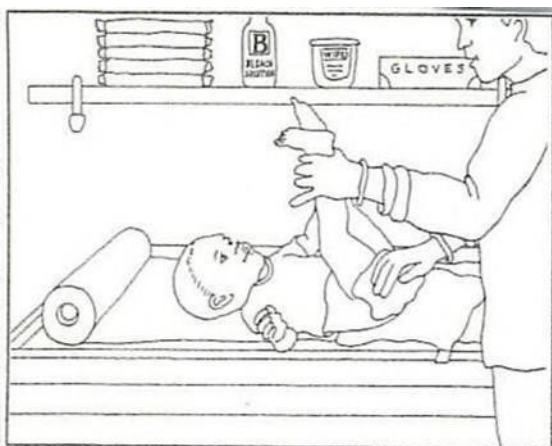
## STEP 2



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

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

## STEP 3

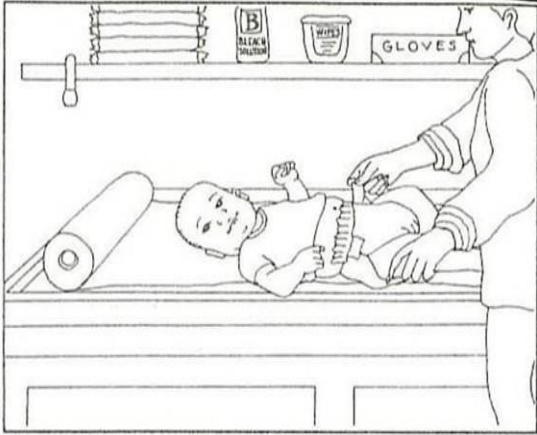


### Clean the Child's Diaper Area

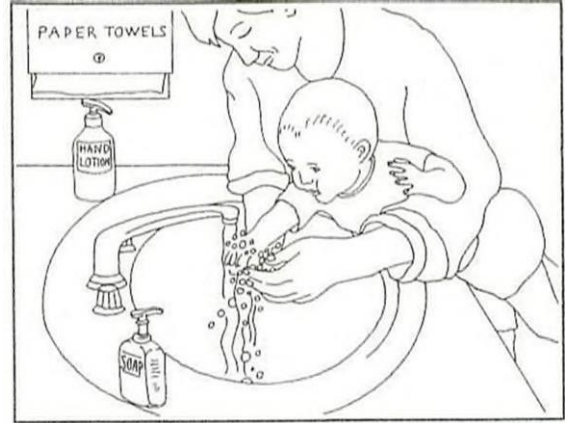
- Use wipe to clean child's bottom from front to back.
- Use a wipe to remove soil from adult's hands.
- Use another wipe to remove soil from child's hands.
- Throw soiled wipes into lined, hands-free trash container.

## STEP 4

### Put on a Clean Diaper and Wash Child's Hands



- Put on a clean diaper and redress child.



Place the child at the sink and wash hands following the proper hand washing procedure.

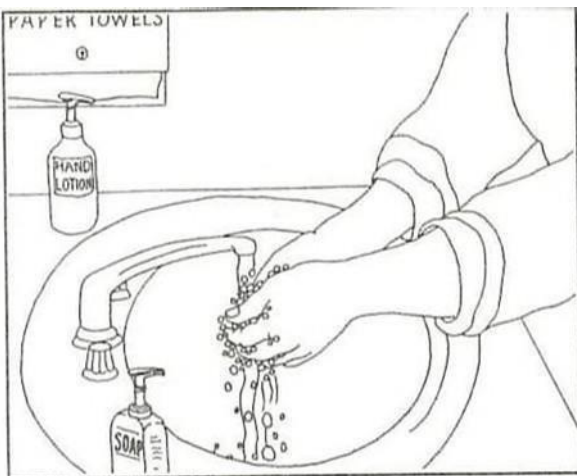
## STEP 5



### Clean and Disinfect the Diapering Area

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

## STEP 6



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

- Adult washes hands using the proper handwashing procedure without contaminating any other surfaces.

### **Additional precautions**

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

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

# Storage Space/Bathrooms

## Children's Storage

- Play equipment requiring little adult supervision must be on low open shelves in the classroom.
- Individual storage spaces for children's personal belongings (i.e., coats, bookbags, etc.) must be accessible (within reach) of children (1 year of age and older). Storage spaces should be large enough to accommodate the size of the child's belongings.
- Diaper bags must be stored out of reach of children and should be accessible to the diaper changing area.
- Sleeping equipment (i.e., mats, cots) can be stored in the classroom, but must be stored to prevent children's access and to allow maximum use of the play space.

## Teachers' Supplies

- Teachers' supplies must be kept out of reach of the children. (Examples: Teachers' purses, White-out, adult scissors, staplers, bulletin board pins, aerosol cans, etc.)

## Hazardous Items

- First aid supplies, cleaning supplies, tools, and medicines must be kept out of reach of the children in a locked area (cabinets, closets, etc.).

## Bathrooms

- Bathrooms must be fully enclosed.
- Bathrooms must have proper ventilation either through a screened and operable window or a functioning exhaust fan.
- Installed toilets or lavatories of adult height that will be used by children in any room of the facility must have steps or a platform.
- The building should be designed to allow for supervision of children during toileting. Bathrooms must be in or adjacent to classrooms for children 2 years of age. This means a shared wall or immediately across from the classroom door with a direct line of sight.
- For children 3 years of age and older, bathrooms must be no more than 40 feet from the classroom door.
- A written supervision plan must be on file whenever bathrooms are not located in the classrooms.
- Toilet facilities for four-year-old and older children must be screened for privacy (for example: partitions or dividers between toilets).
- Supplies should be within children's reach (i.e., tissue should be within the child's reach when seated on the toilet, and liquid soap and paper towels should be within the child's reach at the sink).
  - The use of a stool or platform is permissible for the child to reach the sink and all supplies.
- Refer to your copy of the Child Care Learning Center rule book for the required number of sinks/toilets.
- Note that all applications received after December 22, 2009, are required to meet revised Rule 591-1-1-.06(1) for the correct number of toilets.
- Two potty chairs are no longer allowed as a substitute for an additional toilet.

# Kitchen/Laundry/Building Safety and Repair

## Kitchens

If you plan to use non-disposable eating and drinking utensils, kitchens must have proper dishwashing facilities.

- This includes either a three-compartment sink, or a two-compartment sink with a dishwasher that meets sanitizing criteria.
- An approved dishwasher must have a sani-cycle, or the dishwasher must maintain rinse water at a temperature of 150 degrees Fahrenheit or higher.

If you have difficulty locating a suitable dishwasher, you may consider installing a booster water heater, a separate hot water heater, or using an approved sanitizing agent.

- The refrigerator temperature must be 40 degrees or lower, and the freezer temperature must be 0 degrees.
- Areas for food preparation must be non-porous, easily cleaned, and free of unsealed cracks or seams.
- Areas for storage of food, eating utensils, and cookware must be provided.
- If your facility plans to serve catered food, the caterer must have a Food Service Permit and a current inspection report and provide you with current copies of both documents to maintain in your records.

Children cannot pass through kitchens or laundry areas to reach other parts of the facility or the playground.

## Laundry

- Must be separate from child care areas.
- Must contain covered storage for soiled linens.
- Children cannot pass through kitchens or laundry areas to reach other parts of the facility or the playground.

## Building Safety And Repair

- Walls, floors, and ceilings should not have holes, cracks or tears, chipping paint, peeling wallpaper, or sharp edges.
- Carpeting and vinyl must be pulled tightly, and the seams secured to avoid any hazards, such as tripping.
- Screens, guards, or other types of barriers must protect any type of heating or cooling equipment accessible to children. Screens should not get hot to the touch.
- It is important to develop a system of keeping the building in good repair.



## Floor Plan Checklist

### For Child Care Learning Centers (CCLCs) with 7 or more children

|                            |
|----------------------------|
| Applicant(s) Name(s) _____ |
| Contact Person _____       |
| Address _____              |
| Telephone Number(s) _____  |
| Facility Name _____        |
| Address _____              |
| Telephone Number(s) _____  |
| County _____               |

#### Instructions:

When preparing a drawing of your floor plan, be certain that all items are shown on your plans and/or in the appropriate section of the checklist.

- Submit a copy of a building floor plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8<sup>1</sup>/<sub>2</sub>" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. An evaluated copy will be returned to you.
- Submit a copy of this completed Floor Plan Checklist.
- Applicant Services Unit will use the checklist to evaluate the plan using this key:
  - M - Met
  - NM - Not Met
  - NA - Not Applicable
  - D - Discussion
  - ? - Question/Further clarification needed
  - CCLC = Rules and Regulations for Child Care Learning Centers

# Floor Plan Checklist

| Office Use Only | Office Use Only | Office Use Only | <ul style="list-style-type: none"> <li>• Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing.</li> <li>• Answer questions noted on each item.</li> <li>• Do not skip any item on this checklist. Write N/A if it does not apply.</li> </ul>   |
|-----------------|-----------------|-----------------|---|
| Review Date     | Review Date     | Review Date     |   |
|                 |                 |                 | 1. ☐ Label each child care room with a letter and specify the age group to be housed in each room. (i.e., Room A- 6 weeks to 12 months) Please draw the entrance to the facility. (Account for all ages that will be served)  |
|                 |                 |                 | 2. Are there any partial walls (those not floor to ceiling)? _____ Yes _____ No<br>☐ If yes, please draw partial walls with a broken line (-----). Give dimensions (height and length) of these walls. Write N/A if there are no partial walls.   |
|                 |                 |                 | 3. ☐ Draw the location of all doors (interior and exterior).  |
|                 |                 |                 | 4. ☐ Draw in the measurements of each child care room. Calculate and show the total square footage in each room. Measurements are determined baseboard to baseboard.<br>☐ Measurements must also be shown for deductions in the room such as restrooms, closets, wall partition(s), wall inserts, heaters with protective barriers, etc.). Use the directions in the Applicant’s Guide. (Example: 16’2” x 9’7” = 155 sq. ft.) CCLC #591-1-1-.19(1)  |
|                 |                 |                 | 5. Are there any parts of the building or residence that will not be used for the child care program? _____ Yes _____ No<br>☐ If yes, explain the use of the other areas and draw in on your plan. Child Care Learning Centers attached to a private residence should show child care room(s) in relation to the private residence.<br>☐ Church or school centers should show child care rooms in relation to other rooms within the building and in relation to other buildings/offices on the grounds. If none, write N/A.                          |
|                 |                 |                 | 6. ☐ Draw the location of each bathroom in relation to the child care areas. The rules require that children’s bathrooms be adjacent to the child care rooms. ☐ Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom, i.e., door is in classroom). Note: Bathrooms for children aged 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or <b>less</b> from classroom door. |
|                 |                 |                 | 7. Are bathrooms fully enclosed? _____ Yes _____ No<br>NOTE: Bathrooms must be fully enclosed (i.e., no partial walls and no half doors).   |
|                 |                 |                 | 8. Will the program operate in a private residence? Yes No  |

# Floor Plan Checklist

| Office Use Only | Office Use Only | Office Use Only | <ul style="list-style-type: none"> <li>• Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing.</li> <li>• Answer questions noted on each item</li> <li>• Do not skip any item on this checklist. Write N/A if it does not apply.</li> </ul>   |
|-----------------|-----------------|-----------------|--|
|                 |                 |                 | <p>9. ☐ Draw the location of each bathroom in relation to the child care areas. The rules require that children’s bathrooms be adjacent to the child care rooms.<br/>☐ Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom- i.e., door is in classroom). Note: Bathrooms for children aged 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or <b>less</b> from classroom door.</p> |
|                 |                 |                 | <p>10. Do the sinks for children have warm, running water? _____ Yes ___ No</p>  |
|                 |                 |                 | <p>11. Are the toilets and sinks child-sized? _____ Yes _____ No<br/>If not, explain your plan to make them accessible to children. (Example: stools/platforms)</p>  |
|                 |                 |                 | <p>12. If you <b>do not</b> have central heat and air, draw the location of all windows.<br/>☐ Give the measurements for the screened area of the window. If you do have central heat/air, write N/A.</p>  |
|                 |                 |                 | <p>13. Are there any windows with glass 24” or less from the floor? _____ Yes ___ No</p>   |
|                 |                 |                 | <p>14. Are there any full-length glass doors in the building? _____ Yes _____ No<br/>If yes, do those windows/doors have an etching/label indicating they are “tempered/safety glass”? _____ Yes _____ No<br/>☐ If not, indicate the method used to provide a protective barrier over the windows/doors. (Example: plastic lattice, Plexiglas)</p>   |
|                 |                 |                 | <p>15. ☐ Draw the location of the hot water heater(s).<br/>If accessible to children, describe the barrier that will be used. (Example: In a latched closet, or cabinet with a latch)</p>  |
|                 |                 |                 | <p>16. ☐ Draw the location of laundry areas. If accessible to children, describe the barrier that will be used. (Example: Latch/ lock on door)<br/>If no laundry area is on site, describe your plan for laundry.)</p>   |
|                 |                 |                 | <p>17. ☐ Draw the location of the diaper changing area in each room housing children 2 years of age and younger. Regulations state that children’s diapers or disposable pull-ups may be changed in their own crib, or on a non-porous diapering surface with guards or rails.<br/>☐ Describe which surface you will use and indicate what type of safety barrier you will have to prevent falls.</p> <p>Note: It is recommended that diapering tables be positioned so that staff can see the classroom while diapering.</p>                                    |

# Floor Plan Checklist

| Office Use Only | Office Use Only | Office Use Only | <ul style="list-style-type: none"> <li>• Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing.</li> <li>• Answer questions noted on each item</li> <li>• Do not skip any item on this checklist. Write N/A if it does not apply.</li> </ul>  |
|-----------------|-----------------|-----------------|---|
|                 |                 |                 | 18. Do your diaper changing tables face a wall? _____Yes ____No<br>☐ If yes, please provide a written supervision plan which requires additional staff to be present in the classroom during diaper changing activities.  |
|                 |                 |                 | 19. A sink is required next to each diapering area for hand washing.<br>☐ Draw the location of the diapering sink on the plan. The diapering sink must be in the classroom and not inside the bathroom.   |
|                 |                 |                 | 20. Do the diapering sinks have running heated water? _____Yes ____No   |
|                 |                 |                 | 21. Are the diapering sinks with arm’s reach from the diapering surface?<br>____Yes ____No  |
|                 |                 |                 | 22. Are there any child care areas situated in a basement? _____Yes ____No  |
|                 |                 |                 | 23. ☐ Draw the location of the kitchen and label the kitchen sink and all major appliances. (Example: Stove, microwave, refrigerator).  |
|                 |                 |                 | 24. What method of dishwashing will you use? (check one)<br>_____Triple basin sink<br>_____Two basin sink and dishwasher with Sani-cycle or capability of maintaining a rinse water temperature of 150 degrees Fahrenheit<br>_____Two basin sink and use of all disposable service items for children’s use, such as dishes, cups/glasses, utensils   |
|                 |                 |                 | 25. Are any ceiling heights less than 7 feet? _____Yes ____No<br>☐ If yes, specify which rooms and indicate the height.   |
|                 |                 |                 | 26. What type of heating system (i.e., central, space heater, or floor furnace) is used?<br>If floor furnace or space heater, please show on plan where are units located.<br>☐ Describe the barriers that will be used to prohibit the children’s accessibility<br>(Barriers should not get hot to the touch.)   |
|                 |                 |                 | 27. Regulations require ventilation in diapering rooms, bathrooms, and kitchen. This can be provided by functioning exhaust fans and a duct system, or by operable, screened windows.<br>☐ Describe below the type of ventilation to be provided in each area.<br>☐ If windows are used in the diapering areas, please give the number of windows and measurements of the operable, screened portion of each window. (Example: 3 windows @ 24” x 22” each)<br>1. Diaper rooms: Exhaust fan or windows?<br>2. Bathrooms: Exhaust fan or windows? |

# Floor Plan Checklist

| Office Use Only | Office Use Only | Office Use Only | <ul style="list-style-type: none"> <li>• Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing.</li> <li>• Answer questions noted on each item</li> <li>• Do not skip any item on this checklist. Write N/A if it does not apply.</li> </ul>   |
|-----------------|-----------------|-----------------|--|
|                 |                 |                 | 28. Do you have any water fountains in the building? _____ Yes _____ No<br><input type="checkbox"/> If yes, list the manufacturer’s name and the model # of the water fountains below.<br><input type="checkbox"/> If no, please describe how you will offer water to children. Example: water pitcher and disposable cups.  |
|                 |                 |                 | 29. What type of cooling system (i.e., central, window unit) is used?<br><input type="checkbox"/> If window unit or fans, please draw on plans where these are located.<br><input type="checkbox"/> Describe the barriers that will be used to prohibit the children’s accessibility.<br>Note: Children should not be able to touch control knobs.   |
|                 |                 |                 | 30. <input type="checkbox"/> Describe the type of materials used for:<br>A. Floors (Example: Carpet/tile)  |
|                 |                 |                 | 31. <input type="checkbox"/> Describe the individual storage areas/cubbies for each child’s possessions and draw their location in each room.<br>Children’s individual storage for outer garments and personal possessions must be within children’s reach.<br>Diaper bags must be stored out of children’s reach.<br>The number of storage bins/cubbies must match the capacity of each room. |
|                 |                 |                 | 32. Where will you store hazardous/bulk/seasonal supplies?<br>They must be inaccessible to children in a locked or latched storage area.<br><input type="checkbox"/> Draw on the floor plan if in the building.  |
|                 |                 |                 | 33. <input type="checkbox"/> Describe below your plan for food service Example: Cooking done on-site, parent provided, catered).   |
|                 |                 |                 | 34. If food is provided by a source other than the center, the food must come from a facility with a food service permit and current food inspection score.<br><input type="checkbox"/> Give the name of the food service facility.  |
|                 |                 |                 | 35. What type of counter surface, such as Formica, stainless steel, etc., will be used for food preparation?   |
|                 |                 |                 | 36. Where will supplies of food be stored?<br><input type="checkbox"/> Draw on plan - shelves or pantry  |
|                 |                 |                 | 37. Where will food service equipment, such as pots and pans, be stored?   |
|                 |                 |                 | 38. <input type="checkbox"/> Describe type of protective shield or guard on kitchen lights and stove hood light(s) that prevents glass from falling into food if a bulb breaks.  |

| Office Use Only | Office Use Only | Office Use Only | <ul style="list-style-type: none"> <li>• Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing.</li> <li>• Answer questions noted on each item</li> <li>• Do not skip any item on this checklist. Write N/A if it does not apply.</li> </ul>  |
|-----------------|-----------------|-----------------|---|
|                 |                 |                 | 39. Indicate the source of water supply: _____ County _____ City<br>Note: If not on city or county water, applicants are required to submit written approval from county health department officials with their application. If county officials will not give written approval, follow their instructions to obtain approval from the agency with jurisdiction over the well, such as the Environmental Protection Agency or Division. |
|                 |                 |                 | 40. Indicate the source of sewage disposal: _____ County _____ City _____ Septic Tank<br><input type="checkbox"/> If a septic tank is used, applicants must submit written approval from the local county health department officials with their application.<br><input type="checkbox"/> Ask the health official to document the number of children the septic tank will accommodate.  |

**PLEASE DO NOT WRITE BELOW THIS LINE**

**OFFICE USE ONLY:**

Approval is based on submission of written materials; final approval will be based on the on-site inspection.

FLOOR PLAN APPROVED

FLOOR PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

FLOOR PLAN NOT APPROVED- Address all items marked “NM” or “?” and return revised plan with this ORIGINAL checklist for review.

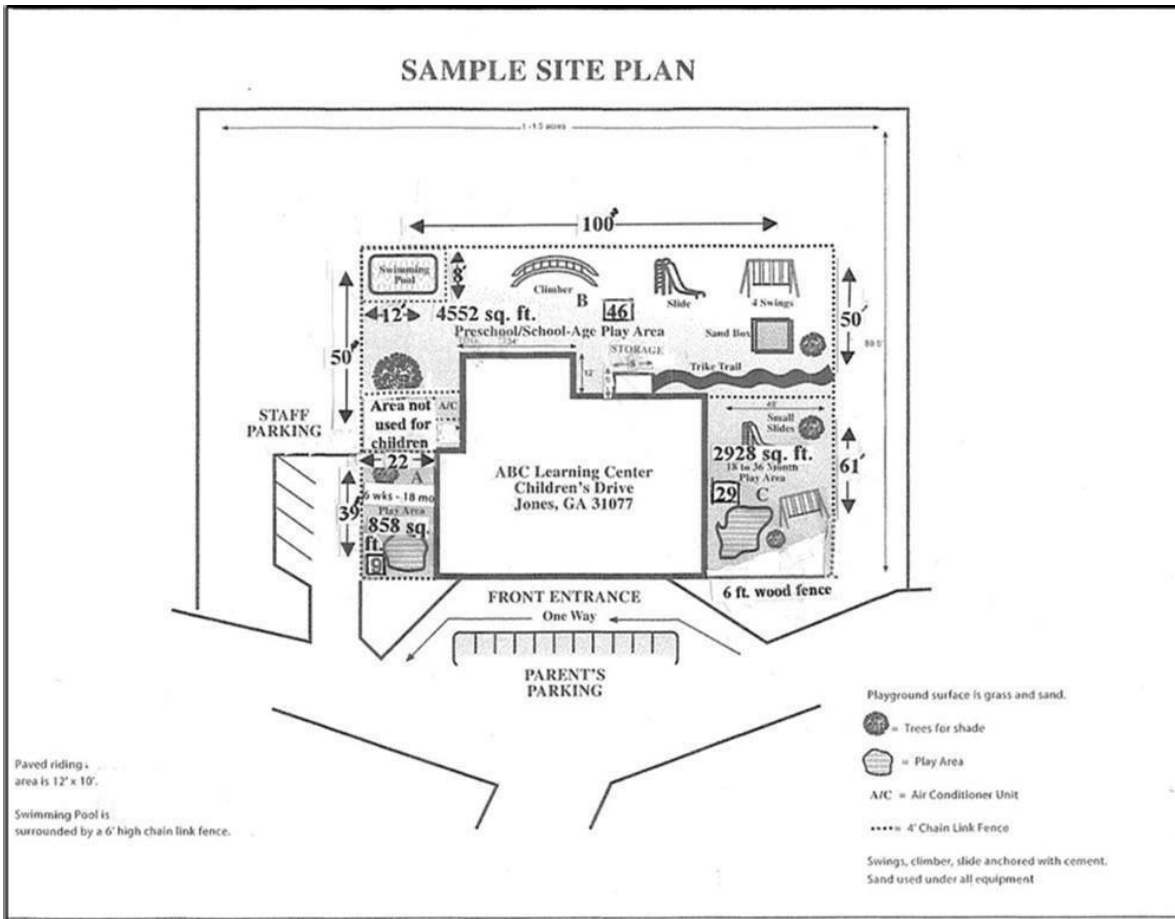
**COMMENTS:**

|                     |       |             |       |
|---------------------|-------|-------------|-------|
| <b>REVIEWED BY:</b> | _____ | <b>DATE</b> | _____ |
| <b>REVIEWED BY:</b> | _____ | <b>DATE</b> | _____ |
| <b>REVIEWED BY:</b> | _____ | <b>DATE</b> | _____ |

# Site Requirements

|  |    |
|--|----|
| Sample Site Plan .....                 | 40 |
| Playground Area Rules.....             | 41 |
| Playground Size .....                  | 42 |
| Ground Covering .....                  | 43 |
| Fencing.....                           | 44 |
| Play Equipment and Surfaces .....      | 45 |
| Fall Zones.....                        | 46 |
| Resilient Surfacing.....               | 47 |
| Playground Maintenance Checklist ..... | 48 |
| Site Plan Checklist.....               | 50 |

# Sample Site Plan





## **Playground Area Rules**

The playground, just like the interior space, has specific requirements. The first requirement is that it should be adjacent to the facility (indicate location on your site plan). If not, a safe route to the playground must be approved by Bright from the Start: Georgia Department of Early Care and Learning. Children should not cross driveways or parking lots to reach their playground. Children less than 3 years of age may not pass through the rooms of older children to reach the playground. Children 3 years of age and older may not pass through younger children's rooms to reach the playground. The entrance to the center cannot be through the playground unless that passageway is fenced separately from the playground space.

# Playground Size

Here are rules for calculating useable playground space:

- Child care learning centers are required to have 100 square feet of usable play space per child for each group using the play area at any one time.
- Child care learning centers with a capacity of 19 or more children must have enough playground space to accommodate at least 1/3 of the center's total licensed capacity.
- Child care learning centers with a capacity of 7 to 18 children must have enough playground space to accommodate the facility's total licensed capacity at one time.
- Document the exact dimensions of the playground in feet and inches on your plans.
- To obtain the square footage, multiply the length times the width of the playground. To determine the capacity, divide the total square footage by 100.
- If the playground is not uniformly shaped (i.e., square or rectangular), please measure it in segments.
- Remember to deduct any areas that subtract from useable space such as areas for storage buildings, swimming pools, and heating or cooling units.
- If the playground is divided into individual sections to accommodate individual age groups, each fenced area must comply with the rules.

**Note:** Please consider supervision when designing outdoor play areas. Children are not visible, and cannot be adequately supervised, on a playground that has hidden areas or on one that wraps around a portion of the building.

## Ground Covering

- Choose from a variety of surfaces such as grass, wood chips, sand, etc.
- Hard surfaces, such as pavement or gravel, cannot exceed  $\frac{1}{4}$  of the total outside surface. Therefore, your playground may not be constructed over concrete or asphalt without first removing this hard surface.
- The playground area must not contain any hazards, such as, but not limited to:
  - Uneven turf
  - Briars/thorny plants
  - Holes
  - Mushrooms
  - Exposed tree roots
  - Active ant beds
  - Rocks

## Shade

- Shade may be provided by:
  - Trees
  - Equipment with shade coverings
  - Man-made structures (i.e., gazebos/canopies)
- Shade provided by your building cannot be the only source.
- Shade must be provided within each individually fenced area.

## Fencing

- Provide at least a 4-foot-high fence around the play area.
- Fencing material must be non-hazardous, without any protruding metal or wires. The following are approved fencing materials, if they are at least 4 feet tall:
  - Chain Link (with closed, bent wire - no sharp points exposed along the top or the bottom)
  - Wooden (no gaps between boards, no splinters, no nail points or protruding nail heads)
  - PVC/plastic picket fence (gaps between pickets must be less than 3 1/2 inches)
  - Wrought Iron (gaps between rails must be less than 3 1/2 inches)
- Materials **not** approved: Barbed wire, chicken wire, farm wire (rectangular openings), lattice (plastic or wood)
- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.
- Any bolts used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.
- Bolts and screws protruding from the playground entrance gate or from divider fences could present a hazard to children on either side.
- Any barrier other than fencing must be approved by the Department.
- The location of the gas meter and/or the heating and cooling equipment must be indicated on the site plan.
- The type of barrier/fence used to prevent children from coming into contact with this equipment must also be noted on the site plan.

**NOTE:** If barriers (i.e., landscape timbers, PVC pipe perimeters) are used on the playground to contain loose fill materials like sand/mulch, do not install the barriers close to the fence line as the height of the barrier would reduce the overall height of the fence. This can also create a gap (between the fence and the barrier) where children's feet can slip causing a potential injury.

## Play Equipment and Surfaces

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

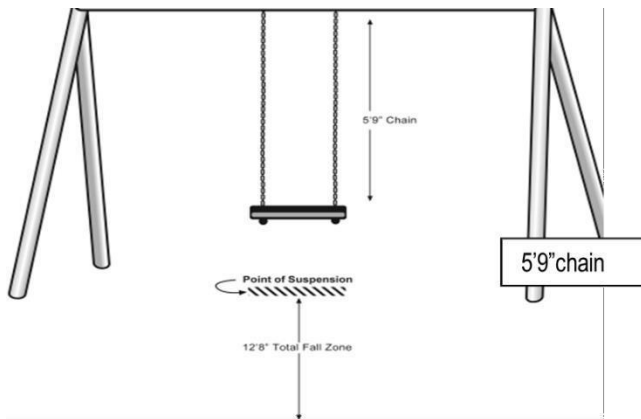
## Fall Zones

- Use zones (also called “fall zones”) should surround equipment by six feet on all sides in general.

### Fall Zones-Swings

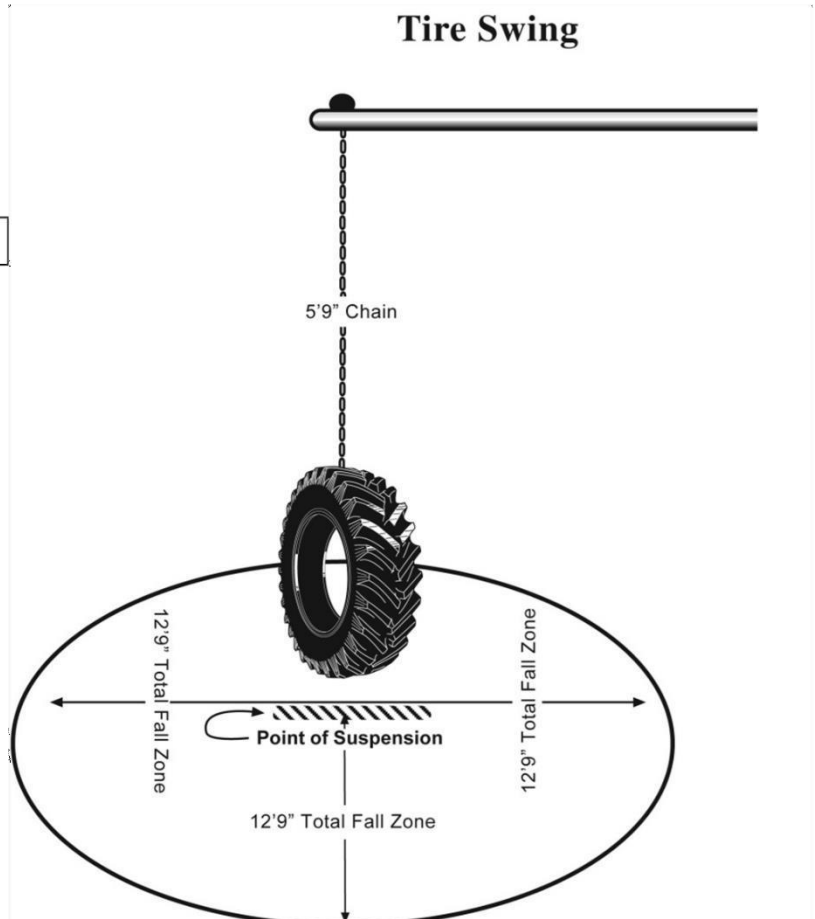
- For swings, measure the height to the top of the swing bar; the use zone in front and behind swings will be two times that height (a seven (7) foot tall swing would have fourteen (14) foot use zone in front AND behind the swings).
- Use zones of stationary equipment may overlap if the equipment is six (6) feet apart and 30 inches high or less. If more than 30 inches high, overlap is allowed only if equipment is nine (9) feet apart.
- Slides greater than six (6) feet high require an exit use zone equal to their height up to eight (8) feet.
- For more information, please see the U.S. Consumer Product Safety Commission Public Playground Safety Handbook (Publication #325, November 2010) available at [www.cpsc.gov](http://www.cpsc.gov)

## Fall Zones



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

### Tire Swing

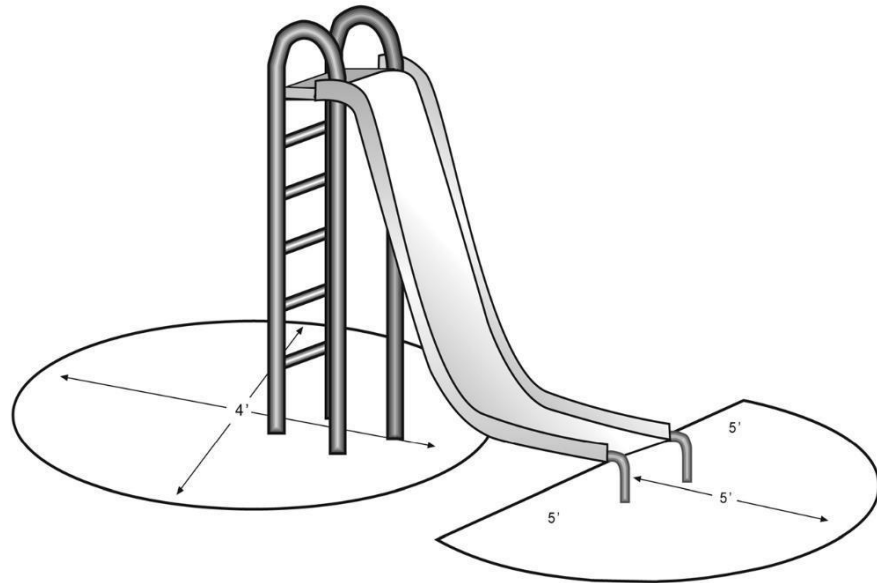


### Entrapping Equipment

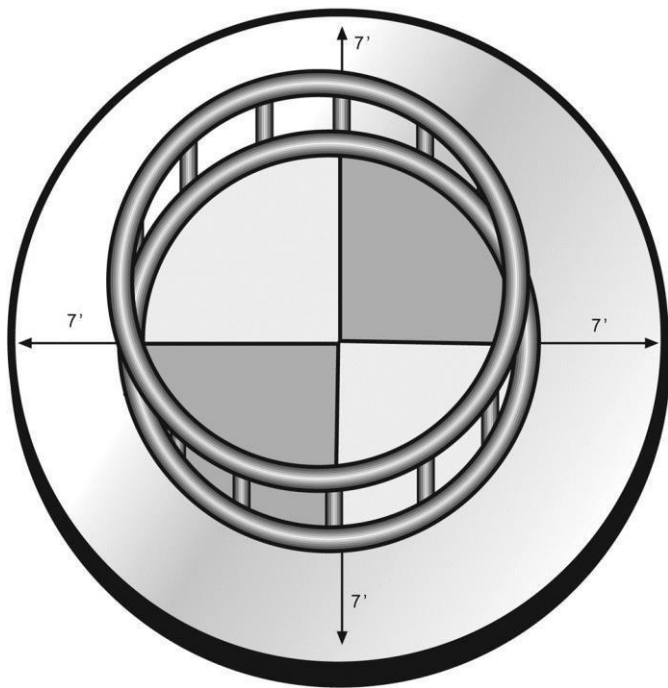
A component or group of components on play equipment that forms angles or openings that could entrap a child's head by being, (1) too small to allow the child to withdraw head easily, and (2) placed so that the child would be unable to support weight by means other than head or neck.

# Slide and Revolving Devices Fall Zone

## Fall Zones - Slides



## Fall Zones - Revolving Devices



## Resilient Surface

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

## Playground Maintenance Checklist

| Office Use Only | Office Use Only          | Office Use Only          | <b>Instructions:</b><br><ul style="list-style-type: none"> <li>· <b>Check the entire playground at least once each week.</b></li> <li>· <b>Train all personnel to be alert to playground hazards and report them promptly.</b></li> <li>· <b>Avoid the use of hazardous equipment until repaired.</b></li> </ul>  |
|-----------------|--------------------------|--------------------------|---|
| Date Checked    | Repair or Removal Needed | Date Repaired or Removed |   |
|                 |                          |                          | Are there at least six to ten inches of deep resilient ground cover (sand, pea gravel, wood chips, etc.) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?   |
|                 |                          |                          | Is the entire outside play area free of hazard, such as: <ul style="list-style-type: none"> <li>• Poisonous plants</li> <li>• Glass</li> <li>• Trip hazards</li> <li>• Uneven turf</li> <li>• Exposed bricks/cinder blocks</li> <li>• Exposed concrete edges</li> <li>• Open grating</li> <li>• Slippery areas</li> <li>• Dead tree limbs</li> <li>• Briars/thorny plants</li> <li>• Exposed tree roots/rocks</li> <li>• Accessible sharp fence wire</li> <li>• Accessible woods</li> <li>• Inadequate clearance between equipment</li> <li>• Poor drainage areas</li> <li>• Ants/Bees/Spiders</li> </ul> |
|                 |                          |                          | Are there openings that could trap a child's head? (Gaps should be less than 3 1/2 inches or greater than 9 inches.)  |
|                 |                          |                          | Are timbers rotting, splitting, termite infested, excessively worn, or splintering?   |
|                 |                          |                          | Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)   |
|                 |                          |                          | Are there protrusions on any equipment that can catch clothing?   |
|                 |                          |                          | Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?  |
|                 |                          |                          | Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?   |
|                 |                          |                          | Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?   |



## Playground Maintenance Checklist

| Office Use Only | Office Use Only          | Office Use Only          | <b>Instructions:</b><br><ul style="list-style-type: none"> <li>· <b>Check the entire playground at least once each week.</b></li> <li>· <b>Train all personnel to be alert to playground hazards and report them promptly.</b></li> </ul>  |
|-----------------|--------------------------|--------------------------|--|
| Date Checked    | Repair or Removal Needed | Date Repaired or Removed |  |
|                 |                          |                          | <p>Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?</p> <p>Are there outdoor equipment hazards such as:</p> <ul style="list-style-type: none"> <li>• Exposed nails/screws/nuts/bolts/pipes</li> <li>• Splintered/deteriorated wood</li> <li>• Open/deformed "S" or "C" hooks/ rings/links, etc.</li> <li>• Crush/pinch points</li> <li>• Areas of entrapment</li> <li>• Unprotected protrusions</li> <li>• Broken/missing steps/rungs/hand</li> <li>• Broken/missing steps/rungs/hand</li> <li>• rails/handles/slides/ladders</li> <li>• Sharp edges</li> <li>• Broken seats/parts/equipment</li> <li>• Obstructions on slides</li> <li>• Equipment off track/unsecured to fulcrum</li> <li>• Frayed/broken ropes</li> <li>• Chipped/peeling paint</li> <li>• Worn swing hangers/chains</li> <li>• Broken supports/anchors</li> <li>• Bars/rungs/handholds stay in place when grasped; don't wobble/turn</li> </ul> |
|                 |                          |                          | <p>Is the fence at least 4 feet high and in good repair? Can gates be secured? Any 4-inch gaps a child could squeeze through? Any sharp wires that could cut or scratch a child?</p>   |
|                 |                          |                          | <p>Do trees, grass, and shrubs need care/trimming?</p>   |

\_\_\_\_\_  
Signature Of Person Conducting the Playground Check

\_\_\_\_\_  
Date

## Site Plan Checklist

**Facility Type: Child Care Learning Center (CCLC) (7 or more children)**

Applicant(s) Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

County \_\_\_\_\_

### Instructions:

When preparing a drawing of your site plan, be certain that all items are shown on your plans and/or in the appropriate section of this checklist.

1. Submit a copy of a site plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8<sup>1</sup>/<sub>2</sub>" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. A copy will be returned to you.
2. Submit a copy of this completed Site Plan Checklist.
3. Applicant Services Unit will use the checklist to evaluate your plan using the following key:
  - **M** – Met
  - **NM** – Not Met
  - **NA** – Not Applicable
  - **D** – Discussion
  - **?** – Question/Further clarification needed

## Site Plan Checklist

| Office Use Only | Office Use Only | Office Use Only | Instructions:<br><ul style="list-style-type: none"> <li>• Please draw/clearly indicate the following information marked with a <input type="checkbox"/> on your floor plan drawing.</li> <li>• Answer questions noted on each item.</li> <li>• Do not skip any item on this checklist. Write N/A if it does not apply.</li> </ul>  |
|-----------------|-----------------|-----------------|--|
| Review Date     | Review Date     | Review Date     |  |
|                 |                 |                 | <input type="checkbox"/> Draw the location of parking for parents and staff. Assure that there is enough to accommodate staff vehicles and the peak arrival and departure times for the safe pick-up and delivery of children.   |
|                 |                 |                 | <input type="checkbox"/> Draw the measurements of each playground and the age range of children that will use each playground. (Ex. 120 feet x 90 feet= 10,800 sq. feet)<br>If more than one playground is planned, show each playground, and designate each with a letter.<br><b>Note:</b> Facilities are not required to have separate play areas for all age groups. Refer to Applicant's Guide for additional information. Give dimensions of any heating/cooling equipment areas on the playground. These should be fenced off from children's access.<br><b>Note:</b> For child care learning centers with a capacity of 19 or more children, the total playground capacity must accommodate at least 1/3 of the center's overall capacity. For child care learning centers with a capacity of 7 to 18 children, the playground capacity must match or exceed the center's overall capacity. |
|                 |                 |                 | Are there any buildings or storage areas on the playground? _____ Yes ___ No<br><input type="checkbox"/> If yes, please draw the location on the plan and give measurements of the building.<br>Are these buildings able to be locked? ___ Yes ___ No<br>Is access blocked both beneath and behind the buildings? _____ Yes ___ No   |
|                 |                 |                 | Is there a swimming pool (in ground or above ground) on site? _____ Yes ___ No<br><input type="checkbox"/> If yes, please draw the location on the plan and describe below the method used to make it inaccessible to children when not in use. (Example: Locked fence)  |
|                 |                 |                 | <input type="checkbox"/> Draw the location of the playground in relationship to the building, and show the route children will use to safely reach the playground from each room. <b>Note:</b> In CCLCs with a capacity of 19 or more children, children less than 3 years old may not pass through older children's rooms to reach the playground, nor may children ages 3 and older pass through the rooms of younger children.  |
|                 |                 |                 | <input type="checkbox"/> Draw the location of the playground equipment (climbers, swings, sandboxes, slides, etc.). A variety of age-appropriate equipment for all children served must be provided.   |
|                 |                 |                 | <input type="checkbox"/> Draw the location of fencing and the gates used to protect children from traffic and other hazards. Rules require the fence to be at least four feet in height. Fence must be constructed with non-hazardous material and must have no gaps between rails or posts that measure larger than 3 1/2 inches.<br>Type of fence? _____<br>Height of fence? _____   |
|                 |                 |                 | Describe the type of ground covering that will be on the completed playground. (Examples: grass & mulch)<br>Is there any concrete or asphalt beneath the grass/ground cover on your playground?<br>_____ Yes ___ No<br><input type="checkbox"/> Draw any paved or concrete surface areas on the plan. Show the measurements of paved or concrete surfaces.<br><b>Note:</b> Rules require hard surface to be limited to no more than 1/4 of the total outdoor play area.  |
|                 |                 |                 | Shade will be provided on each playground by: _____ Shade can be provided by trees, awnings, covered sandboxes, etc.<br>Shade provided by the building cannot be the only shade.   |

|  |  |  |
|--|--|--|
|  |  | <p>State below the type and depth of resilient surface used beneath and in fall zones of swings and climbing equipment (i.e., sand, wood chips).</p> <p><b>Note:</b> The required depth beneath and in the fall zone for equipment less than 5 feet high must be at least 3 inches. For equipment 5 feet and higher, the required depth is at least 6 inches. Barriers may be needed to maintain the proper depth.</p> <p>Refer to the Applicant's Guide for distances required for fall zones, for resilient surface materials, and for depth requirements.</p> <p>Type _____ Depth _____</p> |
|  |  | <p>Climbers and swings must be anchored. Describe below how you will do this, such as concrete footings.</p> <p><b>Note:</b> Anchoring material must be securely covered.</p>  |
|  |  | <p>Is the gas meter and/or heating and cooling equipment located on the playground?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If yes, please indicate the protective barrier to prevent children's access and draw the location of the equipment and barrier on your plan.</p> <p><b>Note:</b> This barrier must be at least 4 feet high.</p>  |
|  |  | <p>Describe your specific plan for keeping the playground safe and the depth of the resilient surfacing material maintained. See Applicant's Guide for information about Playground Maintenance. (Plan for daily maintenance like measuring resilient surface and long-term work like grass cutting, adding resilient surface, painting equipment, etc.)<br/> A sample playground checklist form is found in the resource section.</p>   |

**PLEASE DO NOT WRITE BELOW THIS LINE**

**OFFICE USE ONLY:**  
Approval is based on submission of written materials; final approval will be based on the on-site inspection.

SITE PLAN APPROVED

SITE PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

SITE PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Plans, Policies, Procedures & Checklists

- Definitions.....54
- Guidelines for Creating Policies & Procedures.....55
- Personnel Policies .....57
- Employee Files .....58
- Children’s Files.....59
- Schedules .....60
- Weekly Menu .....61
- Emergency Plans.....62
- Transportation.....63
- Operation Plan Checklist .....64

## Definitions

The Operation Plan covers the day-to-day operation of your center. The following items and documents must be included in the Operation Plan.

Personnel Policies/Handbook: This is the handbook given to your staff and should cover all information in your policies and procedures as well as all requirements for your staff.

Policies and Procedures/Parent Handbook: This covers all information that your parents need to know about the day-to-day operation of the center and should be organized in an easily readable format that parents can turn to for answers about the type of services you will provide.

Schedules: Each classroom is required to have posted a daily schedule of age-appropriate activities that children are involved in at the center.

Menus: Menus are a required posted item and a sample menu for your center must be submitted.

Emergency Plans: Your parental policies and procedures may state that emergency plans have been developed and are posted for parent viewing. You must submit for review your step-by-step plans for each of the emergency situations listed on the operation plan checklist.

Transportation Plan: Written plan required for routine transportation or field trips.

Operation Plan Checklist: Please include your checklist in its entirety when submitting your operation plan materials for review.

Forms: Sample forms have been provided for many of the items required. Any forms that you will be using other than the sample forms provided by DECAL must be submitted for review.

## Guidelines for Creating Policies & Procedures

Use this form for guidance in writing Center Policies and Procedures, which may also be used as your Parent Handbook. To create your Center Policies and Procedures, include the following information plus all items required in the operation plan checklist.

1. Ages of Children Served
2. Months of Operation
3. Days of Operation
4. Hours of Operation
5. Dates center is closed, (i.e., holidays, inclement weather, vacation closing, etc.)
6. Admission requirements, including parental responsibilities for supplying and maintaining accurate required record information and escorting child to and from the center.
7. Standard fees, payment of fees, fees related to absences and vacations, and other charges such as insurance, transportation, etc.
8. Transportation provided, if any, must include procedures to be followed if no one is home or at the designated drop-off site to receive a transported child from school, home pickup/delivery, or special events such as dance lessons, swim lessons, etc. If no transportation is offered, this must be stated in the Center Policies and Parent Handbook so that parents will know.
9. Guidance and discipline techniques must include statement of general philosophy of classroom management, statement of discipline techniques to be used, and statement of disallowed discipline techniques as described in rules and regulations.
10. Handling emergency medical care including place(s) the children will be taken for emergency medical care, identification of the facility's primary medical resource, and method used to transport the child to this location.
11. Description of information required before administering medication and recording noticeable adverse reactions to the medication. Include times medication will be administered, how to obtain and complete the medication form, how long authorization is in effect (i.e., limited to no more than two weeks unless written authorization from the physician), and procedure for delivery and pickup of medication.  
  
Policies and procedures for notifying parents of child's illness, injury, exposure to a notifiable communicable disease; parents' responsibility to inform center of a communicable disease; exclusion of sick child with 101 degrees or higher oral temperature and any other symptom such as diarrhea, sore throat, etc.
12. Exclusion of children with communicable disease as defined in the chart of communicable diseases and their recommendation for re-admission (chart should be posted in the center)
13. Protection of children inside the facility in the event of severe weather and evacuation of the building in the event of fire, gas leak, bomb, and physical plant problems (i.e., describe the steps you will take to protect the children while in the center or on the vehicle. Note: The emergency plans for fire and severe weather should also be posted in the center.
14. Description of any special procedures to be followed in caring for a child, including any special services which the center agrees to provide to a child with special needs.

15. A description of the meals and snacks served; provisions for food provided by parents, and how exceptions, such as for allergies, or food from home, will be handled; description of food service.
16. Written parental authorization for child to participate in field trips, special activities away from the center and water related activities occurring in water that is more than two feet deep, if the center participates in any such activity, and if the center is to provide routine transportation for the child to and from school, home or center, i.e., for field trips written permission of each trip, method of transportation for swimming activities include location, fees if any, equipment needed by children, certification of lifeguard.
17. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment
18. Requirements to report any suspected child abuse, neglect, exploitation, or deprivation to the Department of Family and Children Services
19. Requirements to report any suspected case of notifiable communicable disease to the local county Health Department
20. If infant care is provided, policies and procedures on written feeding plan, which includes parents' instructions for feeding of formula or breast milk, updating of plan, provision of formula/breast milk bottles which are identified with child's name and current date, handling of leftover formula/breast milk, provision of baby food, provision of diapers, use of pacifier.
21. Information on facility's safe sleep policy
22. Details if you want parents to provide articles such as combs, toothbrushes, sheets, covers, change of clothing.
23. Statement to inform parents of posted notices to include the license, copy of rules, review of evaluation report, communicable disease chart, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather and fire, and statement for visitors. If you have no liability insurance coverage for the children, you must post a notice alerting parents of this fact. There is a sample form for this.



## Personnel Policies

The policies listed below are stipulated in the rules and should be included in your personnel policies/ employee handbook. This language can be copied word for word.

Contagious Diseases: Staff, or any other persons being supervised by the staff, shall not be allowed in the center who knowingly have, or present symptoms of a fever or diarrhea.

Smoking: Staff or other persons shall not smoke or use tobacco within the center premises, on the center playgrounds, or in any vehicle being used to transport children during the hours that the center is in operation. (Note: Current Fire Safety laws prohibit smoking on the premises of the child care center.)

Prohibited Substances: Staff, chaperons, and students in training shall not be under the influence of or consume alcohol, marijuana, or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

Assignment of employees: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Work Schedules: Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

Substitute Employees: The center shall provide substitute staff when regular staff are absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary for the proper performance of their job duties in compliance with these rules.

First Aid and CPR: At least fifty percent (50%) of the caregiver staff and the Director shall have current evidence of training in first aid and cardiopulmonary resuscitation (CPR). There must always be an employee with evidence of current First Aid training and CPR on the center premises whenever children are present, on any center-sponsored field trip, and on any center, vehicle transporting children.

## Employee Files

During your Initial Licensing Study, the following items must be in the center Director's file and in each center employee's file.

Application for Employment: There is a sample form for this. If not using the DECAL sample, make sure that **all** information on the sample is included in your application (i.e., questions about CPR and First Aid, information regarding whether the person has ever been investigated or charged with abuse, neglect, etc.). Make sure that **all** questions are answered, and that staff do not leave any blanks.

Ten-Year Work History: There is a sample form for this. This should go back ten years, even if the person has not consistently worked for ten years (i.e., student, homemaker, unemployed). The ten-year history should reflect what the person has been doing for the past ten years. If the person did not work between two jobs, have them write "no work" or "unemployed" so that the entire ten-year period is covered.

Credential/Degree Verification: Effective December 1, 2012, a copy and/or written verification of the credential or degree awarded to Directors and lead teachers (see qualification requirements) must be on file.

Orientation: There is a sample form for this. This covers training prior to being placed in a classroom, and includes information regarding the center's rules, DECAL's rules and regulations, etc. The orientation training form must be signed and dated by the person(s) conducting the orientation as well as by the employee.

CPR and First Aid Verification: Must be geared towards infant/child (not adult only) and must include the date and signature of the instructor. Make sure that trainers are BFTS approved. A copy of this should be placed in each employee's file. **Note:** At least 50% of the caregiver staff are required to have this training at the point of licensure and ongoing. The Director and the person responsible for driving the vehicle are also required to have this training. If the driver does not have training, a certified person is required to be on the vehicle with them at all times.

Comprehensive Background Check (CBC): This is the criminal background and fingerprint check that all employees must undergo and pass. A copy of the satisfactory CBC report letter must be in each employee's file.

Any Additional Training: Sample forms are available to keep track of training. Directors are required to have the approved 40-hour Director's training prior to licensure.

## Children's Files

The following items are to be in each file. Sample forms are provided in your Applicant's Guide. Please check all children's files that were under former ownership for completeness and accuracy. If you are changing enrollment applications over to your facility information, please complete all changes by the date of initial licensing study.

**Note:** Children's files must be maintained for a period of one year after the child is no longer in care at the facility.

1. Enrollment Form: This should be completed prior to the children being left in your care. Make sure that all questions are answered and that no answers are left blank. Ask that parents not use NA. All questions are applicable and should be answered or have NO or NONE, (i.e., allergies).
2. Emergency Medical Authorization: Again, all questions must be answered, with NO answers left blank. The forms must be completed prior to the child being left in your care. Make sure that the Doctor's name and phone number are completed and readable.
3. Parental Agreement: This lists the services that you provide and what both you and the parent agree to. You may want to add information such as receiving, reading, and understanding the parent handbook to the list.
4. Parent Acknowledgement Page: Signed document which indicates that parents have been provided a copy of the facility's policies and procedures, have been encouraged to participate in facility activities, and have been told that they will be advised of their child's progress.
5. Parent Notice of No Liability Insurance: This lets parents know that you do not have liability insurance to protect their child in the event of an injury, etc. If you **do** carry this insurance, you do not need this form in children's files.

### Other forms:

- Incident Report
- Infant Feeding Plan (a copy should also be kept in the child's assigned room)
- Authorization for Medication
- Vehicle Emergency Medical Information (a copy should also be kept on the vehicle)
- Transportation Agreement (a copy should also be kept on the vehicle)
- Field Trip Permission Form

## Schedules

A daily schedule is required by the rules to be posted in each classroom. These schedules should be age-appropriate and individual to each classroom. One schedule is not appropriate for an entire center because children of different ages and abilities will require longer or shorter times for different activities.

Schedules should show all hours of operation, from the time the center opens until the time the center closes. Refer to your application to ensure the schedules match the hours of operation and the ages served.

Schedules are to include indoor and outdoor play; a balance of quiet and active periods; free choice and teacher-directed activities; individual, small group, and large group activities; and cover the seven interest areas—large muscle activities, small muscle/manipulative activities, language and reading, arts and crafts, dramatic play, rhythm and music, and science and nature. Schedules should reflect children's activities—not the caregivers' activities.

Schedules must also show the required amount of outdoor time. The rules require one and one-half hours of outdoor play daily for children ages 1 year and older, and one hour a day for infants.

Schedules must show snacks and meals, reflecting a minimum of 2 hours between each meal and snack.

Schedules for centers that provide care for school-age children must prepare a part-day schedule reflecting children's activities before and/or after school hours, and a full-day schedule will be required.

## Weekly Menu

A weekly menu reflecting the meals and snacks served at the facility is required by the rules to be posted near the front entrance for parent viewing. Substitutions should be posted on the menu as they occur.

Your menu should include clearly identified food and drinks and fulfill required components and creditable food items described in the U.S. Department of Agriculture (USDA) guidelines.

Each meal and snack that is to be served is to be on your weekly menu.

If you are providing evening or night care, those meals and snacks should be reflected as well. Staff must follow the infant feeding plans completed by the parents for children under one year of age. The feeding plan should be updated by the parents each time the child's feeding requirements change.

If your center serves catered food, a copy of the establishment's food service permit, as well as a copy of its most recent inspection report, should be submitted. You will still be required to post a menu which lists the catered food served.

If parents will be providing meals, the center must adhere to the "Criteria for Sack Lunches" memo (see Resource Section of Applicant's Guide). Parents will be required to provide meals which meet USDA requirements, and the center will be required to maintain additional foods on hand to supplement children's meals as needed. The center must also adhere to the food preparation area requirements listed in the rules.

# Emergency Plans

Each facility must have step-by-step procedures stating how emergencies are handled. Each item listed on the Operation Plan Checklist should be written out as a separate plan. When writing your emergency plans, your plans should be specific to your program and to your building.

- Start from the beginning of the emergency and continue until the emergency situation is over
- Make sure plans are step-by-step
- Give staff specific jobs
- Decide where you would go if you had to evacuate the building and grounds
- Ensure that your plans are usable by your staff
- Include reporting the incident to DECAL within 24 hours or the next business day after the incident.

Emergency plans should be developed for the following:

- Fire
- Severe Weather
- Loss of Heating
- Loss of Cooling
- Loss of Water
- Loss of Electricity
- Structural Damage to the Building
- Serious Injury to a Child
- Death of a Child
- Loss of a Child From the Facility
- Loss of a Child From a Field Trip
- Threatening Event
- Natural Disaster

## Transportation

If the center provides transportation, a written transportation plan must be included with the operation plan and be a part of its Policies and Procedures. Also include written procedures for any alternate transportation used, such as contracted transportation.

Types of transportation plans to be included:

- Routine transportation
- Field trip transportation

Each transportation plan must include:

- Name of licensed driver and evidence of current driver's license
- Written transportation agreement with the parent
- List of children to be transported
- Checklist for the accounting of children
- Transportation record
- Vehicle emergency medical information
- Annual vehicle inspection form
- Evidence of First Aid and CPR training for the driver
- Field trip permission form

## Operation Plan Checklist

### Facility Type: Child Care Learning Center (CCLC) serving seven (7) or more children

The Operation Plan Checklist has been created from the rules and regulations for use as a guide in the development of the center's Operation Plan. Sample forms have also been created based on the rules and regulations and are included in the Resource Section of this Applicant's Guide.

If using the sample forms developed by DECAL, indicate this on the checklist by writing SF on the top of the page, rather than sending copies of the sample forms.

Sample forms are provided only for items starred (\*). The center must develop its own forms for items that are not starred and submit a copy for review and approval.

|                           |
|---------------------------|
| Applicant(s) Name _____   |
| Contact Person _____      |
| Address _____             |
| Telephone Number(s) _____ |
| Facility Name _____       |
| Address _____             |
| Telephone Number(s) _____ |
| County _____              |

**Instructions:**

1. If using the sample forms developed by DECAL, indicate this on the checklist by writing SF on the top of the page, rather than sending copies of the sample forms. Only items with a star (\*) have sample forms.
2. If you are not using sample forms developed by DECAL, submit copies of forms and/or documentation to show compliance with each item listed below along with this checklist to the Applicant Services Unit. Keep one copy of the checklist and attachments for your files.
3. Submit a copy of this completed Operation Plan Checklist.
4. All items listed below should be represented on the operation plan, or answered on the checklist, which is attached to your plan. Applicant services Unit will use the checklist to evaluate your plan using the following key:

- **M**      –      Met
- **NM**    –      Not Met
- **NA**    –      Not Applicable
- **D**     –      Discussed
- **?**     –      Question/Further clarification needed



# Forms

|  |           |
|--|-----------|
| <b>Forms &amp; Checklists .....</b>                        | <b>66</b> |
| <b>Staff Forms .....</b>                                   | <b>67</b> |
| <b>Children’s Records.....</b>                             | <b>69</b> |
| <b>Policies and Procedures Manuals .....</b>               | <b>73</b> |
| <b>Policies and Procedures Manuals Checklist.....</b>      | <b>74</b> |
| <b>Staff Policies Handbook.....</b>                        | <b>76</b> |
| <b>Staff Policies Handbook Checklist .....</b>             | <b>77</b> |
| <b>Schedules, Lesson Plans, and Menus.....</b>             | <b>78</b> |
| <b>Schedules, Lesson Plans, and Menus Checklists .....</b> | <b>79</b> |
| <b>Emergency Plans.....</b>                                | <b>80</b> |
| <b>Emergency Plans Checklist.....</b>                      | <b>81</b> |

## Forms & Checklists

This section includes a list of forms and records required for the daily operations of a child care facility and checklists of the required contents.

Sample forms are available in this document and on the DECAL website for use as guides.

If a center does not use the sample forms provided and develops its own form(s), please write SF next to each heading, and include a sample copy for review with the checklist.

For forms the center develops on its own, do not write in the gray boxes and do not send copies of the DECAL sample forms.

## Staff Forms

A record must be established for each center staff person, including the Director. In some cases, the Director will also be the licensee. Submit the forms you will use to capture the required information listed below.

Write SF on the top of the document if you are using the Sample Form from the Applicant Guide for this item. Only items with a star (\*) have sample forms.

| Office Use Only | Office Use Only | Office Use Only | <b>Staff Forms Checklists</b>  |
|-----------------|-----------------|-----------------|--|
| Review Date     | Review Date     | Review Date     |  |
|                 |                 |                 | <b>*Staff Application Form</b>   |
|                 |                 |                 | Must include the following:  |
|                 |                 |                 | Name   |
|                 |                 |                 | Date of Birth  |
|                 |                 |                 | Current address  |
|                 |                 |                 | Current telephone number   |
|                 |                 |                 | Employment History (10 year)   |
|                 |                 |                 | Education (Copies/written verification of credential/degree is required for Directors and lead teachers)   |
|                 |                 |                 | Qualifying work experience (commensurate with position)  |
|                 |                 |                 | Proof that staff members do not have a criminal record. CCLC Rule 591-1-1.09   |
|                 |                 |                 | <p>The following three (3) statements are also required on staff applications:</p> <ol style="list-style-type: none"> <li>1. Staff has never been shown by credible evidence, e.g., a court or jury, a department's investigation, or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.</li> <li>2. Applicant has not made any false statements on the application regarding qualifications. <ul style="list-style-type: none"> <li>• Under the American with Disabilities Act of 1991, all programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews, and actual employment, but only if the program supervisor is made aware that an accommodation is required. If job applicants are disabled and require accommodation, they may request it at any time during the interview process. They are obligated to inform the program Director of their needs if they will impact their ability to perform the job for which they are applying.</li> </ul> </li> <li>3. Applicants have read the description of the position for which they are applying, and they are, in all respects, able to adequately perform the duties as described.</li> </ol> |

Staff Forms (page 2)

| Office Use Only | Office Use Only | Office Use Only |   |
|-----------------|-----------------|-----------------|---|
| Review Date     | Review Date     | Review Date     |   |
|                 |                 |                 | <b>* Staff Daily Attendance Form</b>  |
|                 |                 |                 | Forms for each employee must be kept by the center for a six- month period.   |
|                 |                 |                 | <b>*Orientation Form</b>  |
|                 |                 |                 | Orientation must be conducted with new staff member prior to assignment to children or task. Such instruction shall require new staff member to be generally familiar with the health and safety requirements that are set forth in the specified sections for caring for children. |
|                 |                 |                 | Forms used to document staff orientation must include:  |
|                 |                 |                 | Center policies and procedures  |
|                 |                 |                 | Emergency weather plans   |
|                 |                 |                 | Employee's assigned duties and responsibilities   |
|                 |                 |                 | Reporting requirements for suspected cases of: <ul style="list-style-type: none"> <li>• child abuse, neglect, or deprivation</li> <li>• communicable diseases</li> <li>• serious injuries</li> </ul>  |
|                 |                 |                 | All rules and regulations   |
|                 |                 |                 | Childhood injury control  |
|                 |                 |                 | Rules and procedures for administering medicine   |
|                 |                 |                 | Practices to reduce the risk of Sudden Infant Death Syndrome (SIDS)   |
|                 |                 |                 | Hand washing  |
|                 |                 |                 | Fire safety   |
|                 |                 |                 | Water safety  |
|                 |                 |                 | Prevention of HIV/Aids and blood borne pathogens  |
|                 |                 |                 | Child care training requirements  |
|                 |                 |                 | Signature and date of person conducting orientation   |
|                 |                 |                 | Signature and date of person receiving orientation  |

## Children's Records

A record containing the following information must be maintained for each child enrolled. Submit a sample of your form for approval. It must include the five (5) items listed below, if all are applicable.

During the licensure visit, the organization of records will be evaluated. Forms must be available for parents to complete.

If sample forms from the Applicant's Guide are used, write SF next to each item covered by that form.

| Office Use Only |             |             | <b>Children's Records Checklists</b>   |
|-----------------|-------------|-------------|--|
| Review Date     | Review Date | Review Date |  |
|                 |             |             | <b>*Child Enrollment Form</b>  |
|                 |             |             | The form must include the following:   |
|                 |             |             | Identifying information about the child to include: <ul style="list-style-type: none"> <li>• Name</li> <li>• Date of birth</li> <li>• Gender</li> <li>• Address</li> <li>• Living arrangement, if not with both parents</li> <li>• Name of guardian, if applicable</li> <li>• Name of school</li> </ul>                                |
|                 |             |             | Identifying information about the parents or guardian to include: <ul style="list-style-type: none"> <li>• Names of both parents</li> <li>• Name of guardian, if applicable</li> <li>• Home and work addresses</li> <li>• Home and work telephone numbers</li> </ul>   |
|                 |             |             | Name(s) and information about the person(s) to whom the child may be released. Such information shall contain: <ul style="list-style-type: none"> <li>• The authorized person's address</li> <li>• Telephone numbers</li> <li>• Relationship to child and to parent(s) or guardian</li> <li>• Other identifying information</li> </ul> |
|                 |             |             | Emergency contact information to include: <ul style="list-style-type: none"> <li>• Name and telephone number of person(s) to contact in emergencies when the parent or guardian cannot be reached</li> </ul>   |
|                 |             |             | Evidence of age-appropriate immunizations or a signed affidavit rejecting such immunizations   |
|                 |             |             | Primary care physician's or clinic's name and telephone number   |
|                 |             |             | Statement regarding: <ul style="list-style-type: none"> <li>• Known allergies or other physical problems</li> <li>• Mental health disorders or developmental disabilities which would limit the child's participation in the center's program and activities</li> </ul>  |
|                 |             |             | Description of any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs.   |

Children's Records (page 2)

| Office Use Only | Office Use Only | Office Use Only | <b>*Parental Agreements with Child Care Facility Form</b>   |
|-----------------|-----------------|-----------------|---|
| Review Date     | Review Date     | Review Date     |   |
|                 |                 |                 | Signed agreement between the center and the parent to include:  |
|                 |                 |                 | Description of general services to be provided by the center to the child, including whether the center is providing meals and snacks   |
|                 |                 |                 | Description of the information that will be required from the parent before the center will dispense any medication and the parents' acknowledgment that they will provide all the necessary information  |
|                 |                 |                 | <b>Note:</b> Policies must be implemented which require staff to match identifying information provided by the parents to the person picking up the child.  |
|                 |                 |                 | <b>*Authorization for Medication Form</b>   |
|                 |                 |                 | <p>If center will not dispense routine medication write NA on the form. The information on this form must match the information in the parent handbook. Include the following information:</p> <ul style="list-style-type: none"> <li>• Date</li> <li>• Full name of the child</li> <li>• Name of medication</li> <li>• Prescription number, if any</li> <li>• Dosage</li> <li>• Dates medication is to be given</li> <li>• Time of day medication is to be dispensed</li> <li>• Signature of parent</li> <li>• Verification that medication was dispensed according to the parents' authorization, shall include: <ul style="list-style-type: none"> <li>• Date, time, and amount of medicine given</li> <li>• Adverse reactions noted, if applicable</li> <li>• Signature/initials of persons administering the medication</li> </ul> </li> </ul> |
|                 |                 |                 | <b>*Report of Incident Requiring Professional Medical Attention Form</b>  |
|                 |                 |                 | <p>This form must include:</p> <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Type of illness or injury</li> <li>• Date of illness or injury</li> <li>• Details of how illness or injury occurred</li> <li>• Names of staff present</li> <li>• Method of notifying parent</li> <li>• Services provided to the child</li> </ul>  |
|                 |                 |                 | <b>*Transportation/Field Trip Forms</b>   |
|                 |                 |                 | <p>If transportation is not provided by the center, write NA on the top of this form, and submit plan for emergency transportation. Form must include description of all transportation services provided from this list, include plans if none of the services are provided:</p> <ul style="list-style-type: none"> <li>• Routine (school, home pick-up delivery, etc.)</li> <li>• Field trips</li> <li>• Contractual transportation services</li> <li>• Emergency only</li> <li>• Facility owned/leasing vehicle</li> <li>• Staff members' vehicle</li> <li>• Parents' vehicle</li> <li>• None provided (submit plan for emergency transportation, such as personal vehicle, ambulance/911)</li> </ul>  |

Children's Records (page 3)

| Office Use Only | Office Use Only | Office Use Only |  |
|-----------------|-----------------|-----------------|--|
| Review Date     | Review Date     | Review Date     |  |
|                 |                 |                 | <p align="center"><b>*Transportation Agreement Form</b></p> <p>This form is required if the center will provide routine transportation for the child to or from school, home, or center. It is not required for field trips. The form must specify the following:</p> <ul style="list-style-type: none"> <li>• Routine pick-up location</li> <li>• Routine pick-up time</li> <li>• Routine delivery location</li> <li>• Routine delivery time</li> <li>• Name of any person authorized to receive the child and the procedure to be followed if the authorized person is not present at the drop-off site to receive the child</li> </ul>                                  |
|                 |                 |                 | <p align="center"><b>*Transportation Record Form</b></p> <p>This form must include:</p> <ul style="list-style-type: none"> <li>• A checklist for accounting for the loading and unloading of children at any location</li> <li>• The signature of person conducting the check</li> <li>• Facility's checklist including staff signature and date that the vehicle used for regular transportation is: <ul style="list-style-type: none"> <li>• Clean</li> <li>• Free of hazards</li> <li>• In safe repair</li> <li>• Equipped with a recommended dry chemical, type Ia-10bc fire extinguisher, required first aid supplies, and functioning heater.</li> </ul> </li> </ul> |
|                 |                 |                 | <p align="center"><b>*Vehicle Emergency Medical Information Form</b></p> <p>This form must be placed in the vehicle for each child being transported by the center. For each child it must include:</p> <ul style="list-style-type: none"> <li>• List of the child's allergies, special medical needs, and conditions</li> <li>• Current prescribed medications that the child is required to take daily for a chronic condition</li> <li>• Name and phone number of the child's doctor, the local medical facility that the center uses in the area where the center is located</li> <li>• Telephone numbers where the parents can be reached.</li> </ul>                 |
|                 |                 |                 | <p align="center"><b>*Weekly Transportation Checklist for Accounting of Children Form</b></p> <p>This form must include this information for each child:</p> <ul style="list-style-type: none"> <li>• Names of child transported</li> <li>• Pick up location</li> <li>• Pick up time</li> <li>• Delivery location</li> <li>• Delivery time</li> <li>• Length of time on the vehicle</li> <li>• Alternate delivery location if parent is not at home</li> <li>• Name of person to receive child</li> <li>• Identification of the center's <ul style="list-style-type: none"> <li>• Name</li> <li>• Driver</li> <li>• Telephone</li> </ul> </li> </ul>                       |

Children's Records (page 4)

| Office Use Only | Office Use Only | Office Use Only |  |
|-----------------|-----------------|-----------------|--|
| Review Date     | Review Date     | Review Date     |  |
|                 |                 |                 | <p><b>*Annual Transportation Vehicle Safety Inspection Certification</b></p> <p>You must submit a completed inspection form with your application. This form must include verification of a satisfactory annual safety check of:</p> <ul style="list-style-type: none"> <li>• Tires</li> <li>• Headlights</li> <li>• Horn</li> <li>• Tail suspension</li> <li>• Exhaust system</li> <li>• Steering</li> <li>• Windshield and windshield wipers</li> </ul>  |
|                 |                 |                 | <p><b>*Field Trip Permission Form</b></p> <p>*If field trips are not provided, write NA on this form. If trips are provided, this form must be completed and include:</p> <ul style="list-style-type: none"> <li>• Name/address of the trip destination</li> <li>• Date of the trip</li> <li>• Time of departure</li> <li>• Estimated arrival time back at the center</li> <li>• Parent's signature and date of approval</li> </ul>  |
|                 |                 |                 | <p><b>*Transportation Training</b></p> <p>Child Care Learning Centers that provide any type of transportation shall obtain two (2) clock hours of transportation training, biannually, for the Director and for each staff person responsible for or who participates in the transportation of children. The training shall include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• A review of the transportation rules as stated in 591-1-1-.36</li> <li>• A review of approved transportation forms and procedures</li> <li>• Instruction on the usage and completion of the forms and procedures</li> </ul> |
|                 |                 |                 | <p><b>*Infant Feeding Plan Form</b></p> <p>This form is required for children under the age of 1 and must include:</p> <ul style="list-style-type: none"> <li>• Amount of formula to be given</li> <li>• Instructions for the introduction of solid foods</li> <li>• Amount of food to be given</li> <li>• Notation of any type(s) of commercial premixed formula that may not be used in an emergency because of food allergies</li> <li>• Parent's signature and date</li> </ul>   |
|                 |                 |                 | <p><b>*Safety Drill Information Form</b></p> <p>Center must prepare and provide a copy of a form to be used to document drills for fire, tornado and other emergency situations.</p> <ul style="list-style-type: none"> <li>• Fire drills must be conducted monthly</li> <li>• Tornado and other emergency situation drills must be conducted every six months</li> <li>• Document must show the dates and times of the drills</li> <li>• Document must be kept on file for two years</li> </ul>   |



## **Policies and Procedures Manuals**

This section provides instructions and a checklist for the program's written Policies and Procedures Manual. The Manual will also be the Parent Handbook given to parents during enrollment.

- All information that is included must be specific to your program.
- Please indicate on the checklist the page number (PG) where each item can be found in the Parent Handbook.
- No sample form is available for the Policies and Procedures for Parents section.

## Policies and Procedures Manuals Checklist

Policies and Procedures must be written because they govern the operations of the center. They should match the application for the ages served, and the months, days, and hours of operation. Everything in this checklist table must also be covered in the policy documents available to parents (i.e., Parent Handbook, Policy Manual). The information must be kept current, be available to parents, and show the page number where it is found in the Policy and Procedures Manual. Please indicate on the checklist the page number (PG) where each item can be found in the Parent Handbook.

| Office Use Only | Office Use Only | Office Use Only | Policies and Procedures Required Information  |
|-----------------|-----------------|-----------------|---|
| Review Date     | Review Date     | Review Date     | The information listed below must be included in the center's Policies and Procedures   |
|                 |                 |                 | Ages of children served <b>PG:</b>  |
|                 |                 |                 | Months of operation <b>PG:</b>  |
|                 |                 |                 | Days of operation <b>PG:</b>  |
|                 |                 |                 | Hours/time of operation <b>PG:</b>  |
|                 |                 |                 | Days/times center is closed; including holidays <b>PG:</b>  |
|                 |                 |                 | Description of enrollment and admission requirements specifying parents' responsibilities for: <ul style="list-style-type: none"> <li>• Supplying &amp; updating needed information to the center</li> <li>• Escorting the child to and from the center; <b>PG:</b></li> </ul>  |
|                 |                 |                 | Fee and payment schedule that specifies <ul style="list-style-type: none"> <li>• Standard fees</li> <li>• Fees related to absences and vacations</li> <li>• Other charges and fees, such as transportation and late fees; <b>PG:</b></li> </ul>   |
|                 |                 |                 | Description of the facility's transportation and field trip services. <ul style="list-style-type: none"> <li>• If transportation/field trips are not provided, clearly state in the document what forms of transportation will not be provided at the program</li> <li>• If a public-school bus picks up and delivers to the facility, state it</li> <li>• If transportation is provided to or from school or home, include the details and procedures to be followed if no one is at drop-off site to receive child</li> <li>• If program offers field trips, tell parents what vehicle their child will ride in such as parent cars or center van <b>PG:</b></li> </ul> |
|                 |                 |                 | Description of behavior management and discipline actions used by the center. <b>PG:</b>  |
|                 |                 |                 | Description of meals and snacks served, including guidelines for food brought from the child's home. <b>PG:</b>   |
|                 |                 |                 | Statement granting permission to the child's parents to access all areas in the facility used by the child. <b>PG:</b>  |
|                 |                 |                 | Summary of child abuse reporting law requirements <b>PG:</b>  |
|                 |                 |                 | Nondiscrimination statement <b>PG:</b>  |
|                 |                 |                 | Description of center-sponsored religious/cultural activities if any <b>PG:</b>   |
|                 |                 |                 | Description of facility's safesleep policy <b>PG:</b>   |
|                 |                 |                 | Description of center's diapering procedures if it is licensed for infant/toddler care; write N/A if not applicable <b>PG:</b>  |
|                 |                 |                 | Description of center's toilet training procedures if it is licensed for infant/toddler care; write N/A if not applicable <b>PG:</b>  |

## Policies and Procedures Manuals Checklist

| Office Use Only | Office Use Only | Office Use Only | <b>Policies and Procedures Required Information</b>  |
|-----------------|-----------------|-----------------|--|
| Review Date     | Review Date     | Review Date     | The information listed below must be included in the center's Policies and Procedures.   |
|                 |                 |                 | Description of center's feeding procedures if it is licensed for infant/toddler care; write N/A if not applicable <b>PG:</b>   |
|                 |                 |                 | Description of procedures for handling emergency medical care, including place(s) the children will be taken for emergency medical care <b>PG:</b>   |
|                 |                 |                 | Description of procedures for administering medication and recording noticeable adverse reactions to the medication <b>PG:</b> <ul style="list-style-type: none"> <li>• If the program will not administer routine medication clearly state it will not administer medication.</li> </ul>  |
|                 |                 |                 | Description of procedures for how center will notify parents of: <ul style="list-style-type: none"> <li>• <b>Illness PG:</b> <ul style="list-style-type: none"> <li>• Clearly state that a child shall not be accepted nor allowed to remain at the center if the child has an oral temperature that is the equivalent of 101 degrees or higher and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat</li> </ul> </li> <li>• <b>Injury PG:</b> <ul style="list-style-type: none"> <li>• Include minor injuries that do not require professional medical attention</li> <li>• Include serious injuries that do require professional medical attention)</li> </ul> </li> <li>• Exposure to a notifiable communicable disease, such as chicken pox <b>PG:</b> <ul style="list-style-type: none"> <li>• Explain how and what form of communication center will use to notify parents that their child was exposed <ul style="list-style-type: none"> <li>• Letter</li> <li>• Sign on door</li> </ul> </li> </ul> </li> <li>• Noticeable adverse reactions to prescribed medication(s) <b>PG:</b></li> <li>• Policy on exclusion of sick children <b>PG:</b></li> <li>• Protection of children during emergencies <b>PG:</b> <ul style="list-style-type: none"> <li>• Stating that "emergency plans have been developed and are posted for parent viewing" is acceptable</li> </ul> </li> <li>• Severe weather/tornado <b>PG:</b></li> <li>• Fire <b>PG:</b></li> <li>• Physical plant problems, such as power failure, that affects climate control or causes structural damage <b>PG:</b></li> </ul> |

## **Staff Policies Handbook**

Centers must prepare and provide a complete, organized copy of the Staff Policies Handbook. This section provides descriptions and a checklist of the items that must be included in a center's Staff Handbook.

Additionally, the Handbook can include information about other policies, such as dress code, time-off, and child care rate reductions.

Please indicate on the checklist the page number (PG) where each item can be found in the Staff Handbook.

## Staff Policies Handbook Checklist

The following seven (7) policies are specified by the rules and must be included in the Policies and Procedures Manual and the Staff Handbook so that staff members are aware of them. Other information relevant to staff also can be included. Please indicate on the checklist the page number (PG) where each item can be found in the Staff Handbook.

| Office<br>Use Only | for Office<br>Use Only | for Office<br>Use Only | <b>Staff Policies Handbook Checklist</b>   |
|--------------------|------------------------|------------------------|--|
| Review Date        | Review Date            | Review Date            |  |
|                    |                        |                        | <p style="text-align: center;"><b>Hygiene/ Contagious Diseases</b></p> <p>Staff, or any other persons being supervised by the staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea. <b>PG:</b></p>  |
|                    |                        |                        | <p style="text-align: center;"><b>Tobacco Use/Smoking</b></p> <p>Staff, or other persons, shall not smoke or use tobacco within the center premises on the center playgrounds, or in any vehicle being used to transport children during the hours that the center is in operation. <b>PG:</b></p>   |
|                    |                        |                        | <p style="text-align: center;"><b>Alcohol/Illegal Drugs/Prohibited Substances</b></p> <p>Staff, chaperones, and students in training shall not be under the influence of or consume alcohol, marijuana, or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible. <b>PG:</b></p>   |
|                    |                        |                        | <p style="text-align: center;"><b>Diapering Area Rules/Hygiene Practices</b></p> <p>Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties. <b>PG:</b></p>  |
|                    |                        |                        | <p style="text-align: center;"><b>Staff Work Schedules</b></p> <p>Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period. <b>PG:</b></p>  |
|                    |                        |                        | <p style="text-align: center;"><b>Substitute Staff</b></p> <p>The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to ensure the proper performance of their job duties in compliance with these rules. <b>PG:</b></p> |
|                    |                        |                        | <p style="text-align: center;"><b>Staff First Aid and CPR Training</b></p> <p>At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip. <b>PG:</b></p>  |

## Schedules, Lesson Plans, and Menus

This section covers a program's daily schedule, classroom lesson plans, and menus. The content must be specific to the program. There are sample forms for use as templates. Centers must complete the sample forms to reflect the plans for developmentally appropriate activities, schedules, and menus accurately, and submit them for review and approval.

Daily Schedules: Please provide a daily schedule for each classroom in the facility, including a full-day after-school schedule, a half-day after-school schedule, and an infant schedule. The full day after-school schedule must cover the times children attend the program when they are out of school for holidays and during spring/summer breaks.

Outdoor Play Schedules: Please ensure that outdoor play times allow for each classroom to meet the minimum time required by the rules, without overcrowding the playground. Therefore, programs with limited playground space must ensure that outdoor times are staggered so that the playground capacity is not exceeded by having multiple classrooms outside at the same time.

Lesson Plans: Please provide a sample lesson plan for each age group in the program. This will include a full-day after-school lesson plan, a half-day after-school lesson plan, and an infant lesson plan. If there are multiple classrooms with children of the same ages, please submit one lesson plan for that age group—if each room will be doing the same activities.

Menu: Please use the sample meal planner form provided. Complete and submit it with sample menu of foods to be served for one full week. Be sure to meet all required components for each meal and snack. The submitted sample menu must include the meal times that are indicated in the center's Parent Handbook and on the application , such as breakfast, morning snack, lunch, and afternoon snack.

## Schedules, Lesson Plans, and Menu Checklist

| for Office Use Only | for Office Use Only | for Office Use Only | <b>Schedules, Lesson Plans &amp; Menu Checklist</b>  |
|---------------------|---------------------|---------------------|--|
| Review Date         | Review Date         | Review Date         |  |
|                     |                     |                     | <p align="center"><b>Daily Schedules</b></p> <p>Submit daily schedules for all classrooms and all ages served, beginning when center opens and ending at time center closes. Information must match times listed on Application for opening and closing.</p> <p>They must include:</p>   |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Age-appropriate activities for all hours of operation, from center opening until closing. Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, language experiences, arts and crafts, dramatic play, rhythm and music, and nature and science experiences.</li> </ul>                      |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Required amount of outdoor play:               <ul style="list-style-type: none"> <li>One-and-a-half hours for one year and older.</li> <li>At least one hour for children under one year.</li> </ul> </li> </ul> <p>Ensure that groups rotate appropriately so that playgrounds are not over capacity.</p>   |
|                     |                     |                     | <ul style="list-style-type: none"> <li>At least two hours required between meals and snacks</li> </ul>   |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Part-day/full-day schedules for school age, if applicable.               <ul style="list-style-type: none"> <li>Half-day schedule for after-school</li> <li>Full-day schedule for summer or holidays when children are present all day</li> </ul> </li> </ul>   |
|                     |                     |                     | <p align="center"><b>Lesson Plans</b></p> <p>Submit samples of completed lesson plans for each age group that:</p>   |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development:               <ul style="list-style-type: none"> <li>Physical development (fine &amp; large motor)</li> <li>Emotional and social development</li> <li>Language and literacy development</li> <li>Cognitive development</li> </ul> </li> </ul> |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Show that staff members use a variety of teaching methods to accommodate the needs of children with different learning styles and abilities, such as knobbed puzzles, chunky paint brushes, and diverse types of materials to meet various physical abilities.</li> </ul>   |
|                     |                     |                     | <p align="center"><b>Weekly Menu</b></p> <p>Submit menus that include:</p>   |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Clearly identified, specific food items and drinks, such as apple, orange, or banana—not just “fruit”; vegetable, chicken noodle, or tomato soup—not just “soup.”</li> </ul>  |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Required components and creditable food items, drinks, and quantities described in USDA guidelines. Refer to Applicant Guide and use the meal planner form to meet USDA guidelines, for example meat/protein, bread, milk, and 2 vegetables or 1 fruit and 1 vegetable for lunch.</li> </ul>  |
|                     |                     |                     | <ul style="list-style-type: none"> <li>Morning snack, lunch, afternoon snack, and any other meals or snacks served.</li> </ul>   |

## Emergency Plans

This section covers instructions, content, and checklists for a program's Emergency Plans covering these nine (9) required categories:

- Fire
- Tornado/Severe Weather
- Serious Injury/Death
- Loss of Child
- Bomb Threat
- Chemical or Radiation Exposure
- Presence of Dangerous Person
- Relocation Procedures Following Emergencies
- Communication with Families During Emergencies
- Plans for Continuing Operation Following Emergencies

The plans must be written and specific for the program. No sample forms are available.

Write to them now, train staff with them, and use them as a reference when an emergency happens.

The emergency plans for fire and severe weather must be posted on the parent information board near the entrance to the building. If they are also provided in your Policies and Procedures document, they should be the same.

Please make sure the plans for each area are specific and complete. They should cover the plan from the beginning of the emergency until the end. They should list the responsible parties for each action, for example:

- The Director will pull the fire alarm
- Each lead staff will grab their classroom roster, etc.



## Emergency Plans Checklist

Written plans for emergency situations should be detailed and specific to your center. You will write them now, train your staff with them, and use them as a reference when an emergency happens.

These should include step-by-step procedures to include graphics and written procedures for the following:

| Office<br>Use<br>Only | Office<br>Use<br>Only | Office<br>Use<br>Only | Emergency Plans Checklist   |
|-----------------------|-----------------------|-----------------------|---|
| Review<br>Date        | Review<br>Date        | Review<br>Date        |   |
|                       |                       |                       | <b>Fire and Building Evacuation</b>   |
|                       |                       |                       | <b>Tornado/Severe Weather</b> , including protection inside the building  |
|                       |                       |                       | <b>Physical Plant Problems</b> , including:<br>___ loss of heating<br>___ loss of cooling system<br>___ loss of water<br>___ loss of electricity<br>___ structural damage<br>___ place(s) children may be taken in emergency until parents can be notified, if applicable |
|                       |                       |                       | <b>Child Serious Injury or Death</b>  |
|                       |                       |                       | <b>Loss of Child</b> who wanders away from facility or on field trip  |
|                       |                       |                       | <b>Bomb Threat</b>  |
|                       |                       |                       | <b>Chemical or Radiation Exposure</b>   |
|                       |                       |                       | <b>Dangerous Person</b>   |
|                       |                       |                       | <b>Relocation Procedures Following Emergencies</b> , including<br>___ transporting infants and toddlers<br>___ transporting children with disabilities<br>___ transporting children with chronic medical conditions   |
|                       |                       |                       | <b>Communication with Families During Emergencies</b> , including<br>___ plans to reunite if unable to return to the center   |
|                       |                       |                       | <b>Plans for Continuing Operation Following Emergencies</b> if unable to return to the center for a period of time  |

### OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

Operation Plan approval is based on submission of written materials. Final approval will be based on the on-site inspection.

- PLAN APPROVED  
 PLAN APPROVED WITH THE FOLLOWING STIPULATIONS  
 PLAN NOT APPROVED: Address all items marked NM or ? Return revised plan & applicable forms with this original checklist to the consultant.

COMMENTS:

---



---

REVIEWED BY: \_\_\_\_\_  
 REVIEWED BY: \_\_\_\_\_  
 REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

# Sample Forms

|                                      |     |
|--------------------------------------|-----|
| Sample Forms Directory .....         | 83  |
| Sample Staff Forms.....              | 84  |
| Sample Children’s Record Forms ..... | 93  |
| Sample Food Service Forms .....      | 103 |

# Sample Forms Directory

|   |            |
|---|------------|
| <b>Sample Staff Forms.....</b>                          | <b>84</b>  |
| Staff Application.....                                  | 85         |
| 10-Year Employment History.....                         | 87         |
| Documentation of Center Orientation.....                | 88         |
| Daily Staff Attendance Record.....                      | 89         |
| Professional Learning Plan.....                         | 90         |
| Additional Staff Policies & Procedures.....             | 92         |
| <b>Sample Children’s Record Forms .....</b>             | <b>93</b>  |
| Sample Children’s Enrollment Form .....                 | 94         |
| Emergency Medical Authorization .....                   | 96         |
| Parental Agreement with Child Care Facility .....       | 97         |
| Safe Sleep Practices Policy.....                        | 98         |
| Medication Authorization.....                           | 99         |
| Infant Feeding Plan.....                                | 100        |
| Daily Attendance/ Arrival & Departure Record .....      | 101        |
| Required Report of Incident.....                        | 102        |
| <b>Sample Food Service Forms .....</b>                  | <b>103</b> |
| Food Service Rules.....                                 | 104        |
| Meet My Plate USDA Guidelines .....                     | 105        |
| USDA Infant Meal Patterns .....                         | 106        |
| USDA Child and Adult Meal Patterns .....                | 108        |
| Child and Adult Care Food Program: Best Practices ..... | 110        |
| Weekly Menu Form.....                                   | 112        |
| Manual Dishwashing – Chemical Method.....               | 114        |
| Criteria For Sack Lunches .....                         | 115        |
| Connecting Mealtimes to GELDS .....                     | 116        |
| Reducing the Risk of Choking in Young Children .....    | 118        |
| Meal Pattern Resources .....                            | 122        |

# Sample Staff Forms

|   |    |
|---|----|
| Staff Application .....                     | 85 |
| 10-Year Employment History .....            | 86 |
| 10-Year Employment History .....            | 87 |
| Documentation of Center Orientation .....   | 88 |
| Daily Staff Attendance Record.....          | 89 |
| Professional Learning Plan.....             | 90 |
| Additional Staff Policies & Procedures..... | 92 |

# Staff Application

**(Center Name)**

DATE \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

NAME (FIRST) (MIDDLE) (LAST)

SPOUSE'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

(Circle One)

If you are under age 18, can you submit a work permit if hired?

YES

NO

If you are not a US citizen, do you have a VISA to work in the US?

YES

NO

If yes, what kind of Visa classification do you have?

Visa Registration Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has bond or security clearance ever been denied and/or canceled?

YES

NO

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION (Attach documentation of qualifying education)**

PLACE

DATES

DIPLOMA, CERTIFICATE,  
DEGREE

SECONDARY

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

COLLEGE

OTHER

Experience with groups of children?

YES

NO

If yes, list below. Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST TEN YEARS, BEGINNING WITH YOUR MOST CURRENT OR LAST EMPLOYER. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g. student, housewife, unemployed, etc. If you need addition space please use separate employment record form.

| MONTH/YEAR             | NAME AND ADDRESS OF EMPLOYER | POSITION |
|------------------------|------------------------------|----------|
| FROM _____<br>TO _____ |                              |          |
| FROM _____<br>TO _____ |                              |          |
| FROM _____<br>TO _____ |                              |          |
| FROM _____<br>TO _____ |                              |          |
| FROM _____<br>TO _____ |                              |          |

Have you attended/completed any child care training courses? YES NO  
 Do you have a criminal record? YES NO  
 If yes, explain: \_\_\_\_\_

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? YES NO

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? YES NO  
 If no, please explain. \_\_\_\_\_

Do you have a valid driver's license? YES NO  
 If yes, give license number and class of license: \_\_\_\_\_

Have you had CPR training within the past two years? YES NO  
 If yes, give expiration date: \_\_\_\_\_

Have you had first aid training within the past three years? YES NO  
 If yes, give expiration date: \_\_\_\_\_

Bright from the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? YES NO

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# 10 YEAR EMPLOYMENT HISTORY

Social Security Number

Name

Address

**Record of Employment: Past 10 Years (If unemployed between 2 jobs/dates, write “no work”. Leave no gaps.)**

| Month/Day/Year | Name and Address of Employer | Position | Reason for Leaving |
|----------------|------------------------------|----------|--------------------|
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |
| From:          |                              |          |                    |
| To:            |                              |          |                    |
|                |                              |          |                    |

## DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task and to be placed in each Staff person's file)

Staff Name \_\_\_\_\_

Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_

Staff received orientation in the following:

Program's Policies and Procedures

Review of State's Health and Safety Requirements regarding:

1. Operations, health, safety, activities

2. Physical environment and equipment

3. Emergency situations

4. Food service and nutrition

Assigned Duties and Responsibilities

Reporting Requirements for:

1. Suspected Child Abuse, Neglect or Deprivation

2. Communicable Disease

3. Serious Injuries

4. Missing children

Emergency Weather Plans

Program's Emergency Preparedness Plan

Childhood Injury Control

Administration of Medication

Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

Hand Washing

Fire Safety

Water Safety

Prevention of HIV/Aids and blood borne pathogens

Approved Child Care Training Requirements

Other (list)

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Providing Orientation

\_\_\_\_\_  
Signature of Person Receiving Orientation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Revised 4/12/22







## Professional Learning Plan

This Professional Learning Plan (PLP) was created to assist in maintaining compliance with rule 591-1-1-.31(2)3 which states that if a newly hired lead teacher does not possess one of the educational and qualifying child care experience requirements listed in 591-1-1-.31(2)(b)2, the Child Care Learning Center (CCLC) may hire this individual as a lead teacher if the following requirements are met:

- The lead teacher enrolls in a program of study to obtain one of the educational credentials and qualifying experience requirements within six (6) months after becoming employed at the CCLC and completes the credential or degree within eighteen (18) months after enrollment; and
- The CCLC prepares, in writing, a professional learning plan outlining the newly hired lead teacher's agreed upon steps in obtaining one of the credentials or degrees listed in the rule.

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date Enrolled in Program:** \_\_\_\_\_

**Content Area of Credential or Degree:** \_\_\_\_\_

**Anticipated Date for Completion of Credential or Degree:** \_\_\_\_\_

**Credential or Degree Individual is Seeking:**

Child Development Associate (CDA) credential issued by the Council for Professional Recognition

Technical Certificate of Credit (TCC) in Early Childhood Education, Child Development, Infant/Toddler, Family Child Care, School Age/Youth Care or Program Administration

Technical College Diploma (TCD) in Early Childhood Education, Child Development, Infant/Toddler, Family Child Care, School Age/Youth Care or Program Administration

Associate Degree in Early Childhood Education, Child Development, or a related field (AA, AAS; AAT)

Bachelor's Degree in Early Childhood Education (ECE) or Child Development from an accredited college or university (BS, BA)

**Note:** Once the Child Care Provider completes twenty-five quarter hours (25) or fifteen semester (15) hours of Early Childhood Education (ECE) or Child Development coursework from an accredited college or university, the Department can accept the completed coursework as meeting the educational requirements. A transcript is required to verify the credit hours.

40 Hour Director Training course approved by the Department

**Note:** This credential is only eligible for the Director who has been working as an on-site Child Care Learning Center Director for a minimum of five (5) years.

|  |
|--|
| <b>Name of Department-Approved Trainer Providing CDA Credential Coursework:</b><br>_____ |
| <b>Trainer Code:</b> _____ <b>Course Code:</b> _____                                     |
| <b>Phone:</b> _____  |
| <b>Email:</b> _____  |

**OR**

|   |
|---|
| <b>Name of College or University:</b> _____ |
| <b>Address:</b> _____<br>_____              |
| <b>Phone:</b> _____                         |

Names and numbers of courses to be completed during the current year and ongoing updates of the names and numbers of courses to be completed for the following year(s). Documentation of successfully completed coursework is required to be kept on file as well.

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please ensure that a copy of the credential or degree awarded by the Council for Professional Recognition, Technical College or University is maintained in the staff person file for Child Care Services Licensing review and is submitted to the Georgia Professional Development system for electronic record retention.

## **Additional Staff Policies & Procedures**

A page devoted to these additional staff policies and procedures must be added to the Staff Policies/Staff Handbook.

Hygiene/Contagious Diseases: Staff or any other persons being supervised by staff shall not be allowed in the center that knowingly have, or present symptoms of, a fever or diarrhea.

Prohibited Substances/No Smoking: Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds, or in any vehicle being used to transport children during the hours that the center is in operation.

Prohibited Substances/Alcohol and Illegal Drugs: Staff, chaperones, and students in training shall not be under the influence of or consume alcohol, marijuana, or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

Diapering Areas and Practices/Hygiene: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Staff/Work Schedules: Staff shall not be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

Staff/Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary for the proper performance of their job duties in compliance with these rules.

Staff/First Aid and CPR: At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and, on any center, -sponsored field trip.

# Sample Children’s Record Forms

|  |     |
|--|-----|
| Sample Children’s Enrollment Form .....            | 94  |
| Emergency Medical Authorization .....              | 96  |
| Parental Agreement with Child Care Facility.....   | 97  |
| Safe Sleep Practices Policy .....                  | 98  |
| Medication Authorization.....                      | 99  |
| Infant Feeding Plan .....                          | 100 |
| Daily Attendance/ Arrival & Departure Record ..... | 101 |
| Required Report of Incident .....                  | 102 |

# SAMPLE CHILDREN'S ENROLLMENT FORM

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_  
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention  
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

**Parent/Guardian:** \_\_\_\_\_  
Signature

**Date:** \_\_\_\_\_

**Facility Administrator/Person-In-Charge** \_\_\_\_\_  
Signature

**Date:** \_\_\_\_\_



### Parental Agreements with Child Care Facility

The \_\_\_\_\_ agrees to provide child care for  
 \_\_\_\_\_  
 (Name of Facility)  
 \_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
 (Name of Child) (Days of Week)  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

\_\_\_\_\_  
 (Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Facility Administrator/Person-In-Charge)

# Safe Sleep Practices Policy

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Safe Sleep Practices/Policies: \_\_\_\_\_

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame during which the instructions are to be followed.
2. Cribs shall be in compliance with the Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
5. Only sleepers, sleep sacks, and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots and mats will be laundered daily or marked for individual use. If marked for individual use, the **sheets or covers** must be laundered weekly or more frequently if needed. This facility will adhere to the following practice: \_\_\_\_\_.
7. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleeping.
8. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
9. Wedges, other infant positioning devices, and monitors will not be permitted unless a physician's written statement authorizing their use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.
10. I acknowledge that the Director or designee has advised me of the facility's safe sleep practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Medication Authorization

Child's Full Name \_\_\_\_\_  
 Name of Medication \_\_\_\_\_  
 Prescription Number \_\_\_\_\_  
 Time Medication is to be Given \_\_\_\_\_  
 Amount of Medication to be Given \_\_\_\_\_  
 Date(s) to be Given \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

| For Center Use |            |        |                   |                 |
|----------------|------------|--------|-------------------|-----------------|
| Date           | Time Given | Amount | Adverse Reactions | Administered By |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |
|                |            |        |                   |                 |

If there was noticeable adverse reaction to medication, what action was taken? Describe below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Infant Feeding Plan

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Does the child eat: (check all that apply)  
 Strained  Whole Milk   
 Baby Foods  Table Food   
 Formula  Other

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

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

Does the child take a pacifier? Yes  No  If yes, when? \_\_\_\_\_

### INTRODUCTION OF SOLID FOODS

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

The child has reached the following developmental skills:

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

Instructions for the introduction of solid foods \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Allergies? (Including any premixed formula) \_\_\_\_\_

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

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

PARENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

# Daily Attendance/ Arrival & Departure Record

Rule 591-1-1-.08(o-p) covering Attendance & Arrival/Departure Records requires that a child's daily attendance and arrival and departure records for the twelve (12) preceding months must be maintained.

Facility name: \_\_\_\_\_  
 Classroom / Ages served: \_\_\_\_\_  
 Date: \_\_\_\_\_

| Staff Name | Sign-in | Sign-out | Sign-in | Sign-out |
|------------|---------|----------|---------|----------|
|            |         |          |         |          |
|            |         |          |         |          |

| Child's Name | Birthdate | Age | Arrival Time | Parent/Guardian Signature | Departure Time | Parent/Guardian Signature | Notes on Daily Attendance: |
|--------------|-----------|-----|--------------|---------------------------|----------------|---------------------------|----------------------------|
| 1            |           |     |              |                           |                |                           |                            |
| 2            |           |     |              |                           |                |                           |                            |
| 3            |           |     |              |                           |                |                           |                            |
| 4            |           |     |              |                           |                |                           |                            |
| 5            |           |     |              |                           |                |                           |                            |
| 6            |           |     |              |                           |                |                           |                            |
| 7            |           |     |              |                           |                |                           |                            |
| 8            |           |     |              |                           |                |                           |                            |
| 9            |           |     |              |                           |                |                           |                            |
| 10           |           |     |              |                           |                |                           |                            |
| 11           |           |     |              |                           |                |                           |                            |
| 12           |           |     |              |                           |                |                           |                            |
| 13           |           |     |              |                           |                |                           |                            |
| 14           |           |     |              |                           |                |                           |                            |
| 15           |           |     |              |                           |                |                           |                            |
| 16           |           |     |              |                           |                |                           |                            |
| 17           |           |     |              |                           |                |                           |                            |
| 18           |           |     |              |                           |                |                           |                            |
| 19           |           |     |              |                           |                |                           |                            |
| 20           |           |     |              |                           |                |                           |                            |
| Total        |           |     |              |                           |                |                           |                            |

**KEY: X-Absent / T-Transition to another Room (attendance in other room must be recorded on the record for that room)**

# Required Report of Incident

Rule 591-1-1-.29 for Child Care Learning Centers requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care must be reported to DECAL **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent/Guardian of Child \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date, Place and Time of Incident \_\_\_\_\_ (am/pm)

Describe the activity the child was engaged in at the time of the incident \_\_\_\_\_

Name(s) of staff present at the activity \_\_\_\_\_ Total # staff/children present \_\_\_\_\_

Name(s) of other witnesses \_\_\_\_\_

Parent/Guardian Notified Yes, No Time Notified \_\_\_\_\_ Method of Notification \_\_\_\_\_

When did the child receive professional medical attention? NA \_\_\_\_\_

Name of facility/physician that provided medical care. NA \_\_\_\_\_

Describe medical attention/care/steps to locate child by facility \_\_\_\_\_

Describe care provided by medical facility/physician NA \_\_\_\_\_

Describe the child's injury NA \_\_\_\_\_

Does the child remain enrolled in the facility? Yes No

Describe action(s) taken to prevent reoccurrence \_\_\_\_\_

Additional Comments \_\_\_\_\_

Signature of Director/Provider \_\_\_\_\_ Date \_\_\_\_\_

(Make 2 copies of this form: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Staff Person \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please notify your consultant that the incident report is being faxed to ensure that it is received. \*\***

**\*\* Form may be submitted without parent's signature to ensure it is submitted within 24 hours or the next business day.**

## FOR CONSULTANT USE ONLY:

|            |                        |                     |   |
|------------|------------------------|---------------------|---|
| Diapering  | Infant Sleep Safety    | Playground          | Swimming Pools & water-related activities |
| Discipline | Medication             | Staff: Child Ratios | Transportation/Field Trips                |
| Hygiene    | Physical Plant-Hazards | Supervision         | Other                                     |

# Sample Food Service Forms

|  |            |
|--|------------|
| <b>Food Service Rules.....</b>                               | <b>104</b> |
| <b>Meet My Plate USDA Guidelines.....</b>                    | <b>105</b> |
| <b>USDA Infant Meal Patterns.....</b>                        | <b>106</b> |
| <b>USDA Child and Adult Meal Patterns.....</b>               | <b>108</b> |
| <b>Child and Adult Care Food Program: Best Practice.....</b> | <b>110</b> |
| <b>Weekly Menu Form.....</b>                                 | <b>112</b> |
| <b>Manual Dishwashing – Chemical Method.....</b>             | <b>114</b> |
| <b>Criteria For Sack Lunches.....</b>                        | <b>115</b> |
| <b>Connecting Mealtimes to GELDS.....</b>                    | <b>116</b> |
| <b>Reducing the Risk of Choking in Young Children.....</b>   | <b>118</b> |
| <b>Meal Pattern Resources.....</b>                           | <b>122</b> |

## **Food Service Rules**

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

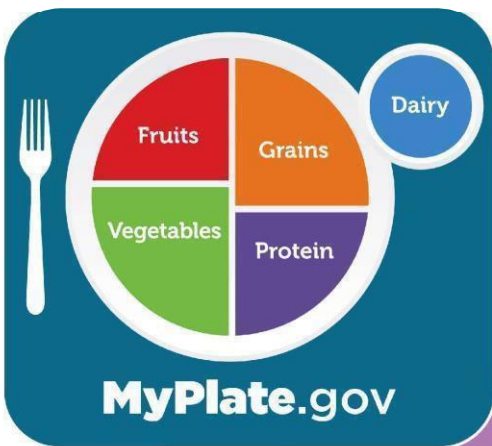


# Meet MyPlate

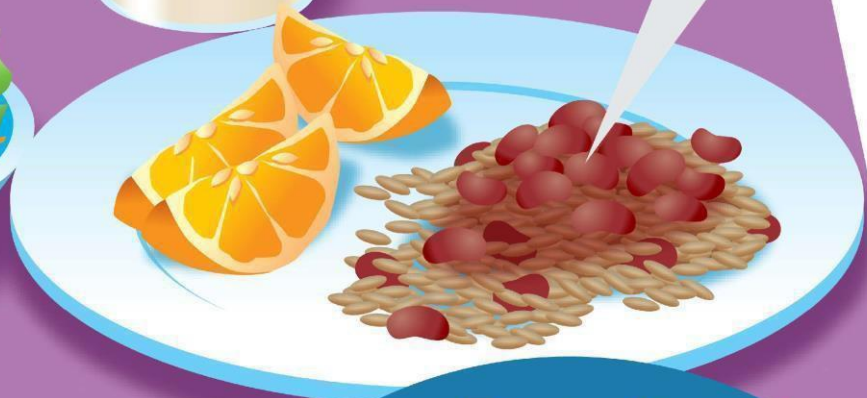
The **MyPlate** icon reminds us that we need to eat and drink foods from the five food groups. **Fruits**, **Vegetables**, **Dairy**, **Grains**, and **Protein Foods** are important for good health. **MyPlate** shows the food groups in different sections of the plate. Does this mean that foods need to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

## MyPlate Matching Game

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



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



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



January 2023 • FNS-471B  
USDA is an equal opportunity provider, employer, and lender.  
[TeamNutrition.USDA.gov](http://TeamNutrition.USDA.gov)

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



# UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS:

# Infant Meals

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

## UPDATED INFANT MEAL PATTERN:



### Encourage and Support Breastfeeding:

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



### Developmentally Appropriate Meals:

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

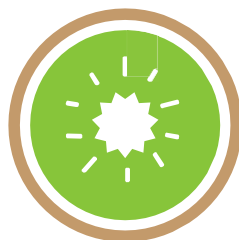
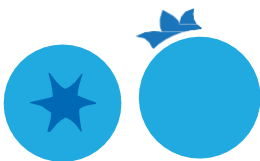


### More Nutritious Meals:

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

## Learn More

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



## PREVIOUS AND UPDATED INFANT MEAL PATTERNS: LETS COMPARE

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

*\*Required when infant is developmentally ready.*

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



# CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS: CHILD AND ADULT MEALS



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

## Child and Adult Meal Patterns



### Greater Variety of Vegetables and Fruits

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



### More Whole Grains

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



### More Protein Options

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



### Age Appropriate Meals

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



### Less Added Sugar

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



### Making Every Sip Count

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



### Additional Improvements

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

## Breakfast Meal Patterns

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

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

## Lunch and Supper Meal Patterns

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

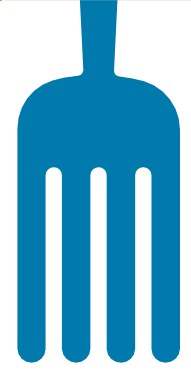
\*A serving of milk is not required at supper meals for adults  
Oz eq = ounce equivalents

## Snack Meal Pattern

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

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

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



# CHILD AND ADULT CARE FOOD PROGRAM: BEST PRACTICES

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

## CACFP Best Practices

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



### Infants

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



### Vegetables and Fruit

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



### Grains

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



### Meat and Meat Alternates

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



### Milk

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

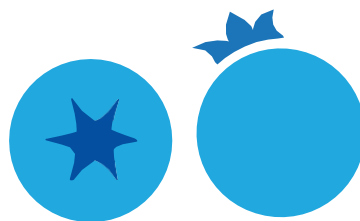
## Additional Best Practices

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

## Resources

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

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





# Weekly Menu Forms

**Provider's Name** \_\_\_\_\_

**Month/Year** \_\_\_\_\_

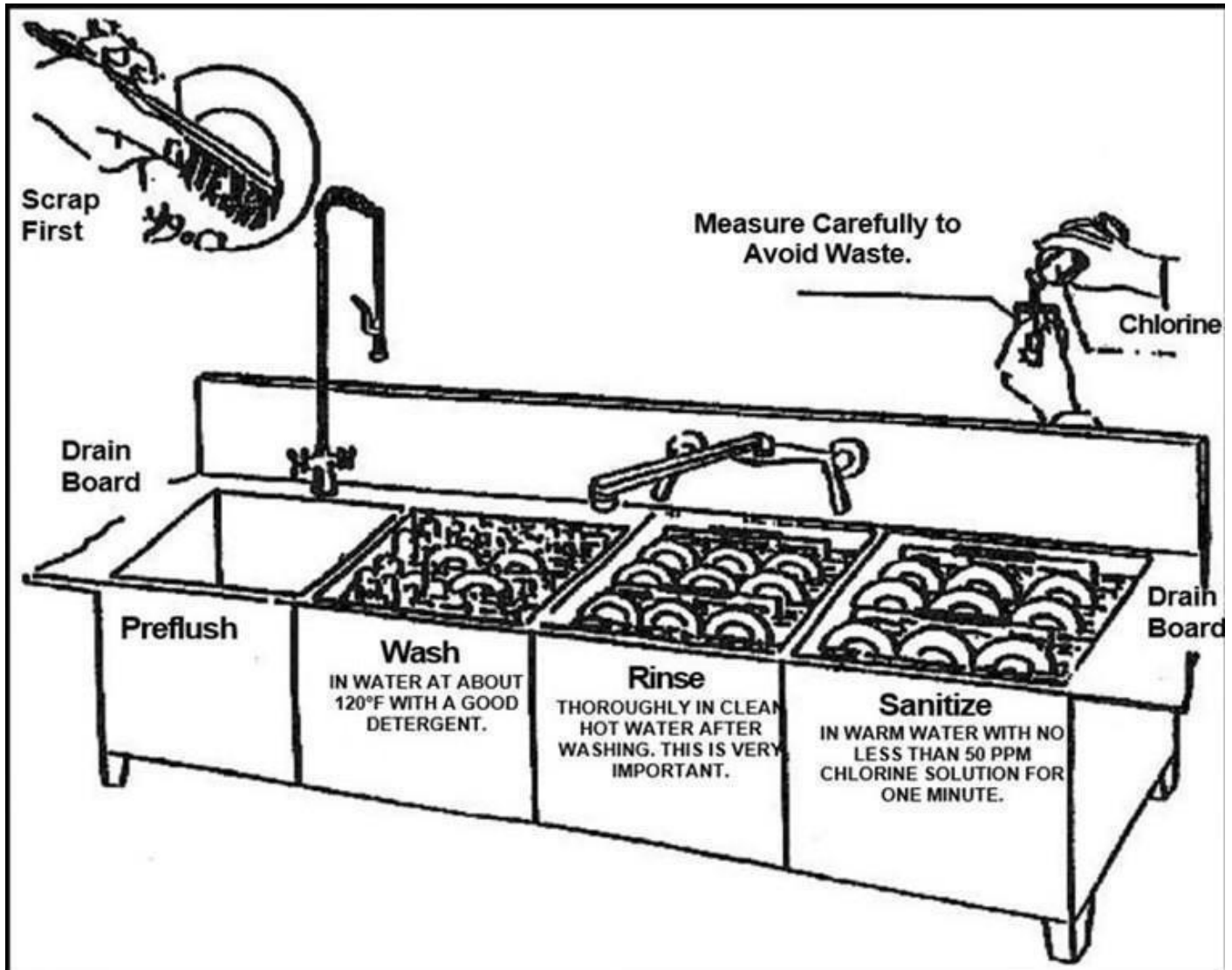
|                        |   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------------|---|--------|---------|-----------|----------|--------|----------|--------|
| <b>Calendar Date</b>   |   |        |         |           |          |        |          |        |
| <b>Breakfast</b>       | Fluid Milk                              |        |         |           |          |        |          |        |
|                        | Fruit, Vegetable or Full Strength Juice |        |         |           |          |        |          |        |
|                        | Bread or Bread Alternate(s)             |        |         |           |          |        |          |        |
|                        | *Additional Food (Optional)             |        |         |           |          |        |          |        |
| <b>AM Snack</b>        | Choose 2 of these 4:<br>Fluid Milk      |        |         |           |          |        |          |        |
|                        | Fruit, Vegetable or Full Strength Juice |        |         |           |          |        |          |        |
|                        | Bread or Bread Alternate                |        |         |           |          |        |          |        |
|                        | Meat or Meat Alternate                  |        |         |           |          |        |          |        |
| <b>Lunch</b>           | Fluid Milk                              |        |         |           |          |        |          |        |
|                        | Meat or Meat Alternate                  |        |         |           |          |        |          |        |
|                        | Vegetable or Fruit                      |        |         |           |          |        |          |        |
|                        | Vegetable or Fruit                      |        |         |           |          |        |          |        |
| <b>PM Snack</b>        | Bread or Bread Alternate(s)             |        |         |           |          |        |          |        |
|                        | *Additional Food (Optional)             |        |         |           |          |        |          |        |
|                        | Choose 2 of these 4:<br>Fluid Milk      |        |         |           |          |        |          |        |
|                        | Fruit, Vegetable or Full Strength Juice |        |         |           |          |        |          |        |
|                        | Bread or Bread Alternate                |        |         |           |          |        |          |        |
| Meat or Meat Alternate |   |        |         |           |          |        |          |        |

# Weekly Menu Form

|                              |   |                |                  |                 |               |                 |               |
|------------------------------|---|----------------|------------------|-----------------|---------------|-----------------|---------------|
| <b>Provider's Name</b> _____ |   |                |                  |                 |               |                 |               |
| <b>Month/Year</b> _____      |   |                |                  |                 |               |                 |               |
|                              | <b>Monday</b>                                 | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> |
| <b>Calendar Date</b>         |   |                |                  |                 |               |                 |               |
| <b>PM Snack</b>              | Choose 2 of these 4:<br>Fluid Milk            |                |                  |                 |               |                 |               |
|                              | Fruit, Vegetable<br>or Full<br>Strength Juice |                |                  |                 |               |                 |               |
|                              | Bread or Bread<br>Alternate(s)                |                |                  |                 |               |                 |               |
|                              | Meat<br>or<br>Meat                            |                |                  |                 |               |                 |               |
| <b>Supper</b>                | Fluid Milk                                    |                |                  |                 |               |                 |               |
|                              | Meat or<br>Meat                               |                |                  |                 |               |                 |               |
|                              | Vegetable or Fruit                            |                |                  |                 |               |                 |               |
|                              | Vegetable or Fruit                            |                |                  |                 |               |                 |               |
|                              | Bread or Bread<br>Alternate(s)                |                |                  |                 |               |                 |               |
| <b>Evening Snack</b>         | *Additional Food<br>(Optional)                |                |                  |                 |               |                 |               |
|                              | Choose 2 of these 4:<br>Fluid Milk            |                |                  |                 |               |                 |               |
|                              | Fruit, Vegetable<br>or Full<br>Strength Juice |                |                  |                 |               |                 |               |
|                              | Bread or Bread<br>Alternate                   |                |                  |                 |               |                 |               |
|                              | Meat or<br>Meat<br>Alternate                  |                |                  |                 |               |                 |               |

# Manual Dishwashing Guidelines – Chemical Method

Approved Procedure - Preflush, Wash, Rinse, Sanitize





---

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

1. All nutritional requirements for meals and snacks listed in the Rules and Regulations must be met.
  - Child Care Learning Centers (CCLC) rule 591-1-1-.15(1).
  - Family Child Care Learning Homes (FCCLH) rule 290-2-3-.10(1).
2. The child care program shall have a written agreement with the parent(s) as to the parent's responsibility to provide the child a nutritious sack lunch.
3. The child care program shall provide all parents with written nutritional information concerning the contents of sack lunches.
4. Food brought into the child care program shall be evaluated each day. If the child's sack lunch does not meet the nutritional requirements stated in the rules, the child care program must provide the child with the additional food necessary to meet the requirements.
5. Individual sack lunches shall be labeled with the children's names. Children should be monitored to ensure that there is no swapping of home-prepared food.
6. The child care program shall provide proper storage and refrigeration for sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees Fahrenheit or below as stated in rules.
  - CCLC rule 591-1-1-.18(5).
  - FCCLH rule 290-2-3-.10(13).

“Potentially hazardous 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.
7. All food preparation in the child care program must meet the requirements stated in the following chapters.
  - CCLC chapter 591-1-1-.18.
  - FCCLH chapter 290-2-3-.10.
8. Each child shall be served at least 4 ounces of milk each day, if not contraindicated by a special diet as stated in rules.
  - CCLC rule 591-1-1-.15(1).
  - FCCLH rule 290-2-3-.10(1).

## **Intentional Mealtimes**

Incorporating GELDS into mealtime routines and classroom activities

### **Physical Development and Motor Skills**

#### Health & Well-Being

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

#### Use of Senses

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

#### Motor Skills

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



### **Social and Emotional Development**

#### Developing a Sense of Self

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

#### Self-Regulation

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

#### Developing a Sense of Self with Others

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

### **Approaches to Play and Learning**

#### Initiative and Exploration

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

#### Attentiveness and Persistence

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

#### Play

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

## Communication, Language and Literacy

### Receptive Language

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

### Expressive Language

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

### Early Reading

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

## Cognitive Development and General Knowledge

### Math

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

### Social Studies

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

### Science

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

### Creative Development

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

### Cognitive Processes

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



# Reducing the Risk of Choking in Young Children at Mealtimes

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

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



## Prepare Foods So They Are Easy to Chew

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

- Cook or steam hard food, like carrots, until it is soft enough to pierce with a fork.
- Remove seeds, pits, and tough skins/peels from fruits and vegetables.
- Finely chop foods into thin slices, strips, or small pieces (no larger than  $\frac{1}{2}$  inch), or grate, mash, or puree foods. This is especially important when serving raw fruits and

vegetables, as those items may be harder to chew.

- Remove all bones from fish, chicken, and meat before cooking or serving.
- Grind up tough meats and poultry.

## Cut Round Foods Into Smaller Pieces

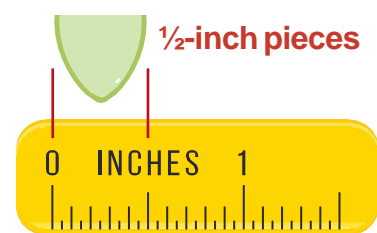
Small round foods such as grapes, cherries, cherry tomatoes, and melon balls are common causes of choking.



Slice these items in half lengthwise.



Then slice into smaller pieces (**no larger than  $\frac{1}{2}$  inch**) when serving them to young children.



## Avoid Choking Hazards

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

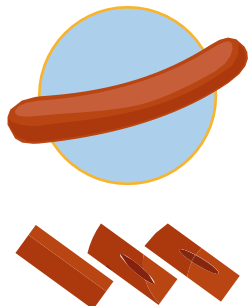
- Cheese cubes or blocks. Grate or thinly slice cheese before serving.
- Chewing gum\*
- Dried fruit
- Gummy fruit snacks\*
- Hard candy, including caramels, cough drops, jelly beans, lollipops, etc.\*
- Hard pretzels and pretzel chips
- Ice cubes\*
- Marshmallows\*
- Nuts and seeds, including breads,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

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



## Cut Tube-shaped Foods Into Smaller Pieces

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



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



## Teach Good Eating Habits

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

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



For more information, see [FNS.USDA.gov](https://www.FNS.USDA.gov).

## Answer Key

1. Cut carrots lengthwise into thin strips (not circles). You could also cook carrots until soft, or cut into small pieces no larger than ½ inch.
2. Cut grapes in half lengthwise, then cut into smaller pieces no larger than ½ inch.
3. Spread peanut butter thinly on small pieces of toast, crackers, etc. Do not serve spoonfuls of peanut butter.
4. Grate or thinly slice the cheese. Do not serve cheese cubes.

---

---

Block of cheddar  
cheese



---

---

Peanut  
butter



---

---

Whole  
grapes



---

---

Whole baby  
carrots



choking?  
We can prepare and serve the following foods to reduce

Try It  
Out!

## Meal Pattern Resources

On April 25, 2016, United States Department of Agriculture's Food and Nutrition Service (FNS) published the final rule "Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010".

The final rule amended the CACFP regulations at 226.20 to update the meal pattern requirements. CACFP centers and day care homes had to start complying with the updated meal pattern requirements on October 1, 2017.

Overall, the updated meal patterns strengthen the nutritional quality of the meals served, allow CACFP institutions to serve more diverse and culturally appropriate foods, and address dietary needs of Program participants.

The Meal Patterns Resources Page in the Nutrition Section of the DECAL website provides full information and guidance for institutions on implementing the CACFP Updated Meal Patterns, including forms, policy memos, menus, training materials, and resources. To access the Resources Page, go to: <http://dec.al.ga.gov/CACFP/UpdatedMealPatterns.aspx> .

# Items To Be Posted

|                                     |     |
|-------------------------------------|-----|
| All Items To Be Posted .....        | 124 |
| Posted Notices .....                | 125 |
| Hand Washing Instructions .....     | 132 |
| Infectious Disease Chart .....      | 134 |
| Poisonous Plants List .....         | 135 |
| Fire and Safety Drills Form .....   | 138 |
| Child Care Weather Watch Form ..... | 140 |

## **ALL ITEMS TO BE POSTED**

591-1-1-.27 Posted Notices. Each center shall post in a designated area for public viewing near the front entrance the following:

- Current Child Care Learning Center/Group Day Care Home license or commission
- Copy of state rules and regulations
- Notice which advises parents of their right to review a copy of the center's most recent licensure measure or commission evaluation report upon request to the center director
- Copy of the current Communicable Disease chart
- Statement allowing parental access to all child care areas upon notifying any staff member of his or her presence
- Names of persons responsible for the administration of the center in the administrator's absence
- Current week's menu for meals and snacks
- Emergency plans for severe weather and fire
- Statement requiring visitors to check in with staff when entering the center
- No smoking sign
- Copy of the Consumer Product Safety Poster
- Copy of the "No liability Insurance" Poster (only if center does not carry liability insurance)

### **Each Center shall post in other areas**

- Hand washing chart by sinks used by adults
- Daily schedules in classrooms

### **Operable telephone in center with numbers of the following posted by each phone:**

Regional Poison Control Center  
Physician/Hospital  
Ambulance/Rescue Squad Services/911  
Local Fire Department / 911  
Local Police Department / 911  
County Health Department

# VISITORS

**Please check in with staff upon arrival to the facility**

# **NOTICE**

## **TO PARENTS & VISITORS**

The Consumer Product Safety Commission (CPSC) provides important safety information about recalled children's products.

Please Visit The CPSC Website:

[www.cpsc.gov](http://www.cpsc.gov)

or Call:

**800-638-2772**

**TTY 800-638-8270**

# Parents

## You have the right:

- **To access this facility anytime your child is in care.**

However, you need to immediately make your presence known to the person in charge of the facility.

- **To review a copy of the facility's latest licensure evaluation report.**

The facility director has the report. Inspections of facilities can be viewed on our website at <http://www.decal.ga.gov>



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



**Bright from the Start: Georgia Department of Early Care and Learning, is required by law to investigate complaints regarding rule violations. If you have any complaints or concerns about your child's care, you may call (404) 657-5562.**



**NOTICE TO PARENTS AND**  
**GUARDIANS:**

**THIS FACILITY DOES NOT  
CARRY LIABILITY INSURANCE  
COVERAGE SUFFICIENT TO  
PROTECT YOUR CHILDREN IN  
THE EVENT OF AN INJURY, ETC.**

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

# NOTICE TO PARENTS AND VISITORS:

The Consumer Product Safety  
Commission provides  
important safety information  
about recalled children's  
products.

PLEASE VISIT THEIR WEBSITE:

[www.cpsc.gov](http://www.cpsc.gov)

OR CALL:

**800-638-2772**

**TTY 800-638-8270**

**EMERGENCY NUMBERS:**

Post by all operable phones

**Local Physician or Hospital:** \_\_\_\_\_

**County Health Department:** \_\_\_\_\_

**Regional Poison Control Center:** (800) 222-1222

**Ambulance, Police and Fire: 911**

**EMERGENCY NUMBERS:**

Post by all operable phones

**Local Physician or Hospital:** \_\_\_\_\_

**County Health Department:** \_\_\_\_\_

**Regional Poison Control Center:** (800) 222-1222

**Ambulance, Police and Fire: 911**

**EMERGENCY NUMBERS:**

Post by all operable phones

**Local Physician or Hospital:** \_\_\_\_\_

**County Health Department:** \_\_\_\_\_

**Regional Poison Control Center:** (800) 222-1222

**Ambulance, Police and Fire: 911**

# No Smoking On Child Care Premises



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

# GOOD HEALTH IS IN YOUR HANDS!



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

## Always wash your hands . . .

### *Before*

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

### *After*

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



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

**START** →



1. Wet hands



6. Turn off taps with towel



5. Towel dry

## HAND WASHING STEPS



2. Soap (20 seconds)



3. Scrub backs of hands, wrists, between fingers, under fingernails.



4. Rinse

**Proper Hand Washing is Essential to Good Health!**

# COMMON INFECTIOUS ILLNESSES

From birth to age 18

## Eye, ear, nose, throat and chest

| To prevent spreading infection for all eye, ear, nose, throat, and chest diseases: Good handwashing and hygiene; disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable. |  |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| <b>Bronchiolitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different viruses and occasionally bacteria)</b>   | Variable   | Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours  | Variable, often from the day before symptoms begin to 5 days after onset  | No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)  | NO   | Wash your hands often with soap and water. Avoid touching your eyes, nose, and mouth with unwashed hands. Stay away from people who are sick.  |  |
| <b>Cold sore (Herpes simplex virus)</b>   | 2 days to 2 weeks  | Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)   | While lesions are present   | When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children  | NO   | Avoid kissing and sharing drinks or utensils.  |  |
| <b>Conjunctivitis (Pink eye)</b>  | Variable, usually 24 to 72 hours   | Highly contagious; contact with secretions from eyes of an infected person or contaminated surface   | During course of active infection   | Once treatment begins  | NO   | Wash your hands often with soap and warm water. Wash your hands after contact with an infected person or items he or she uses. Avoid touching your eyes with unwashed hands. Do not share items used by an infected person.  |  |
| <b>COVID-19 (SARS-CoV-2 virus)</b>  | 2 to 14 days (usually 3 to 6 days from exposure)   | Highly contagious; contact with droplets or aerosols from nose, eyes or mouth of infected person   | Peak infectious time is two days prior to onset of illness through the completion of their isolation (5 days from symptom onset if symptomatic, or 5 days from test date if asymptomatic). May last up to 10 days or longer depending on course of illness and immune status. | Individuals with confirmed or suspected COVID-19, regardless of vaccination status can return to child care or school after they have completed their isolation according to current Georgia Department of Public Health guidelines.   | YES  | The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.  |  |
| <b>Diphtheria (Corynebacterium diphtheriae bacteria)</b>  | 1 to 10 days (usually 2 to 5 days)   | Contact with droplets and discharge from nose, eyes or mouth of infected person; contact with discharge from skin lesions of infected individual; rarely through contaminated objects and raw milk or milk products  | Onset of sore throat 2 days after treatment has begun, but may vary; if untreated, 2 to 6 weeks after infection   | After 2 negative cultures are taken at least 24 hours apart  | YES  | Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary. |  |
| <b>Influenza (the flu) (influenza virus)</b>  | 1 to 4 days  | Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours  | Variable, from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children  | No fever for 24 hours without the use of fever-reducing medications  | NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections | Annual influenza vaccine recommended for everyone 6 months and older (with rare exceptions).   |  |
| <b>Mononucleosis (mono) (Epstein-Barr virus)</b>  | 30 to 50 days  | Contact with the infected person's saliva  | Indeterminate   | No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)  | NO   | Avoid kissing and sharing drinks or utensils.  |  |
| <b>Mumps (mumps virus)</b>  | 12 to 25 days (usually 16 to 18 days)  | Contact with droplets from eyes or mouth of infected person  | Peak infectious time begins 1 to 2 days before gland swelling to 5 days after, but may range from 7 to 8 days after   | 5 days after onset of parotid gland (neck) swelling  | YES  | Timely immunization beginning at age 12 months; if outbreak occurs, unimmunized people should be immunized or excluded for at least 26 days following onset of parotitis in last case.   |  |
| <b>Multisystem inflammatory syndrome in children (MIS-C), associated with the virus SARS-CoV-2 causing COVID-19</b>   | MIS-C can occur weeks after exposure to COVID-19—even if the child or family did not know the child had COVID-19 | It is not known yet what causes MIS-C. However, many children had the virus that causes COVID-19 weeks before being diagnosed with MIS-C, or had been around someone with COVID-19. Unless the patient also has a current COVID-19 infection, MIS-C is not contagious. | N/A   | MIS-C can be serious, but most children who were diagnosed with this condition have gotten better with medical care. MIS-C patients should have close clinic follow-up, including pediatric cardiology follow-up starting 2 to 3 weeks after discharge. Patients diagnosed with myocardial injury must have cardiology directed restriction and/or release for activities. Please refer to the COVID-19 section if acute COVID-19 infection is also present. | YES  | The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.  |  |
| <b>Respiratory syncytial virus (RSV)</b>  | 2 to 8 days (4 to 6 days is most common)   | Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours  | Variable; from the day before onset of symptoms until 3 to 8 days after or long; may last up to 3 to 4 weeks  | No fever for 24 hours without the use of fever-reducing medications  | NO   | Avoid sharing linens or toys.  |  |
| <b>Strep throat (Group A Streptococcus bacteria)</b>  | 2 to 5 days  | Contact with droplets from nose and mouth; close crowded contact   | Highest during acute infection; no longer contagious within 24 hours after antibiotics  | After 24 hours of antibiotic treatment   | NO   | Avoid kissing and sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested and treated if results are positive.   |  |
| <b>Tuberculosis (TB) (Mycobacterium tuberculosis)</b>   | 2 to 10 weeks; risk of developing disease is highest 6 months to 2 years after infection                         | Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)   | Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious.   | For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection   | YES  | Routine TB skin testing is not recommended at this time for children; however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation.   |  |
| <b>Whooping cough (pertussis) (Bordetella pertussis bacteria)</b>   | 5 to 21 days (usually 7 to 10 days)  | Contact with droplets from nose, eyes or mouth of infected person  | Before cough onset (with onset of cold-like symptoms) continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins.   | After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough   | YES  | Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.   |  |

## Gastrointestinal

| To prevent spreading infection for gastrointestinal diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff |   |   |  |  |   |   |  |
|---|---|---|--|--|---|---|--|
| <b>Gastroenteritis—bacterial (vomiting and/or diarrhea) Campylobacter C. diff (Clostridium difficile), Shiga toxin-producing E. coli (STEC/Escherichiacoli), Salmonella, Shigella</b>   | Varies with pathogen (from 10 hours to 7 days)  | Contact with stool from infected individual (or, occasionally, pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)   | When diarrhea is present; pathogenic E. coli (STEC or EHEC) and Shigella highly infectious in small doses.                                   | No fever for 24 hours; no diarrhea present, pathogenic E. coli (STEC or EHEC) and Shigella require 2 negative stool cultures; salmonella serotype Typhi requires 3 negative stool cultures | YES for E. coli, salmonella and Shigella; NO for others | Proper cooking and handling of meats and raw eggs. Reptiles should not be permitted in child care centers. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used; bleach wipes are an effective agent against C. difficile.                            |  |
| <b>Gastroenteritis—viral (vomiting and/or diarrhea) Adenovirus, norovirus</b>   | Varies with pathogen (from 12 hours to 10 days) | Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food and water. Norovirus is highly contagious and is a frequent cause of outbreaks. | Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms | No fever or vomiting for 24 hours; no diarrhea present   | NO  | Frequent, good hand washing after changing diapers, using the toilet, and preparing or eating food. If viral gastroenteritis is suspected, frequent cleaning of toys and other high-touch items with bleach-based solution is important to kill the virus.  |  |
| <b>Giardia (parasite)</b>   | 1 to 4 weeks (usually 7 to 10 days)             | Contact with infected stool; consuming contaminated water or food   | When diarrhea is present   | No diarrhea is present   | YES   | Clean, sanitize, or disinfect toys and surfaces. Wash hands regularly with soap and water to keep kids and caregivers healthy. Encourage good diapering practices.  |  |
| <b>Hepatitis A (virus)</b>  | 15 to 50 days (average 28 days)                 | Eating contaminated food or water; close contact with infected individuals; contact with infected stool   | 2 weeks prior to onset of illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants            | After 1 week from onset of illness or appearance of jaundice   | YES   | Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of last exposure to unimmunized contacts. |  |
| <b>Pinworms (enterovirus vermicularis)</b>  | 1 to 2 months or longer                         | Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching  | Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common.                            | No restriction, but treatment should be given to reduce spread   | NO  | Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.                   |  |
| <b>Rotavirus</b>  | 1 to 3 days                                     | Contact with stool from infected individual   | Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea.           | No diarrhea present  | NO  | Timely immunization beginning at 2 months.  |  |

## Meningitis

| To prevent spreading infection for all meningitis diseases: Good hand-washing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils. |   |   |   |   |     |  |  |
|--|---|---|---|---|-----|--|--|
| <b>Hemophilus influenzae type B (hib bacteria)</b>   | Unknown (usually 1 to 10 days)          | Contact with droplets from nose, eyes or mouth of infected person                           | Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state | After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate | YES | Timely immunization beginning at age 2 months; ensure vaccination of contacts after exposure is up to date.  |  |
| <b>Neisseria meningitidis (meningococcal bacteria)</b>   | 1 to 10 days (usually less than 4 days) | Contact with droplets from nose, eyes or mouth of infected person                           | Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state | After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate | YES | Timely immunization at 11 to 12 years of age; booster dose of MCv4 is recommended at 16 years of age.  |  |
| <b>Streptococcus pneumoniae (pneumococcal bacteria)</b>  | Variable (usually less than 4 days)     | Contact with droplets from nose, eyes or mouth of infected person                           | Until at least 24 hours of antibiotic treatment   | After at least 24 hours of antibiotic treatment; child well enough to participate   | YES | Timely immunization beginning at age 2 months; treatment of contacts not necessary and not beneficial.   |  |
| <b>Viral meningitis (usually enterovirus)</b>  | 3 to 6 days                             | Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people | From the day before illness until up to 2 weeks after onset                                       | After 24 hours without fever; child well enough to participate  | YES | Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment. |  |

## Skin or rash

| To prevent spreading infection for all skin or rash diseases: Good hand-washing and hygiene; proper disposal of soiled tissues. |                                       |   |  |   |     |  |  |
|---|---------------------------------------|---|--|---|-----|--|--|
| <b>Chickenpox** (varicella zoster virus)</b>  | 10 to 21 days (usually 14 to 16 days) | Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella and herpes zoster) of infected individuals or freshly contaminated objects | From 2 days before skin lesions develop until all lesions are crusted. If there is no crusting (i.e. breakthrough cases), patients are contagious from 2 days before skin lesions develop until no new lesions appear after 24 hours | When all lesions have crusted. If there is no crusting (i.e. breakthrough cases), children can return to center or school after no new lesions appear after 24 hours. | YES | The best way to prevent varicella is by getting the varicella vaccine. Children should get their first dose after 12 months and their second between 4-6 years old.  |  |
| <b>Fifth disease** (human parvovirus B19)</b>   | 4 to 21 days (usually 4 to 14 days)   | Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood   | Only during the week before the rash develops  | No need to restrict once rash has appeared  | NO  |  |  |
| <b>German measles* (Rubella virus)</b>  | 14 to 21 days (usually 16 to 18 days) | Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta  | From 7 days before until 7 days after the rash appears   | 7 days after the rash appears   | YES | Timely immunization beginning at age 12 months.  |  |
| <b>Hand, foot and mouth disease (Coxsackievirus)</b>  | 3 to 6 days                           | Contact with fecal, oral or respiratory secretions  | Usually 1 to 2 weeks before onset of infection   | After 24 hours without fever and child well enough to participate   | NO  | Proper disinfection of changing tables, surfaces and toys.   |  |
| <b>Head lice (parasite)</b>   | Eggs (nits) hatch in 7 to 12 days     | Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding  | When there are live insects on the head  | No restrictions necessary   | NO  | Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow and sleep mat. |  |
| <b>Impetigo (Staphylococcus or Streptococcus bacteria)</b>  | 7 to 10 days                          | Direct skin contact (especially through contaminated hands), nasal discharge or contaminated surfaces   | Until active lesions are gone or after 24 hours on antibiotics   | After at least 24 hours of antibiotics  | NO  | Keep fingernails clean and short.  |  |
| <b>Measles (Rubella virus)</b>  | 7 to 21 days (usually 8 to 12 days)   | Airborne or direct contact with droplets from nose, eyes or mouth of infected person  | From 4 days before the rash begins until 4 days after the start of the rash  | At least 5 days after start of rash   | YES | Timely immunization beginning at age 12 months; contacts without documented immunity (2 doses of measles-containing vaccine) should be vaccinated.   |  |
| <b>MRSA</b>   | (Methicillin-resistant)               | Staphylococcus aureus   | (bacterial)  | cause of skin boils and abscesses)  |     |  |  |







## BRIGHT FROM THE START

Georgia Department of Early Care and Learning  
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, Georgia 30334  
(404) 656-5957

**Brian P. Kemp**  
GOVERNOR

**Amy M. Jacobs**  
COMMISSIONER

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

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

If you have any questions, call Child Care Services at 404-657-5562 or email [childcareservices@dec.al.ga.gov](mailto:childcareservices@dec.al.ga.gov).

Thank you,  
Child Care Services

## The Facts About Poinsettias

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

## Plant Safety

To help prevent plant poisonings, follow these safety tips:

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

## Know What To Do In A Poisoning Emergency

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



## THE GEORGIA POISON CENTER

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

All calls to the GPC are free.

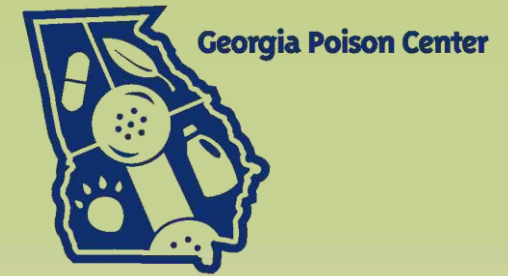
To order educational material, call the Education Department at 404.616.9235 or visit our website at [www.georgiapoisoncenter.org](http://www.georgiapoisoncenter.org).

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

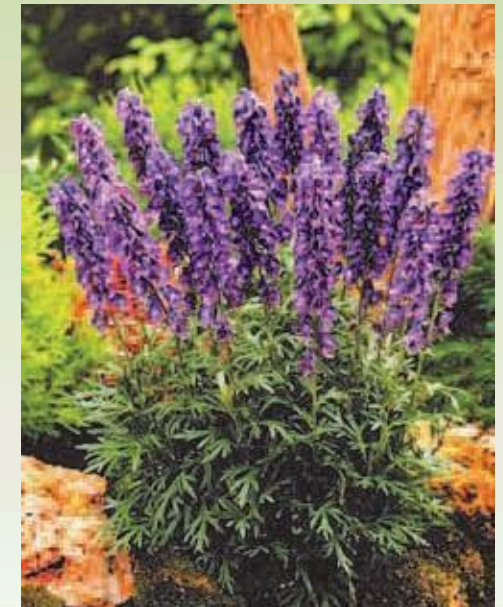


Supported in part by Project H4B MC00011-01 from MCHB, HRSA, US DHHS

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



# POISONOUS PLANTS



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

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

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

## Poisonous Plants

|   |   |
|---|---|
| Amaryllis                                     | Castor Oil Plant/Castor Bean                        |
| American Ivy/Virginia Creeper                 | Cedar Tree  |
| Anemone                                       | Cherry, Laurel, Black                               |
| Apricot (seeds and pits)                      | Chinaberry  |
| Aralia, Ming                                  | Chinese Lantern/Cape Gooseberry/Winter Cherry       |
| Azalea/Rhododendron                           | Choke Cherry  |
| Baneberry                                     | Chrysanthemum                                       |
| Belladonna/Deadly Nightshade                  | Clematis  |
| Birch Tree                                    | Crown of Thorns/Euphorbia                           |
| Bird of Paradise                              | Cyclamen  |
| Bittersweet/Woody Nightshade                  | Daffodil/Jonquil/Narcissus                          |
| Bleeding Heart/Dicentra                       | Deadly Nightshade/Belladonna                        |
| Boxwood                                       | Devil's Ivy/Pothos                                  |
| Buckeye/Horse Chestnut                        | Dicentra/Bleeding Heart                             |
| Burning Bush/Euonymus                         | Dieffenbachia/Dumb Cane                             |
| Bursting Heart/Euonymus                       | Elder (bark, shoots, leaves, roots, unripe berries) |
| Caladium                                      | Elephant's Ear/Philodendron                         |
| Candelabra Cactus                             |   |
| Cape Gooseberry/Chinese Lantern/Winter Cherry |   |

|                           |                             |
|---------------------------|-----------------------------|
| English Ivy               | Oleander                    |
| Eucalyptus (dried)        | Pansy (seeds)               |
| Euphorbia/Crown of Thorns | Peace Lily                  |
| Euonymus                  | Peach (seeds and pits)      |
| Flowering Tobacco         | Pencil Cactus               |
| Four O'Clock              | Peony                       |
| Foxglove                  | Periwinkle/Vinca            |
| Gladiola (bulb)           | Philodendron/Elephant's Ear |
| Holly (berries, leaves)   | Plum (seeds and pits)       |
| Horse Chestnut/Buckeye    | Poison Hemlock              |
| Hyacinth                  | Poison Ivy, Oak, Sumac      |

|                                  |                                  |
|----------------------------------|----------------------------------|
| Hydrangea                        | Pokeweed/Pokeberry               |
| Iris                             | Poppy                            |
| Ivy (Devil's, American, English) | Potato (leaves, all green parts) |
| Jasmine, Yellow Carolina         | Pothos/Devil's Ivy               |
| Jequirity/Rosary Pea             | Rhododendron/Azalea              |
| Jerusalem Cherry                 | Rosary Pea/Jequirity             |
| Jimsonweed                       | Split Leaf/Philodendron          |
| Jonquil/Daffodil/Narcissus       | Sweet Pea (seeds)                |
| Juniper (berries)                | Sweet William                    |
| Lantana                          | Tomato (stems, leaves)           |
| Larkspur                         | Vinca/Periwinkle                 |
| Laurel                           | Virginia Creeper/American Ivy    |
| Ligustrum/Wild Privet            | Water Hemlock                    |
| Lily of the Valley               | Wild Privet/Ligustrum            |
| Mistletoe                        | Winter Cherry/Cape               |
| Monkshood                        | Gooseberry/Chinese Lantern       |
| Morning Glory (seeds)            | Wisteria                         |
| Mulberry (leaves, bark, sap)     | Woody Nightshade/Bittersweet     |
| Mushrooms                        | Yarrow                           |
| Narcissus/Daffodil/Jonquil       | Yew                              |
| Nightshade                       |                                  |
| Oak Tree (leaves, acorns)        |                                  |

## Poison Ivy, Poison Oak, And Poison Sumac

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

If you touch poison ivy, oak, or sumac...

- Wash the area with warm, soapy water

right away.

- Wash any clothing and garden tools you think may have sap on it.
- Try not to scratch your rash since this can cause it to get worse.

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

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

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

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



**Poison Oak** also has leaves grouped in

three. It grows as a low shrub, which may have clusters of green or white berries.



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



## Fire/Tornado/Emergency Preparedness Documentation Form

This document must be kept at the Child Care learning Center for two years after completion.

For \_\_\_\_\_  
(Year)

### FIREDRILL (monthly)

|                    | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Date               |     |     |     |     |     |     |     |     |     |     |     |     |
| Time               |     |     |     |     |     |     |     |     |     |     |     |     |
| Number of Children |     |     |     |     |     |     |     |     |     |     |     |     |
| Length of Drill**  |     |     |     |     |     |     |     |     |     |     |     |     |

\*\*The goal is to have evacuation time complete in less than two minutes.

### SMOKE DETECTOR (monthly)

|                        | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Date Detector Checked  |     |     |     |     |     |     |     |     |     |     |     |     |
| Date Batteries Checked |     |     |     |     |     |     |     |     |     |     |     |     |

\*Batteries should be checked annually.

### TORNADO DRILL (every six months)

|                    | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Date               |     |     |     |     |     |     |     |     |     |     |     |     |
| Time               |     |     |     |     |     |     |     |     |     |     |     |     |
| Number of Children |     |     |     |     |     |     |     |     |     |     |     |     |
| Length of Drill**  |     |     |     |     |     |     |     |     |     |     |     |     |

### FIRE EXTINGUISHER

|              | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Date Checked |     |     |     |     |     |     |     |     |     |     |     |     |

### LOCKDOWN DRILL (every six months)

|                    | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Date               |     |     |     |     |     |     |     |     |     |     |     |     |
| Time               |     |     |     |     |     |     |     |     |     |     |     |     |
| Number of Children |     |     |     |     |     |     |     |     |     |     |     |     |
| Length of Drill**  |     |     |     |     |     |     |     |     |     |     |     |     |

**REVIEW EMERGENCY PLANS PROCEDURES\* (every six months)**

|               | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Date Reviewed |     |     |     |     |     |     |     |     |     |     |     |     |

\*Reviewed by all staff

What will the person discovering the emergency do? \_\_\_\_\_  
\_\_\_\_\_

How will they notify other staff? \_\_\_\_\_

What will you do before the emergency responders arrives? \_\_\_\_\_  
\_\_\_\_\_

How will you make sure all persons are evacuated and/or accounted for during each emergency? \_\_\_\_\_  
\_\_\_\_\_

# Understand the Weather

## Wind-Chill



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

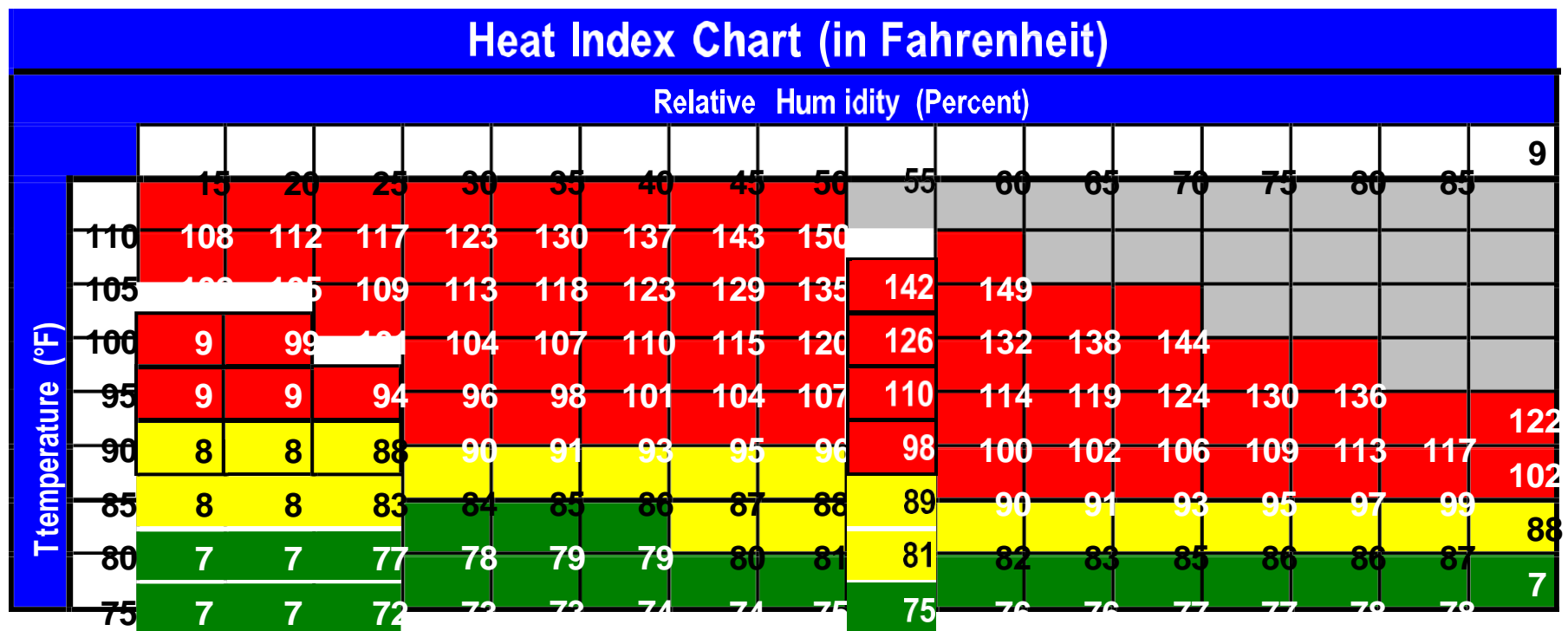
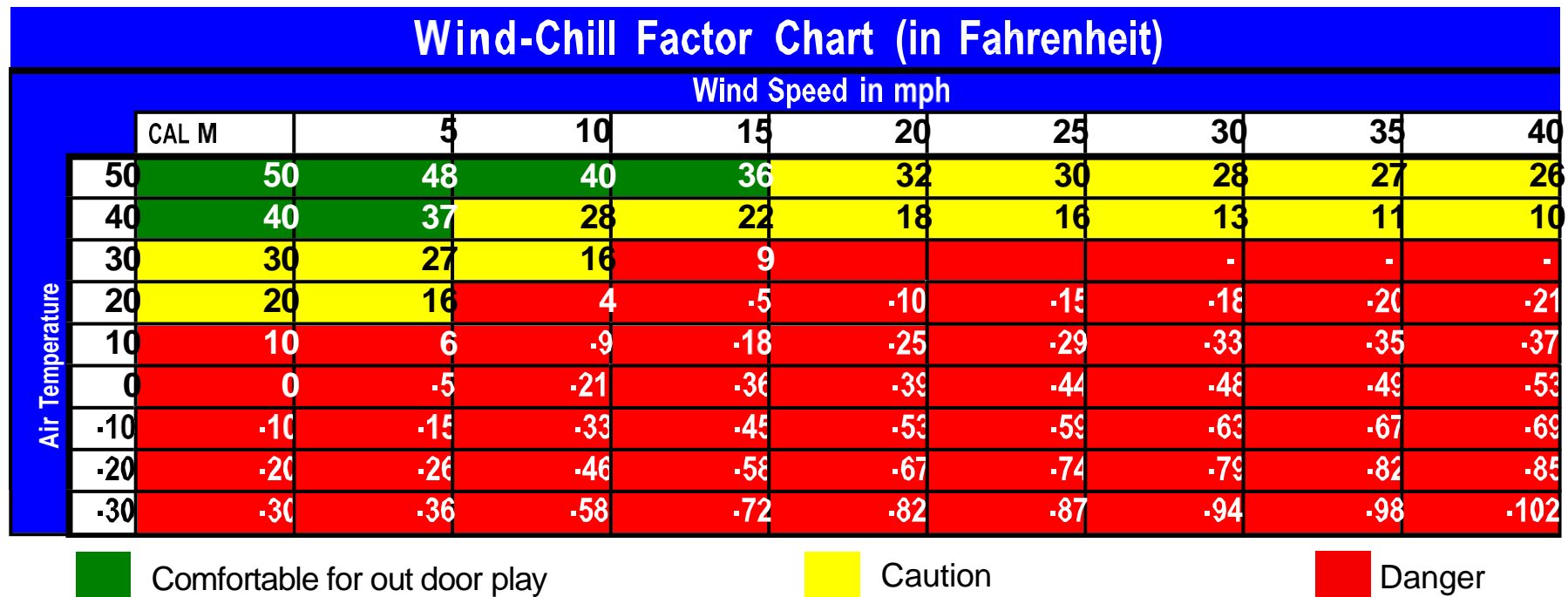
## Heat Index



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

All temperatures are in degrees Fahrenheit

# Child Care Weather Watch



# Child Care Weather Watch

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

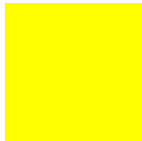


Condition **5(1)** - Most children may play outdoors and be comfortable. Child care providers should watch for the child that becomes uncomfortable while playing outdoors.

**INFANTS AND TODDLERS** Infants/toddlers are unable to tell the child care provider if they are too hot or cold. The infant/toddler may become fussy when uncomfortable. Infants/toddlers tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by using sunscreen and playing in shaded areas. Give beverages while playing outdoors.

**YOUNG CHILDREN** Use precautions regarding clothing, sunscreen, and beverages. Young children need to be reminded to stop play and drink a beverage and apply more sunscreen.

**OLDER CHILDREN** Use precautions for clothing, beverages, and sunscreen. The older child needs a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). Apply sunscreen and give beverages while outdoors.



Condition **ELL** means the child care provider must use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.

**INFANTS AND TODDLERS** Child care providers should use the precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.

**YOUNG CHILDREN** Use the precautions regarding clothing, sunscreen, and beverages. Younger children may insist they are *not* too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.

**OLDER CHILDREN** Use precautions for clothing, sunscreen, and beverages. Use a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids remain important while playing outdoors.



During condition **5(2)** most children should not play outdoors due to the health risk.

**INFANTS/TODDLERS** should play indoors and have ample space for large motor play.

**YOUNG CHILDREN** may ask to play outside and do not understand the potential danger of weather conditions.

**OLDER CHILDREN** may play outdoors for very short periods of time. Child care providers must be vigilant about proper clothing, beverages, and use of sunscreen

## Understand the Weather

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

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

# Transportation Guidelines

|  |     |
|--|-----|
| Transportation Plan Guidelines.....                                | 143 |
| Annual Transportation Vehicle Safety Inspection Certification..... | 144 |
| Transportation Agreement.....                                      | 145 |
| Vehicle Emergency Medical Information .....                        | 146 |
| Child Care Transportation Vehicle Requirements.....                | 147 |
| Child Care Transportation Vehicle Requirements FAQs.....           | 148 |



## Transportation Plan Guidelines

If the center offers routine transportation services, a written Transportation Plan must be included with the Operation Plan to provide the details of the services provided:

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

The written Transportation Plan must include:

- Name of the licensed driver and evidence of a current driver's license
- Manufacturer's rated seating capacity for each vehicle
- Checklist to account for the loading and unloading of children at each stop (See Children's Records)
- List of children to be transported (See Children's Records)
- Emergency medical information (See Children's Records)
- Annual Vehicle Inspection Form (must be completed for each vehicle used for routine and emergency purposes)
- Evidence of current first aid and CPR training for driver (See Staff Records)

Current transportation-related documents covering field trips, home, and school may be found on the decal website at:

<http://decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

# Annual Transportation Vehicle Safety Inspection Certification

| ITEMS TO BE INSPECTED  | O.K. | DEFICIENT | CORRECTION OR ADJUSTMENTS MADE | REMARKS |
|--|------|-----------|--------------------------------|---------|
| Brakes   |      |           |                                |         |
| Head Lights  |      |           |                                |         |
| Tail Lights  |      |           |                                |         |
| Stop Lights  |      |           |                                |         |
| Turn Signals   |      |           |                                |         |
| Tires  |      |           |                                |         |
| Suspension   |      |           |                                |         |
| Steering   |      |           |                                |         |
| Windshield Wipers  |      |           |                                |         |
| Windshield and Windows   |      |           |                                |         |
| Exhaust System   |      |           |                                |         |
| Horn   |      |           |                                |         |
| Heating System   |      |           |                                |         |
| Safety Alarm located at back of vehicle (If equipped)  |      |           |                                |         |
| Safety Alarm functioning correctly (time delay to activation less than 1 minute) (If equipped) |      |           |                                |         |

**Owner/ Operator of Vehicle:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Make/Model:** \_\_\_\_\_

**Tag Number:** \_\_\_\_\_

**Odometer Reading:** \_\_\_\_\_

**Mechanic's Signature:** \_\_\_\_\_

**Date of Inspection:** \_\_\_\_\_

Reproduce Forms as Needed (Updated 9-2019)

# Transportation Agreement

This is to certify that I give \_\_\_\_\_  
Facility name

permission to transport my child \_\_\_\_\_  
Child's name

from \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.)  
Pick-up Location

to \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.)  
Delivery Location

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.)  
Pick-up Location

on the following days (check all that apply):

- \_\_\_\_\_ Monday
- \_\_\_\_\_ Tuesday
- \_\_\_\_\_ Wednesday
- \_\_\_\_\_ Thursday
- \_\_\_\_\_ Friday

\_\_\_\_\_ is authorized to receive my child.  
(Name of Authorized Person)

In the event the authorized person is not present to receive my child, the following procedures should be followed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.  
(Location) (Distance)

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

\_\_\_\_\_  
(Facility Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Guardian)

## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address of Medical Facility the Center Uses \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current Prescribed Medication \_\_\_\_\_

Child's Special Medical Needs and Conditions \_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_  
(Facility Name)

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

Child's Name \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_





# Child Care Transportation Vehicle Requirements

THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH

FACT SHEET

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

It is important to note that Child Care Providers compliance of the new law is effective July 1, 2012.

| Exempt from Car Seat / Booster Seat Requirement  | NOT Exempt (see details below)  |
|--|---|
|  <p>Standard School Bus</p>                         |  <p>12 to 15 Passenger Van</p>                            |
|  <p>Multi-Function School Activity Bus (MFSAB)</p> |  <p>Shuttle Bus (does not meet School Bus Standards)</p> |

**For "Traditional" 12 or 15 Passenger Vans and Shuttle Buses**

- All children under age 8 must be in a car seat or booster seat
- All children age 8 and older must be in seat belts

**For School Buses and Multi-Function School Activity Buses (MFSAB)**

- Children must be in a seat belt per child care licensing regulations
  - Car seats or booster seats are not required by law; however
- NOTE: In 1999, the National Highway Traffic Safety Administration (NHTSA) issued the, "Guideline for the Safe Transportation of Pre-School Age Children in School Buses." The NHTSA recommends using properly secured child restraint systems for pre-school age children. For more information, go to: <http://www.nhtsa.dot.gov/people/injury/buses/Guide1999/prekfinal.htm>

The law can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76.

2 PEACHTREE STREET, ATLANTA, GA 30303 • WWW.DCH.GEORGIA.GOV

# Child Care Transportation Vehicle Requirements FAQs

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

### Frequently Asked Questions about Child Care Transportation Vehicle Requirements

- 1. Define a 15-passenger van.**  
A 15-passenger van has five rows of seats and is intended to transport up to 15 people including the driver.
- 2. Can I continue to use a 15-passenger van to transport children?**  
Yes. You may continue to use vans to transport children. However, children under age 8 must be in an appropriate child restraint system (e.g. car seat or booster seat).
- 3. What is a Multi-Function School Activity Bus (MFSAB)?**  
A MFSAB meets all of Federal Motor Vehicle Safety Standards (FMVSS) for a school bus, but it is not painted yellow and does not have the stop lights, stop "arm", etc.
- 4. Why do vans have to use car seats and booster seats, but buses and MFSAB's do not?**  
School buses and MFSAB's must meet more stringent Federal Motor Vehicle Safety Standards for transporting children. They are designed to provide enhanced protection for their occupants in a crash. Features such as high-back padded seats, stronger seat mounts, and enhanced rollover protection significantly reduce injuries and fatalities.
- 5. What if my school bus (or Multi-Function School Activity Bus) does not have seat belts?**  
You may continue to transport children in school buses and MFSAB's without seat belts. However, if seat belts are available, the children must be using them to be in compliance with licensing rules and regulations.
- 6. What is an "appropriate" child restraint system?**  
There are hundreds of products designed to safely transport children. Always refer to the manufacturer's instructions and/or labels for the child restraint system for information on proper use of the restraint (i.e. age, height, and weight limitations) and how to install the restraint properly. Generally, car seats are more appropriate for smaller children, and booster seats should be used for larger children. Under Georgia law, an "appropriate" child restraint system is, "appropriate for each child's height and weight and approved by the United States Department of Transportation under provisions of Federal Motor Vehicle Safety Standard 213 in effect on January 1, 1983, or at the time of manufacture."
- 7. Are there any van exemptions based on the height or weight of the child?**  
Yes. The following exceptions are:
  - If all other passenger seating positions with lap-shoulder belts are being used with an appropriate child restraint system, a child over 40 pounds may be in a lap belt only
  - If a parent or guardian provides a written physician's statement that a physical or medical condition of the child prevents placing him or her in a child restraint system, the child is exempt
  - If the child is over 4 feet 9 inches, the child may be placed in a seat belt only
- 8. What do I do about the seats in my van that do not have a shoulder belt?**  
Most car seats can be properly installed using a lap belt only. However, most booster seats require both a lap and a shoulder belt. Unless the manufacturer's instructions state otherwise, you may not use a booster seat with a lap belt only. Doing so could increase the chances of an injury in a crash. Under the law, you must first properly secure the children in child restraint systems. If all seating positions with lap and shoulder belts are occupied, you may place children weighing over 40 pounds into a seat with a lap belt only.
- 9. Where can I learn more about the seat belt law?**  
This law was enacted in July 2011 and can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-78 at: <http://www.lexis-nexis.com/hottopics/gaocode/Default.asp>.

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

### 10. How can I determine if a Bus is a School Bus or MFSAB?

All school buses and MFSAB's have a label from the manufacturer certifying that it is a school bus or MFSAB. The label is usually, "affixed to either the hinge pillar, door-latch post, or the door edge that meets the door-latch post, next to the driver's seating position, or to the left side of the instrument panel. If none of these locations are practicable, the label must be affixed to the inward-facing surface of the door next to the driver's seating position. A bus that meets the FMVSSs applicable to school buses will state "school bus" or "MFSAB" as its vehicle classification."

**Thomas**  
BUILT BUSES  
We Move People.

HIGH POINT, NORTH CAROLINA  
MFD BY THOMAS BUILT BUSES INC.

MADE IN U.S.A      02-2003

---


INC. VEH MFD BY: GMC      DATE: 11-2002  
GVWR: 4537 KG (10000 LB)  
GAWR FRONT: 1860 KG (04100 LB) WITH 225/75R16 (D) TIRES  
16X6 RIMS AT 448 KPA (065 PSI) COLD SINGLE  
GAWR INTERMEDIATE:  
GAWR REAR: 3403 KG (07500 LB) WITH 225/75R16 (D) TIRES  
16X6 RIMS AT 448 KPA (065 PSI) COLD DUAL  
THIS VEHICLE CONFORMS TO ALL APPLICABLE  
FEDERAL MOTOR VEHICLE SAFETY STANDARDS  
IN EFFECT IN: 11-2002  
V.I.N.: 1G0HG31UX31144974      CHAS. ID. NO: 58332  
VEH. TYPE: SCHOOL BUS (+DRIVER)- EQUIP. CAP: 014  
BODY ID: 35107-0312573-041MS

# Resources & Contact Information

|   |     |
|---|-----|
| Child Care & Preschool Pandemic Influenza Planning Checklist..... | 151 |
| Federal Crib Requirements .....                                   | 153 |
| DECAL Contact Information .....                                   | 155 |



# Child Care & Preschool Pandemic Influenza Planning Checklist

| CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST |                          |                          |    |
|--|--------------------------|--------------------------|---|
| Completed  | In Progress              | Not Started              |   |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning. |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.  |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Learn who in your area has legal authority to close child care programs if there is a flu emergency.  |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.  |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)   |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.  |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)   |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.  |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.   |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.  |
| 2. Student Learning and Program Operations:                    |                          |                          |   |
| Completed  | In Progress              | Not Started              |   |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.   |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)                         |
| <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)  |

### 3. Infection Control Policies and Actions:

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

### 4. Communications Planning:

| Completed                | In Progress              | Not Started              |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"> <li><input type="checkbox"/> How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See <a href="http://www.cdc.gov/flu/school/">www.cdc.gov/flu/school/</a>.)</li> <li><input type="checkbox"/> How to recognize a person that may have the flu, and what to do if they think they have the flu. (See <a href="http://www.pandemicflu.gov/">www.pandemicflu.gov</a>.)</li> <li><input type="checkbox"/> How to care for ill family members. (See <a href="http://www.hhs.gov/pandemicflu/plan/sup5.html#box4">www.hhs.gov/pandemicflu/plan/sup5.html#box4</a>.)</li> <li><input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See <a href="http://www.pandemicflu.gov/planguide/">www.pandemicflu.gov/planguide/</a>.)</li> </ul> |

March 20, 2006  
Version 3.1



# Federal Crib Requirements

U.S. Consumer Product Safety Commission

## A SAFER GENERATION OF CRIBS

New Federal Requirements



**5 New Federal Requirements:**

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

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

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

  
www.cpsc.gov  
  
NSN 11-2



www.cpsc.gov

## Child Care Providers Your Guide to New Crib Standards

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

### What you should know...

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

### What you should do...

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



## DECAL Contact Information



2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, Georgia 30334  
<http://www.dec.al.ga.gov/>

### Mission

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

### Vision

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

## Directory of DECAL Programs and State Services

|                                       |              |
|---------------------------------------|--------------|
| Child Care Licensing.....             | 404-657-5562 |
| Complaints/Concerns.....              | 404-657-5562 |
| Criminal Records.....                 | 855-844-7444 |
| Exemptions.....                       | 770-293-5977 |
| Head Start Collaboration.....         | 404-651-7425 |
| Pre-K.....                            | 404-656-5957 |
| Nutrition Services.....               | 404-657-1779 |
| Quality Rated.....                    | 800-855-7747 |
| Child and Parent Services (CAPS)..... | 833-442-2277 |
| Maximus (CAPS payments) .....         | 855-800-7747 |
| State Fire Marshall .....             | 404-656-2056 |
| Small Business Administration .....   | 404-331-0100 |
| Insurance Commissioner.....           | 404-656-2070 |
| Secretary of State .....              | 404-656-2881 |

# CCLC Licensure Orientation Meeting Resources

|  |     |
|--|-----|
| Director Training Requirements.....                                | 157 |
| Child Caregiver Fire Safety Training Requirements.....             | 158 |
| State Fire Marshal Code Regulations for Child Care Providers ..... | 159 |
| Acceptable Plan Submittal Rules .....                              | 163 |
| Data on Fires That Occurred in Child Care Facilities .....         | 165 |
| Child Care Resource and Referral Agencies in Georgia .....         | 166 |
| Georgia Regional Map.....  | 168 |

# Director Training Requirements

DECAL requires Directors of licensed childcare centers that are opening for the first time to take a 40-Hour Director Training class. Directors of licensed childcare facilities that are already operating are not affected by this new requirement—only newly opening centers. There are two ways to find a Director Training class:

## Option 1: Search for Upcoming Sessions

- Go to the **Georgia Professional Development System (GaPDS) home page** at: <https://gapds.decal.ga.gov/Home>
- Click the **Trainings** tab in the menu bar at the top of the home page.
- Choose the **Find Scheduled Training Sessions** option to search for upcoming approved classes.
- Fill in the boxes or scroll down to the **Popular Searches** list in the middle of the page and check the box next to **40-Hour Director Training**.
- Hit the **Search Training** button at the bottom of the page.
- A list of upcoming approved trainings and the approved trainers' contact information will be displayed.
- Contact any of the trainers listed to find out how to register.

## Option 2: Search for Approved Trainers

- Go to the **Georgia Professional Development System (GaPDS) home page** at: <https://gapds.decal.ga.gov/Home>
- Click the **Trainings** tab in the menu bar at the top of the home page.
- Choose the **Search Approved Training** option to search for **Approved Trainers**.
- Check the box next to **40-Hour Director Training** from the **Popular Searches** list.
- Hit the **Search** button.
- A list of approved trainers and their contact information will be displayed.
- Contact any of the trainers listed to find out when and where their next training will be held and how to register.

## Note:

The Technical Certificate of Credit (TCC) in Program Administration that is available at most Technical Colleges will meet the 40-Hour Director Training requirement, in addition to qualifying as one of the education requirements for the 2012 rule changes.

# Child Caregiver Fire Safety Training Requirements



## Section 406.2

**Child care-giver training.** A minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all Directors, operators and all staff members of day-care centers and group day-care homes as defined by the Life Safety Code adopted by this Chapter. The curriculum for the fire safety training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office. All staff members shall receive this training within 90 days from receipt of a license, being commissioned or the opening of a new center or home. Any new staff member shall receive a minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training within 90 days of employment. In addition, a minimum of two hours fire safety refresher training recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all Directors, operators and all staff members of day-care centers and group day-care homes every three years from the date initial training is received. The curriculum for the fire safety refresher training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office.

For information regarding fire safety training, please contact Ms. Wanda Butler at 404-656-7646 or by email at [\*\*wbutler@sfm.ga.gov\*\*](mailto:wbutler@sfm.ga.gov).



# State Fire Marshal Code Regulations for Child Care Providers

## Georgia State Fire Marshal's Office: Day Care Code Summary

### **Definitions:**

1. Day-Care Home: Sub-classifications
  - a. Family Day-Care home: A building or portion of a building in which more than 3 but not more than 7 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (One staff member)
  - b. Group Day-Care home: A building or portion of a building in which not less than 7 but not more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (Two staff member)
2. Day-Care Center:
  - a. Group Day-Care home: A building or portion of a building in which more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day.
  - b. Exception: Places of religious worship where providing Day-Care while services are being held in the building shall not comply with day-care requirements.

Note: Georgia Department of Early Care and Learning (DECAL) Licensing may differ (e.g., DECAL consider 18 clients as group day-care).

### **Facilities under the jurisdiction of the State:**

1. Group Day-Care home having **7** to **12** children.
2. Day-Care Center having more than **12** children.

### **Facilities not under the jurisdiction of the State:**

1. Family Day-Care home having less than **7** children (Local Fire Marshal).

### **New Day-Care / Existing Day-Care**

1. Interior floor finishes in existing day care has no requirements, new requires Class I or II for corridors and exits
2. Fire Alarm Emergency forces notification (Central Station Monitoring) in existing day care not required for 100 or less occupant load.
3. Corridor walls in Existing Day-Care = 1/2 HR, New = 1-HR.

### **Who is required to submit Plans to the Fire Marshal's Office:**

1. New buildings or portions thereof used as Day-Care.
2. Addition made to or used as Day-Care.
3. Alterations, modernizations, or renovations of existing Day-Care.
4. Existing buildings or portions thereof upon change of occupancy to a Day-Care.

### **What to submit to the State Fire Marshal's Office**

1. Day-Care plans (architectural, mechanical, plumbing, site, electrical).
2. 354 Plans Transmittal Letter.
3. Fees.

### **Architect/Engineer Seal Waiver:**

OCGA § 25-2-4 Properly submitted plans shall include two (2) sets of architectural, mechanical, plumbing (if any gas piping is to be used), site (parking, fire hydrants, etc.), and electrical plans on minimum 22"x 34" (Engineering or ANSI D size) sheet of paper and one (1) set of specifications. All plans sheets must bear the seal of Georgia Registered Architect or Engineer. Each page must bear the seal. For minor additions and minor renovations a seal waiver is possible on a case-by-case basis (see OCGA § 43-15-24 for more information) provided the total completed construction cost (building, finishes, furnishings, electrical, mechanical, etc.) is less than \$100,000.

- Cost Estimates for NEW Construction can be based upon the total area of the facility times:
  - \$150.00 for 10,000 feet square and less
  - \$.015 x square footage for +10,000 square feet

### **Mixed Occupancies**

Separation of 1 or 2-HR fire barrier fire-resistant walls between Day-Care and any other occupancies, as determined by the 2012 International Building Code are required.

### **Factors to determine if building requires a sprinkler system**

1. Construction type of the building (any type if providing Exit doors leading to outside may exempt).
2. Number of Stories.
3. Age group of the children.

### **Occupant Load**

1. Occupant Load = The floor area assigned for Day-Care usage / Occupant Load Factor (35 ft<sup>2</sup>).
2. Occupant Load = The floor area assigned for office usage / Occupant Load Factor (100 ft<sup>2</sup>).
3. Occupant Load = The floor area assigned for Kitchen usage / Occupant Load Factor (100 ft<sup>2</sup>).

### **Means of Egress Components:**

1. Doors (clear width, panic hardware, etc.).
2. Stairs (handrail, guardrail, treads, risers, etc.).
3. Ramps (maximum elevation between landings, handrails, guardrails, etc.).
4. Corridor [width (mini. 36 in, and maneuvering type for Accessibility requirements 60 in), dead-end issue (20 ft, or 50 ft IF sprinklered), fire resistance (1-HR, or doors leading to outside), ADA requirements, etc.].
5. Number of Exits (minimum of two).
6. Arrangement of means of egress.
7. Travel distance (150 ft, or 200 ft IF sprinklered).
8. Common path (75 ft, or 100 ft IF sprinklered).

### **GA. Accessibility Code**

1. Accessible parking space – regular AND Van accessible, including an accessible route
2. Ramps, Stairs (Change in elevation).
3. Handrail, Guards.
4. Detectable Warning at vehicular areas.
5. Sinks/lavatories shall be accessible.
6. New and renovated restrooms used primarily by children at least 3 years old must be made accessible for children's dimensions
  - Doors shall not swing into the clear floor space of any fixture).
  - Restrooms for children 2 years old and younger are considered diaper facilities
7. Water closets, Grab bars.
8. Drinking Fountains and Water Coolers

### **Protection from hazards**

1. Areas considered as a Hazards area requiring 1-hour fire barrier *and/or* sprinklered.
  - Storage, Janitor closet (1-hour fire barrier *or* sprinklered).
  - Laundry room (1-hour fire barrier and sprinklered if more than 100-ft<sup>2</sup>, or if less than).
  - Mechanical room [water heater, furnace, etc.] (1-hour fire barrier *or* sprinklered).
2. Kitchen Hood to comply with NFPA 96 (commercial or residential hood)

### **Interior Finish**

1. Interior wall and Ceiling finish (Class A, or Class B) classified based on test result of NFPA 255.
2. Interior Floor Finish (Class I, or Class II) classified based on test result of NFPA 255.

### **Fire Alarm System**

1. Day-Care Center shall be provided with fire alarm system, Day-Care Home only requires smoke alarm.
2. Initiation of fire alarm shall be by manual means, by operation of smoke detectors, or any sprinkler system.
3. Notification devices (horn, strobe).
4. Installation of smoke detectors in all corridors, front of doors to stairways, sleeping room (classrooms), and any recreation or lounge areas.

### **Group Day-Care Home**

1. Every story occupied by client shall have not less than two remotely located means of escape. Primary must be a door.
2. Emergency light (No requirements, but recommended).
3. Marking of means of egress (No requirements, but recommended).
4. Protection from Hazards (No requirements).
5. Interior Floor Finish (No requirements).
6. Fire Alarm System (No requirements).

### **Fire Emergency Response Plan**

The facility shall have a comprehensive written fire emergency response plans. Copies of the plan shall be made available to all employees.

### **Inspections**

Fire prevention inspections shall be conducted monthly by a trained senior member of the staff. A copy of the latest inspection report shall be posted in a conspicuous place in the Day-Care facility.

### **Furnishing and Decorations**

Artwork and teaching materials shall be permitted to be attached directly to the walls and shall not exceed 20 percent of the wall area.

### **Staffing**

| <b>Staff-to-Client Ratio</b> | <b>Age (months)</b>                   |
|------------------------------|---------------------------------------|
| 1:3                          | 0-24                                  |
| 1:4                          | 25-36                                 |
| 1:7                          | 37-60                                 |
| 1:10                         | 61-96                                 |
| 1:12                         | 97+                                   |
| 1:3                          | Client incapable of self-preservation |

**Note:** Georgia Department of Early Care and Learning (DECAL) staffing requirements may differ from the above. Typically, they are more restrictive. Exceeding the above or DECAL staffing requirements may subject the facility to additional fire safety requirements.

**Also Note:** This office highly recommends retaining the services of a Georgia Licensed Architect or Engineer for all projects involving new construction, construction of fire rated structural elements and/or substantial renovations to any existing facility. Though a seal waiver request may be entertained, it DOES NOT relieve the applicant of any and all legal and financial responsibility for compliance with applicable codes.

**Contact Information**

Georgia State Fire Marshal's Office Safety Fire Division  
2 Martin Luther King Jr. Drive, West Tower Suite 9702, Atlanta, GA 30334  
Primary: (404) 656-2070  
Toll-Free: (800) 656-2298

[Firemarshal@oci.ga.gov](mailto:Firemarshal@oci.ga.gov)

Georgia Accessibility (OCGA 120-3-20)  
<https://ada.georgia.gov/access-and-use-public-facilities-b>

# Acceptable Plan Submittal Rules



## **Subject: Acceptable Plan Submittal** **To: All Child Care Providers Seeking Licensure**

A properly submitted plan review package **MUST** include two (2) sets of **scaled** architectural, mechanical, plumbing, site, and electrical drawings on minimum **22"x 34"** (Engineering or ANSI D size) sheet of paper. Furthermore, a 354 Plans Transmittal Letter (see enclosed) **MUST** be completely filled out. You must specify the occupant load and the capacity (number of children you will be licensed for by DHR) on this form. Any submittal received without a COMPLETED 354 Transmittal Letter will be returned. This includes addendum, resubmission, and any other item that requires an engineer's review.

In order to serve you in a timely fashion, the following information listed below is required as a minimum to be noted and shown on each set of plans submitted for review and approval by the Georgia State Fire Marshal's Office.

- Site plans noting driveway (show relative elevations), parking, handicap parking, proximity of structure to other structures, distance of structures from other structures, walkways, ramps, stairs, fences, passenger loading zone, and location of air or heating unit on the outside
- Dimensions of **all** rooms
- Label all rooms and their use
- Dimensions of bathrooms (New construction must meet **GA Accessibility Code 120-3-20** requirements. Include elevations of all fixtures)
- Location and sizes of all doors, door width, corridors, and windows with **sill** height. Note which direction door swings, length of halls and corridors
- Location of fire alarm components which include pull stations, horn/strobe units, and fire alarm control panel (**Note Location Where Installed or Plan to Install**)
- Location of all smoke detectors (**Note Location Where Installed or Plan to Install**)
- Location of all exit signs (**Note Location Where Installed or Plan to Install**)
- Location of emergency lighting (**Note Location Where Installed or Plan to Install**)
- Location of portable fire extinguishers (Note size, type, and rating)
- Location of furnace and water heater. If unit is in attic, note location. Note BTU input rating of hot water heater and note CFM and BTU of furnace
- Location and type of stove (residential or commercial appliance)
- Location of all stairs (inside or outside), ramps, and slope of ramps
- Construction type on 354 Submittal Form. **Note: construction materials and components of the structure on the plans** (i.e., load bearing walls, interior walls, columns, etc.)
- Show building cross section (drawing of outside of structure) with elevation(s) related to grade
- Location and size of laundry room (residential or commercial appliances)
- If facility has a storage room, note size of room and what will be stored
- Location of fixed fire protection devices (i.e., cooking hood systems and fire sprinklers)

- Construction type on 354 Submittal Form. **Note: construction materials and components of the structure on the plans** (i.e., load bearing walls, interior walls, columns, etc.)
- Show building cross section (drawing of outside of structure) with elevation(s) related to grade
- Location and size of laundry room (residential or commercial appliances)
- If facility has a storage room, note size of room and what will be stored
- Location of fixed fire protection devices (i.e., cooking hood systems and fire sprinklers)

In addition to the information above, properly submitted plans **MUST** bear the seal of a Georgia Registered Architect. An engineer's seal is acceptable as provided under Chapter 15 of Title 43, as applicable under the engineer's license. If plans are not sealed, a written waiver request must be submitted to the Commissioner. (Please be advised that waiver of the seal is not an option for construction projects/alterations which costs are greater than \$100,000 per OCG 43-15-24b). ***This request letter must state construction/alteration cost as justification for omission of the seal of a Georgia registered architect/engineer on the submitted plans.*** Also, if the required seal is waived, **YOU** become responsible for **knowing and meeting** all code requirements. ***The letter must also state that you will assume responsibility for compliance with the code requirements.*** This office enforces NFPA 101-Life Safety Code, 2000 edition with Georgia State Modifications 120-3-3 (the office enforced the 1997 edition NFPA 101 before September 10, 2003), and the Georgia Accessibility Code 120-3-20.

Once plans are submitted to this office they are reviewed in the order they are received. Please be aware that this office reviews plans for the whole state. Therefore, please contact this office for the approximate return time for submitted plans. **Before any construction/ renovation work is started you must have a construction permit and approved plans from this office.**

When you submit your plans to this office they will be reviewed and comments will be made to inform you exactly what will need to be done in addition to what is drawn on the plans. The comments need to be addressed before a request for inspection is made. When your construction is 80% complete, you will need to request an inspection in writing.

At that time, a Fire Safety Compliance Officer will schedule an inspection with you. When you reach 100% completion and all code requirements are in compliance, the final inspection can be requested. If you are in compliance, you will be issued a certificate of occupancy, which in turn can be shown to DHR to complete licensure.

If you have any questions or require further assistance, please call the Office of Commissioner of Insurance Safety Fire Division office at 404-656-2064.

## Data on Fires That Occurred in Child Care Facilities

| Type of Fire                                    | 2006      | 2007      | 2008      | 2009      | 2010                     |
|---|-----------|-----------|-----------|-----------|--------------------------|
| Building fire                                   | 7         | 11        | 12        | 17        | 12                       |
| Fires in structures other than a building       | 1         | 0         | 1         | 0         | 0                        |
| Cooking fire/grease, confined to a container    | 5         | 14        | 8         | 8         | 21                       |
| Fuel burner/boiler malfunction, fire contained  | 1         | 0         | 0         | 0         | 0                        |
| Passenger Vehicle fire                          | 1         | 7         | 4         | 3         | 3                        |
| Brush. Brush & grass mixture fire               | 1         | 4         | 3         | 0         | 0                        |
| Grassfire                                       | 1         | 2         | 1         | 0         | 2                        |
| Outside rubbish fire                            | 1         | 1         | 2         | 1         | 1                        |
| Dumpster/outside trash receptacle               | 4         | 0         | 1         | 0         | 0                        |
| Outside Equipment fire                          | 0         | 1         | 1         | 1         | 0                        |
| Fire, other                                     | 5         | 0         | 4         | 0         | 0                        |
| <b>Total</b>                                    | <b>27</b> | <b>40</b> | <b>37</b> | <b>30</b> | <b>39</b>                |
|   |           |           |           |           |                          |
| <b>Dollar Loss</b>                              | \$36,610  | \$28,817  | \$135,150 | \$929,800 | \$261,697                |
| <b>Casualties (Fire Service &amp; Civilian)</b> | 0         | 0         | 0         | 1 injury  | 1 fatality<br>4 injuries |

# Child Care Resource and Referral Agencies in Georgia

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

### Region 1 (11 Counties):

*Bartow, Chattooga, Cherokee, Dade, Floyd, Fulton, Gordon, Haralson, Pickens, Polk, Walker*

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

Contact:

Toll Free 1-800-308-1825

Fax (678) 721-6676

<https://www.qualitycareforchildren.org/>



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

### Region 2 (11 Counties):

*Carroll, Clayton, Cobb, Coweta, Douglas, Fayette, Harris, Heard, Meriwether, Paulding, Troup*

3 Corporate Square Boulevard NE  
Suite 230  
Atlanta, GA 30329

Contact:

Toll Free 1-877-722-2445

Fax (404) 479-4166

<https://www.qualitycareforchildren.org/>



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

### Region 3 (23 Counties):

*Baldwin, Burke, Butts, Columbia, DeKalb, Glascock, Greene, Hancock, Jasper, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Newton, Putnam, Richmond, Rockdale, Taliaferro, Walton, Warren, Wilkes*

108 SRP Drive, Suite B  
Evans, GA 30809

Contact:

Toll Free 1-877-228-3566

Fax (706) 922-7180

<http://leapccrr.org>





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

### Region 4 (48 Counties)

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

**2429 Gillionville Rd.  
Albany, GA 31707**

**Contact:**

**Toll Free 1-866-833-3552**

**Fax (229) 500-4895**

<https://www.asurams.edu/ccrr/>



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

### Region 5 (40 Counties):

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

**190 Crossroads Parkway  
Savannah, GA 31407**

**Contact:**

**Toll Free 1-877-935-7575**

**Fax (912) 966-6735**

<http://www.ccrrofsoutheastga.org>



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

### Region 6 (26 Counties):

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

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

**Contact:**

**Toll Free 1-877-633-1461**

**Fax (706) 543-3077**

<https://www.qualitycareforchildren.org/>



# Georgia Regional Map

