Guidance Manual

Rules for

Child Care Learning Centers

Introduction

The Child Care Learning Center Guidance Manual is a guide to use as an aid for consistent application of the rules and ways to determine if the center is in compliance with the rule.

The Guidance Manual focuses on Core Rules which have been identified to be directly related to children's health and safety. Core Rules are evaluated by Child Care Program Consultants during every Licensing Study and Monitoring Visit.

Consistent application of the Rules and Regulations for Child Care Learning Centers by Bright from the Start staff is critical to assure fair and equitable delivery of services to our customers.

Compliance Categories

Met- The compliance category used on reports for rules evaluated during a visit when the provider is in compliance with all applicable rules in a specific category.

Not Met- The compliance category used on reports when any rule violation(s) found during a visit are of moderate or greater severity/risk, i.e. with potential to have a likely adverse effect over time, have a direct adverse effect on health/safety, or which pose imminent and serious threat or hazard.

591-1-1-.10 Diapering Areas and Practices.

(2) Lavatory. In Centers first licensed after March 1, 1991, and Centers that renovate existing plumbing facilities, a hand washing lavatory with running heated water shall be located adjacent to the diapering area. Flush sinks shall not be used for hand washing. Cleansing procedures in other facilities shall be approved by the Department.

GUIDANCE
Observe the location of the hand washing sink and its proximity to the diapering area. The sink should be adjacent or within arm's reach of the diaper changing area. Check the sink for running heated water. For previously licensed centers that do not meet this rule, hand washing procedures must be approved. Check state file for any special conditions, provisions, or approvals if sink is located elsewhere.

(3)(a) If diapers are changed on a diaper-changing surface, the surface shall be smooth, non-porous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper change surface shall be cleaned with a disinfectant and dried with a single-use disposable towel.

GUIDANCE
To prevent the spread of disease and infection the diapering surface should be smooth and non-porous. Ensure that the changing table surface has no cracks, seams, indentations or designs where dirt, germs or bacteria can collect. The surface should be made of a material that is impenetrable by liquids. It is unacceptable for the facility to use tape to repair tears or cracks on the surface. Garbage bags or plastic wrap may not be used to cover the surface because they pose a suffocation hazard for children. The manufacturer's plastic packaging should be removed prior to use.

Observe the diapering area to ensure that a guard, rail or other barrier is present to prevent the child from falling or sliding off. A smooth and non-porous contoured changing mat is acceptable.

Observe or question staff regarding cleaning and disinfecting procedures. When a commercial disinfectant is used, the manufacturer's label should indicate that the product kills bacteria, viruses and parasites, and it should be used according to the instructions on the label. If instructions indicate to allow the surface to remain wet for ten minutes the consultant may provide technical assistance.

The American Academy of Pediatrics recommends using a sanitizing solution of ¼ cup household liquid chlorine bleach in one gallon of water or one tablespoon to one quart of water. The solution should be made in small quantities and prepared daily or more often due to rapid deterioration. Unused *portions* should be safely discarded at the end of the day. Containers should be labeled, sealed and stored out of reach of children and away from food and drink items.

(3)(b) Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface.

GUIDANCE
Child caregivers shall never leave a child alone on a table or countertop even for an instant. If an emergency arises the caregiver shall put the child on the floor, in a crib or take the child with them. Staff should not turn away or move away from the child for any reason while the child is on the table.

(3)(c) Any items which might harm a child must be kept out of a child's reach.

Items needed during the diapering process should be readily accessible to staff, but inaccessible to children.

GUIDANCE
Observe the diapering process to ensure that the diapering area is kept free from harmful items such as but not limited to baby powder, ointment, disinfectant, or any item labeled keep out of reach of children.etc.

(5) Hygiene. Staff shall wash their hands with liquid soap and warm running water immediately before and after each diaper change they perform. Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

GUIDANCE
Observe the diapering process or question staff to assure that staff wash their hands with liquid soap and warm running water before and after each diaper change. The use of gloves during diapering does not eliminate the need for hand washing.

A staff member with diaper changing responsibilities may work in the kitchen area provided that this person is not responsible for changing diapers while also working in the kitchen. It is imperative that appropriate hand-washing procedures be followed at all times, particularly when a staff member must alternate responsibilities. Whenever possible staff should not be assigned both child care diapering and food preparation duties.

Liquid soap has been found to be more effective in limiting the transmission of bacteria in comparison to bar soap. The use of bar soap has been associated with the transmission of bacteria.

(6) Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.

The separation of diaper changing areas and food preparation areas prevents the transmission of disease.

GUIDANCE
The changing area shall not be located in food preparation areas and shall not be used for the temporary placement of food, bottles, cups, dishes, or utensils or for the serving of food. Changing areas and food preparation areas shall be physically separated. Food and drinking utensils shall not be washed in sinks that are used for hand-washing after diapering.

591-1-1-.11 Discipline.

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

GUIDANCE
Discipline shall include positive guidance, re-direction, and setting clear-cut limits that foster the child's ability to become self-disciplined. Staff should use discipline methods that are age-appropriate, clear and understandable to the child. Disciplinary measures shall be consistent and shall be explained to the child before and at the time of any disciplinary action. The role of the caregiver is to help children develop self-control and appropriate relationships with peers and adults. Caregivers should show children positive alternatives rather than just telling children "no". Observe written policies and procedures for evidence of appropriate guidance and discipline techniques. Observe staff: child interactions to determine if staff uses positive discipline.

(2) Personnel shall not:

(a) Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Center;

GUIDANCE
Children shall be protected from willful injury or sexual exploitation by older persons. Review written policies and procedures for evidence of appropriate guidance and discipline techniques. Observe staff to child interactions and children's physical appearance. Make note of any obvious bruises, burns, lacerations or abrasions and discuss with the Director. Make referral to the County Department of Family and Children Services if appropriate. Look for any signs of inappropriate discipline that could result in injury to a child. Consultants should interview children and staff to determine if inappropriate discipline methods are used.

The word "discipline" originates from a Latin root that implies learning and education. The modern dictionary defines discipline as: "training that develops self-control, character, or orderliness and efficiency".

(b) Inflict corporal/physical punishment upon a child;

(c) Shake, jerk, pinch or handle a child roughly;

(d) Verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family;

(e) Isolate a child in a dark room, closet or unsupervised area;

(f) Use mechanical or physical restraints or devices to discipline children;

GUIDANCE
The center may use non-punitive disciplinary practices that do not result in physical, emotional or psychological harm to the child. Caregivers shall care for children without resorting to physical punishment or abusive language. Caregivers shall acknowledge and model desired behavior. The use of "time-out" is recommended for children age 3 years or over. Centers should selectively use "time-out" only to enable the child to regain control of themselves. The caregiver shall keep the child within visual contact and should limit the amount of time that the child is placed in time-out to one minute per year of age. The caregiver should take into account the child's developmental stage, tolerances, and ability to learn from "time-out". Examples of inappropriate discipline are to place a child facing the wall while in time-out, threatening the child that they will call their mother, father, police, etc., speaking directly to the child in a loud and threatening voice or grabbing the child by the arm or clothing to move the child.

(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

For more details on the effective use of "time-out", see the American Academy of Pediatrics Guidance for Effective Discipline. http://aappolicy.aappublications.org/cgi/reprint/pediatrics;101/4/723.pdf

GUIDANCE
Children shall not be given medicines, drugs, herbal or folk remedies that will affect their behavior except as prescribed by their health care provider and with specific written instructions from their health care provider for use of the medicine. Review the records of any children who require medication for behavior control. Check for proper authorization as indicated.

(h) Restrict unreasonably a child from going to the bathroom;

(i) Punish toileting accidents;

GUIDANCE
Children's individual toileting needs shall be met and respected. Children should not have to wait to go to the bathroom. When a child obviously needs to go and/or expresses a need to go to the bathroom staff shall oblige. Children should not be punished for toileting accidents. Observe if children are allowed to go to the bathroom when a need is expressed, not only during established times. Making a child clean up his/her own toileting accident is considered punishment.

(j) Force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks;

(k) Force or withhold naps;

GUIDANCE
Staff should provide children with the rest and nutrition they require, while respecting individual differences among children. Force-feeding can result in choking or injury and forcing or withholding naps can result in anger, irritability, and/or fatigue. Observe snack/meal times and rest periods for evidence of inappropriate practices. Notice signs of fatigue or restlessness. Interview staff and children regarding the center's practices surrounding meals/snacks and rest periods.

(l) Allow children to discipline or humiliate other children;

GUIDANCE
Children shall be protected from physical and emotional harm that can result from punitive actions of other children, such as hitting, yelling, criticizing, biting, etc., Staff should never encourage a child to retaliate against another child. When conflict arises among children, it is appropriate and more effective for staff to intervene and help the children use appropriate skills to resolve the conflict. Staff should encourage children to treat each other with respect and model this behavior for the children. Observe the groups for evidence of children attempting to discipline and/or humiliate others, and observe intervention by staff members.

(m) Confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jump seat;

GUIDANCE
Children should be protected from the potential physical and emotional harm that can result from improper use of this type of equipment. This type of equipment is not designed for restraining children. Using it for that purpose is punitive and unsafe. Observe circumstances surrounding children being placed in this type equipment. Notice staff interactions with children to detect signs of inappropriate disciplinary action regarding equipment. When observing children in such equipment, look for signs of fatigue, frustration, restlessness, etc. and notice any children trying to escape the equipment.

It is not appropriate to place older children in confining equipment that they do not routinely use, even if given an activity (book, etc.).

(n) Commit any criminal act, as defined under Georgia law which is set forth in O.C.G.A. Sec. 16-1-1 et seq., in the presence of any child enrolled in the Center.

GUIDANCE
Staff shall not commit criminal acts in the presence of children. O.C.G.A. Section 16 includes all criminal acts defined under Georgia law to include misdemeanors and felonies.

591-1-1-.13 Field Trips

(2) Parental Permission. A Center shall obtain written permission from Parents in advance of the child's participation in any field trip and such permission must be signed and dated by a Parent.

GUIDANCE
Purpose is to ensure that the parents know their children's whereabouts during the day, and that they approve of the outing. The rule does not permit the use of a blanket authorization that does not inform parents of the specific details of each field trip. However, the rule does permit a parent to sign one slip approving a number of specific trips, provided the details for each trip are specifically described as indicated in the rule and the permission is obtained in advance of the trips, such as weekly trips to a skating rink, a trip to a movie during summer, etc. When monthly or summer calendars are used with multiple field trips there must be a method to ensure approval for each trip. Review the most recent field trip documentation.

(4) List of Trip Participants. A list of children and adults participating in the trip shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.

GUIDANCE
To ensure that center staff and field trip staff have a list of children and adults participating on the trip and that are not in the center. This is important in case of an emergency relocation so that the center staff can account for all children who are currently in the center's care. Observe center's records for the most recent copy of participant list taken on the field trip and verify that a copy of the list was left at the center.

(5) Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the Center uses in the area where the Center is located; and the telephone numbers where the Parents can be reached shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.

GUIDANCE
Observe Vehicle Emergency Medical Information Form for each child participating on the most recent field trip. If a child has a chronic medical condition that could result in an emergency (such as asthma, diabetes, seizures), the staff on the field trip should have written instructions including parent emergency contacts, child health information, special needs, and treatment plans.

Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside the facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times.

(6) Name Tags. Each child on a field trip shall have on their person their name, and the Center's name address and telephone number.

GUIDANCE
To ensure that children who may be lost on a field trip can be identified and to ensure that emergency personnel can identify a child and access emergency medical information in order to provide necessary treatment. For example in the case of a serious accident the staff may not be conscious and able to identify children for the attending medical personnel. The rule does not require or advise that the name of the child be visible to the public, only that the name be somewhere on the child (inside a pocket, pinned inside a jacket, etc.). Ask staff about identification procedures when children participate in field trips.

591-1-1-.17 Hygiene.

(7) Handwashing, Children. Children's hands shall be washed with liquid soap and warm running water:
(a) Immediately upon arrival for care, when moving from one child care group to another and upon re-entering the child care area from outside;
(b) Before and after eating meals and snacks, handling or touching food, or playing in water
(c) After toileting and diapering, playing in sand, touching animals or pets, and contact with bodily fluids such as, but not limited to, mucus, saliva, vomit or blood;
(d) After contamination by any other means; and
(e) Washcloth handwashing is permitted for infants when the infant is too heavy to hold for handwashing or cannot stand safely to wash their hands at a sink and for children with special needs who are not capable of washing their own hands. An individual washcloth used only one time between laundering shall be used for each child.

Encouraging and teaching children good hand washing practices must be done in a safe manner. Washing the hands of children helps reduce the spread of infection, and washing under warm water using liquid soap is the most efficient method.

GUIDANCE
To prevent the spread of infection and to teach children safe and healthy hygiene practices. Check sinks that children use to insure that the water runs warm and not hot. Check the liquid soap to insure that it is safe to leave within children's reach. Anti-bacterial soaps contain a warning to keep out of reach of children. To foster independence liquid soap should be safe for children and kept so that it is accessible to older children so that they can engage in self-help skills. Caregivers should provide assistance to children as needed depending on their developmental levels. An individual washcloth means one that has been laundered and not shared among children. Disposable wipes, paper towels, or other single-service towels are acceptable. Handwashing compliance shall be determined by observation and/or discussion with staff regarding their practices and procedures. Toileting applies to diapered children as well as

non-diapered children. If a child is asleep when they arrive, staff do not need to wake the child to wash their hands, but should wash the child's hands as soon as the child wakes.

(8) **Handwashing, Staff. Personnel shall wash their hands with liquid soap and warm running water:**
(a) Immediately upon arrival for the day, when moving from one child care group to another, and upon re-entering the child care area after outside play;
(b) Before and after diapering a child, dispensing medication, applying topical medications, ointments, creams or lotions, handling and preparing food, eating drinking, preparing bottles, feeding each child, and assisting children with eating and drinking; and
(c) After toileting or assisting children with toileting, using tobacco products, handling garbage and organic waste, touching animals or pets, and handling bodily fluids, such as but not limited to, mucus, saliva, vomit or blood; and
(d) After contamination by other means.

See the Bright from the Start webpage for handwashing poster. Posting the procedures at each handwashing sink for staff and children is recommended.

GUIDANCE
Handwashing is the simplest and most important basic measure for preventing the spread of infection. Contaminated by other means includes, but is not limited to, wiping a child's nose, cleaning a table, sneezing into the hand. Handwashing should be observed and/or discussed to ensure procedures as indicated on the handwashing chart are followed.

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

GUIDANCE
Potty chairs should be emptied immediately after use, cleaned and sanitized prior to storage or reuse.

Before assuming responsibility for administration of medicine, facilities must have clear and accurate written instruction from the parent.

591-1-1-.20 Medications.

(1) Parental Authorization. Except for first aid or authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

GUIDANCE
Purpose is to ensure that children receive proper dosage of prescribed and over the counter medications as authorized and instructed by the parent or legal guardian. These details are not required for non-prescription topical medicines such as Desitin, Vaseline, suntan lotion etc., but written parental authorization for their use is required. In situations

where a child has a chronic medical condition which requires that a medication remain on the premises such as an Epi-Pen, there must also be a signed parental authorization for that medication. In other emergency situations such as a child spiking a high temperature the center may obtain verbal authorization from the parent over the telephone to be followed with a written and signed authorization upon the parents' arrival at the center.

(2) Dispensing Medication. Written authorization to dispense medications shall be limited to two (2) weeks unless otherwise prescribed by a physician or authorized by Georgia law. Medication shall only be dispensed out of its original container which must be labeled with the child's name or authorized by Georgia law.

GUIDANCE

A physician's authorization or when authorized by Georgia law which must be maintained in the child's file can exceed the two-week limitation for a child who has a chronic condition that requires consistent, long term medication. The parent must renew the authorization by initiating a new form at the end of the two-week period if necessary to continue the medication. That it is for a chronic condition should be noted on the authorization form signed by the parent. Such an authorization with that notation would remain valid until the parent notifies the center of a change or until the expiration date of the prescription. Prescription and over-the-counter medication should be in the original container and labeled with the child's full name. This rule does not prohibit centers from having over-the-counter medications on hand for emergency situations. There must be procedures in place for their use and staff must be aware of the procedures. These medications must be marked "for center use only" and parental authorization (verbal and written) must be obtained if these medications are dispensed. Sample medications are allowed as long as there is a doctor's statement to indicate the name of the medication, the child's name, dosage, date, number of times per day to administer and the duration that the drug will be administered. All medications must be within the expiration dates.

(3) Dispensing Records. The Center shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.

GUIDANCE

This form should reflect that medication was administered as authorized by the parent or legal guardian and should document the reason that the medication was not administered such as child absent, medication not brought by the parent, etc.

(4) Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leak proof container in a refrigerator that is not accessible to the children.

GUIDANCE

It is not necessary to lock a container that is clearly inaccessible to children, such as a container placed on a high shelf out of children's reach. A leak proof container means that the container should be covered or enclosed to prevent leakage. The original medication bottle is acceptable provided the cap is tightly secured to prevent leakage. Additional measures may be necessary to make a refrigerator (located in the classroom) inaccessible to children, such as, but not limited to, one of the following:

- Place a lock on the door handle of the refrigerator.
- Wrap a rubber strap or Velcro strip around any small (compact model) refrigerator. The strap should be short, so as to prevent the strap from wrapping around a child's neck if it were to become separated from the refrigerator.
- Place any small refrigerator on counter space that is out of children's reach and not in the diapering area.

(5) Unused Medication. Medicines which are no longer to be dispensed shall be returned to the child's Parents immediately.

GUIDANCE

All medications on site and labeled for a child must have a valid authorization on file, except as indicated in rule (1) and (2) listed above. Any medications without a current parental authorization should be returned to the parent or discarded.

(6) Non-Emergency Injections. Non-emergency injections shall only be administered by appropriately licensed persons unless the Parent and physician of the child sign a written authorization for the child to self-administer the injection.

GUIDANCE

A non-emergency injection is a routine injection, such as that received by a child who is diabetic. The rules and regulations stipulate that only licensed processionals may administer insulin by injection to children in out-of-home care. A variance to this requirement has been developed as well as policies that will allow providers to administer insulin by injection to children in their care. Any medications not self-administered by the child or administered by the parent must be administered by a licensed person or the facility should apply for a variance to the rule.

591-1-1-.25(13) Physical Plant

(13) Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

GUIDANCE

Children should not have contact with items or substances that are potentially dangerous. Fire hazards and combustible materials should be discarded promptly or stored according to the recommendations by the local fire department. Flammable liquids should be kept in tightly closed or sealed containers, should be stored in quantities approved by the State Fire Marshall or local fire department, and should never be accessible to children. Corrosive agents, bleaches, insecticides, detergents, polishes, products under pressure in aerosol cans, and any substance that may be toxic if ingested, inhaled, or handled should be kept in locked storage, or an area that is clearly inaccessible to children. Refer to the label of any accessible item to determine if the product is hazardous to children. Items with labels that state the product must be kept out of reach of children must be stored so they are inaccessible.

Staff's purses are also included as a hazardous item that we cite medicines, sharp objects, small items that a young child could swallow, etc.

591-1-1-.26 Playgrounds

(4) Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier approved by this Department. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.

GUIDANCE

The fence/barrier should be constructed of solid, sturdy material such as chain link or smooth wood, and should be at least four feet high in all areas. Wire, wood, or other material which is sufficiently sturdy to provide protection is acceptable. All fences should be maintained in good condition with no gaps, loose wires, exposed sharp prongs, etc. This rule does not require that gates be closed when children are not present on the playground. Gaps in fencing material should not exceed 3.5 inches in order to prevent an entrapment hazard.

(6) Equipment. Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age appropriate. For example, toddlers shall not be permitted to swing in swings designed for School-age Children. The outdoor equipment shall be free of lead-based paint, sharp corners and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct supervision of children.

GUIDANCE

Outdoor play equipment should meet the needs of each age group and provide opportunities for individual choice and cooperative play. Equipment should be of a size and skill level that is appropriate for the ages and developmental abilities of the children who use it. Children need equipment for climbing, balancing, riding, building, pushing,

pulling, lifting, digging, running, etc. Outdoor play equipment should be safe and in good condition. Observe outdoor equipment for safety and check specifically for the following hazards:

For additional information on Playground Safety go to the Consumer Product Safety Commission (CPSC) www.cpsc.gov/cpscpub/pubs/playpubs.htmlor the American Society for Testing and Materials (ASTM) www.astm.org

Exposed nails, screws, bolts, pipes
Splintered, deteriorated wood
Open/deformed "S" or "C" hooks, rings, links, etc.
Crush/pinch joints
Areas of entrapment
Unprotected protrusions
Broken/missing steps, rungs, hand-guard, rails, handles, sides, ladders
Sharp edges
Broken seats, parts, equipment
Obstructions on slides
Equipment off track, unsecured to support
Chipped peeling paint
Worn swing hangers, chains
Broken supports, anchors
Bars, rungs, handholds unstable (wobble or turn when gasped)

(**7**) **Anchoring of Certain Equipment and Fall Zones. Climbing and swinging equipment shall be anchored and have a resilient surface beneath the equipment. The fall-zone from such equipment must be adequately maintained by the Center to assure continuing resiliency.**

GUIDANCE
Check climbing and swinging equipment to ensure that it is securely anchored. Some smaller, stable, portable equipment for younger children may not require anchoring. Equipment used for climbing and swinging shall not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment. This type equipment must be placed over a resilient surface which is composed of material that provides a buffer, or shock absorber, that reduces the risk of injury if children accidentally fall from play equipment. Resilient surface materials may be uniform or loose fill materials. Uniform materials are rubber mats or similar materials held in place by a binder. Test data must be obtained from the manufacturer of such material used, should include ASTM Standard Specifications, and be maintained on file. Examples of loose fill materials include sand, pea gravel, wood chips, bark, mulch, etc. Resilient surface materials should not include sharp jagged edges, splintered wood, large pieces, etc. It is recommended that loose materials be raked frequently to prevent them from becoming compacted and to remove hazardous objects. The "fall zone" from a piece of equipment is the area in which any activity or movement can be expected to take place around the

equipment. For example, guidelines for playground safety indicate that the fall zone for a swing set includes the largest arc through which the swing travels, including a child's extended legs. At least six inches or more of resilient surface is recommended for equipment five feet or greater in height and at least three inches of resilient surface is recommended for equipment less than five feet in height. The adequacy of the resilient surface should be determined by the use of a ruler of a similar measuring device. For the purpose of determining resilient surface needs climbing equipment is measured based on the highest point of access and swinging equipment is measured by the height of the top bar.

(8) Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.

GUIDANCE
Playgrounds should be clean and protect children from potential injury. The playground should be free of hazards including but not limited to the following:
Poisonous plants
Broken windows/glass
Trip hazards
Uneven turf
Exposed bricks/cinder blocks
Exposed concrete edges
Open grating
Slippery area
Dead tree limbs
Briars/thorny plants
Exposed tree roots/rocks
Accessible sharp fence wire
Tall grass
Trash
Garden tools/equipment
Potholes
Exposed wiring
Poor drainage
Inadequate clearance between equipment
Accumulation of pine cones, poisonous berries, sweet gum ball or nuts that fall from trees.

Note: The playground maintenance checklist assists center personnel in routine inspections of playground fencing equipment, anchoring, surface and hazardous conditions on the playground.

591-1-1-.32 Staff: Child Ratios and Supervision.

(1) A Center must establish groupings of children for care and maintain Staff: child ratios as follows:

Ages of Children	Staff: Child Ratio*	Maximum Group Size**
Infants less than one (1) year old or children under eighteen (18) Months who are not walking	1:6	12
One (1) year olds who are walking	1:8	16
Two (2) year olds	1:10	20
Three (3) year olds	1:15	30
Four (4) year olds	1:18	36
Five (5) year olds	1:20	40
Six (6) years and older	1:25	50

*** Staff, such as the Director or service workers (food, maintenance and clerical staff, etc.), shall be counted in the Staff: child ratio only during the time that they are giving full attention to the direct supervision of the children. Service staff routinely acting as child care workers shall meet the qualifications of the respective caregivers.**

**** Maximum group size does not apply to outdoor play on the playground routinely used by the Center or for special activities in the Center lasting no more than two (2) hours. Maximum group size does not apply to Centers with a licensed capacity of 18 or fewer. However, required Staff: child ratios must be maintained.**

GUIDANCE

Ratios are typically determined by counting the number of children and staff in a classroom and asking the ages of the children present. One or more children per staff over the maximum allowed by this rule would result in a determination of noncompliance. Ratios may also be determined by a review of daily attendance records for children and staff. This is particularly useful when conducting investigations regarding incidents that occurred previously. When children of mixed age groups are combined in the same classroom the ratio requirements are calculated based on the 20% formula found in rule 591-1-1.32(2). Group size and staff: child ratios are strong indicators of the quality of child care learning centers and promote the health, safety and positive development of children in care. Sufficient staff should be available to provide children with supervision, frequent personal contact, meaningful learning activities, and immediate care as needed. Caregivers are more satisfied with their jobs and tend to be more nurturing toward children when staff: child ratios are lower.

Group size is defined as a specific number of children assigned to specific staff throughout the day. More than one group may occupy the same physical space. Smaller groups ensure children receive care and attention from a primary caregiver which allows

children to develop relationships. Current policy allows for technical assistance of the group size portion of this rule.

(2) Mixed-Age Groups for Centers with a licensed capacity of 19 or more children. The Staff:child ratios for a mixed-age group shall be based on the age of the youngest group of children that includes more than twenty percent (20%) of the total number of children in the mixed-age group.

(3) Mixed-Age Groups for Centers with a licensed capacity of 18 or fewer children. The Staff:child ratios for a mixed-age group shall be based on the following:

(a) Age of the youngest child 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;

(b) Where all of the children in any one 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 ratios.

GUIDANCE
Provides flexibility in the grouping of children to accommodate their developmental needs, fluctuations in enrollment of a particular age group, and fluctuations in attendance during arrival and departure times. When it has been determined that mixed age groups exist, the consultant must obtain the specific number of children in each age group and the staff in the classroom. Early morning times of arrival and late afternoon times of departure means the first hour after opening and the last hour before closing.

Examples:
1 Staff person with 20 three, four, and, five year olds. There are 4 three-year-olds, 4 four-year- olds, and 12 five-year-olds. 20% of 20 is four. The three-year-old age group does not exceed 20%, and the four-year-old group does not exceed 20%, therefore the ratio for the five-year-old age group would apply.

1 staff person with 10 infants, one, and two-year-olds. Two are infants, 2 are one-year-olds and 6 two-year-olds. 20% of 10 is two. The infant group does not exceed 20%, nor the one-year-old group. Therefore the two-year-old ratio is required.

(7) Supervision. Children shall be supervised at all times. "Supervision" means that the appropriate numbers of Staff persons are physically present in the area where children are being cared for and are providing watchful oversight to the children, chaperones and Students in Training. The persons supervising in the child care area must be alert, able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the chaperones and Students in Training, and provide timely attention to the children's actions and needs.

Supervision is basic to the prevention of harm. Parent's have a contract with caregivers to supervise their children. To be available for supervision the caregiver must be able to hear and see the children at all times.

GUIDANCE

The purpose is to protect the health and safety of children and ensure that they receive appropriate care at all times. Staff should be attentive to the extent that they can intervene if necessary to prevent children from harm and be responsive to children. Observe supervision of children in all areas where children are present. Notice particularly if children are wandering with no adult in sight, or if staff is leaving classrooms or groups unattended. Observe activities inside and out to ensure that children are not engaged in harmful or inappropriate play. An example of inadequate supervision would be a staff person that is physically present in the classroom while children are engaged in inappropriate activities such as climbing on shelves, hitting, fighting, or other chaotic activities and there is no intervention to stop the inappropriate behavior to protect the children.

591-1-1 .35 Child Care Learning Centers Swimming Pools and Water-related Activities.

(2) Accessibility of Pools. All swimming and wading pools shall be inaccessible to children except during supervised activities.

GUIDANCE

A swimming pool should be made inaccessible by a fence with a locked gate. Fencing material shall be secured to all poles with no gaps at the base of the fence that would allow a child to enter the pool area. Consultants should check the lock to ensure that the lock is in place, locked and the gate may not be pushed open when pressure is applied. All wading pools should be emptied and stored in an area inaccessible to children immediately after use

(3) Supervision of Children in Water Over Two (2) Feet Deep. For water related activity (such as swimming, fishing, boating or wading) in water over two (2) feet deep, continuous supervision of children must be provided as follows:

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

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

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

GUIDANCE
Supervision of children in water over two feet. In order to determine adequate supervision of children, required ratios for children less than four years of age must be maintained regardless of the child's ability to swim. Ratios are determined by the number of children in the pool area. Children may not be divided into groups and assigned to individual staff for the purpose of determining the ratios.

For children four years and older ratio requirements are determined by the child's ability to swim the distance of 15 yards unassisted. Evidence of the child's swimming ability must be documented and maintained on file at the center. Check the records of children four years and older for certificates and cards from an organization recognized for water safety instruction such as the American Red Cross, YMCA, YWCA, or written documentation by a teacher stating that the child has passed a 15 yard swimming test.

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

Either a center staff member or an employee provided by the water facility, such as a lifeguard at the public pool, must have the required lifeguard training. The center must have written verification of training on file which may be a copy of the staff persons life guard certificate or a letter of verification from an agency such as the recreation department. If a facility employs a lifeguard, he/she may be counted in the ratios as long as they meet all the staffing requirements. Lifeguards on duty at public pools may not be counted in the staff: child ratio.

(4) Supervision of Children in Water Less than Two (2) Feet Deep. For water-related activity (such as swimming, fishing, boating or wading) in water less than two (2) feet deep (such as a wading pool), continuous supervision must be provided in accordance with normal Staff: child ratios which are as follows:

Ages of Children	**Staff: Child Ratio***
Infants less than one (1) year old or children under eighteen (18) months who are not walking	**1:6**
One (1) year olds who are 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) years and older	**1:25**

GUIDANCE

Supervision of children in water less than two feet. Staff must closely supervise children of all ages during water-related activities and ratios must be maintained at all times.

(5) Additional Supervision. At least one (1) additional Staff member above the required Staff: child ratios for any water-related activity (such as swimming, fishing, boating, or wading) shall be available to rotate among the age groups as needed when any of the following circumstances are present:

(a) The majority of the children in a group is not accustomed to or is afraid of the water;

(b) The majority of the children in a group comprised of children who cannot swim a distance of 15 yards unassisted cannot touch the bottom of the water facility without submerging their heads;

(c) The water facility is particularly crowded;

(d) The children have special needs which impact on their ability to participate safely in the water-related activity.

GUIDANCE

Additional Supervision. At times an additional staff member will be required in order to adequately supervision children engaged in water related activities. These circumstances include if the majority of children appear to be fearful of the water, the majority of the children in a group cannot swim the distance of 15 yards unassisted, or cannot touch the bottom of the water without submerging their heads, *or the facility is overcrowded, or there are children with special needs.

* For a public pool the capacity is determined by the health department and should be posted at the pool.

(6) Parental Permission. No child shall participate in a swimming activity without the Parents' written permission.

GUIDANCE

Parental permission. This requires that parents give written authorization prior to their child's participation in any swimming or wading pool activities.

591-1-1-.36 Transportation.

(4) Vehicle Safety. Vehicles used for transporting children shall be maintained as follows:

(a) Annual Safety Check. Each vehicle shall have a satisfactory annual safety check, completed by a trained individual, of at least: tires, headlights, horn, taillights, turn signals, brake lights, brakes, suspension, exhaust system, steering, windows, windshields

and windshield wipers. A copy of a standard inspection report used by the Department or an equivalent shall be kept in the Center or on the vehicle and should include evidence of any repairs and/or replacements that were identified as needed on the inspection report.

GUIDANCE
Vehicle Safety. Check center records for a copy of a standard inspection an annual vehicle safety inspection or an equivalent inspection that lists all the required safety aspects. The form should be signed by the person conducting the check.

(b) Interior. Interior of a transportation vehicle must be clean and in safe repair and free of hazardous items, objects and/or other non-essential items which could impede the children's access or egress from the vehicle or cause injury if the items were thrown about the vehicle as a result of a collision.

GUIDANCE
Observe conditions of the vehicle as indicated in the rule to ensure cleanliness and good repair. Look for evidence of any hazardous objects or other conditions to include but not limited to, torn seat, toys left on the floor, tools, exposed wires, oil cans, antifreeze, etc.

(e) Seats. Seats must be securely fastened to the body of the vehicle.

GUIDANCE
Observe conditions as indicated in the rule to ensure that seats are securely fastened to the body of the vehicle. This may be accomplished by walking the length of the vehicle and applying pressure to each seat to determine that the seat is securely fastened.

Refer to Georgia's child safety seat law at wwww.gohs.state.ga.us/safety seat law

(f) Child Passenger Restraints

1. **All children transported in a vehicle provided by or used by the Center shall be secured in a child passenger restraining system or seat safety belt in accordance with current state and federal laws and regulations. The child passenger restraining system and seat safety belts must be installed and used in accordance with the manufacturer's directions for such system and used in accordance with the manufacturer's directions with respect to restraining, seating or positioning the child being transported in the vehicle.**

GUIDANCE
36(2)(f)1. Child Passenger Restraints. A child shall be transported only if the child is fastened in an approved developmentally appropriate safety seat, seat belt or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturer's instructions for the car seat and the motor vehicle. Each child

must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags in the back seat.

2. **No vehicle used by the Center in transporting children shall exceed the manufacturer's rated seating capacity for the vehicle. The Center shall maintain on file proof of the manufacturer's rated seating capacity for each vehicle the Center uses.**

GUIDANCE
The center shall maintain on file proof of the manufacturer's rated seating capacity for each vehicle the center uses. Check the center's files for evidence of the manufacturer's rated seating capacity, i.e., insurance records, owner's manual, dealer's written statement. Observe children on vehicles to ensure the capacity of the vehicle is not exceeded. If the center cannot locate the written manufactured rated seating capacity, this information may be found at either the manufacturer's website or others such as, www.edmunds.com.

(g) Front Seat. There shall be no more than three (3) persons in the front seat of a transporting vehicle including the driver.
GUIDANCE
Observe children being transported, ask director and or driver about the placement and ages of children in the vehicle and review transportation records.

(5) Staffing Requirements for Transportation of Children

(b) CPR and First Aid Training. Either the driver or another Staff person present on the vehicle must have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid offered by certified or licensed health care professionals and which dealt with the provision of emergency care to infants and children.

GUIDANCE
Ensures that a person with CPR/first aid training is available in case of an emergency while children are being transported. This rule clearly states the requirement for CPR training to be completed every two years and first aid training every three years and defines current evidence of training to be documentation that this training was conducted as stated. Consultants should observe the certificate/card issue dates to determine if the training is valid or current. If the CPR training was completed less than two years ago and the first aid training less than three years ago, it is valid, regardless of the expiration date on the card or certificate. If the CPR training is more than two years old and/or the first aid training more than three years old, the provider is out of compliance. This reflects the way the rules are currently written and we only have jurisdiction to enforce our rules. Our rules are minimum guidelines and providers/facilities that choose higher quality may take the training more often.

(c) Additional Staff. When the Center transports children for any reason, the following Staff:child ratios must be maintained:
Driver + One (1) Staff Member when transporting three (3) or more children under three years of age;

When seven (7) or more children under five (5) years of age occupy vehicle;

When eighteen (18) or more children five (5) years of age or older occupy the vehicle.

Driver + Two (2) Staff Members {One (1) of the additional Staff must be eighteen (18) years of age}
When eight (8) or more children under three (3) years of age occupy the vehicle with other children;
When more than twenty (20) children under five years of age occupy the vehicle with other children.

GUIDANCE
Ensures adequate staff to supervise and protect children during transportation, particularly in case of an emergency. Additional staff persons required on the vehicle may be 16 years of age except when more than 20 children under five occupy the vehicle with other children.

(d) Staffing Requirements when transporting More Than Thirty-six (36) Children.
(1) When more than thirty-six (36) children under five (5) years of age occupy the vehicle, the Staff: child ratios as stated in Rules 591-1-1-.32(1) and 591-1-1-.32(2) shall be met.
(2) When more than thirty-six (36) children five (5) years of age and older are transported with no children under the age of five (5) years, there shall be a minimum of two (2) Staff persons for the first thirty-six (36) children and there must be one additional Staff person for each additional twenty (20) children. This means a third Staff person would be required if transporting thirty-seven (37) to fifty-six (56) children five (5) years and older.

GUIDANCE
Ensures adequate staff are available to supervise and protect children during transportation. Observe children being transported, ask director and or driver about transportation of children and review transportation records. Determine the ages of the children being transported to ensure that transportation staff: child ratios are met.

(6) Parental Authorization. For routine transportation provided by the Center or on behalf of the Center, the child's Parent(s) must provide written authorization for the transportation and specify routine pick-up location, routine pick-up time, routine delivery location, routine delivery time and the name of any person authorized to receive the child.

GUIDANCE

To ensure that parental permission is on file that provides clear instructions regarding transportation and the release of a child to authorized persons. Review the parental transportation agreements for completeness and comparison to the center's written transportation plan.

(7) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met:

(a) Center and Passenger Information. Each vehicle used to transport children shall contain current information including the full names of all children to be transported, and each child's pick-up location, pick-up time, delivery location, alternate delivery location if a Parent is not at home and name of person authorized to receive each child. In addition, the vehicle shall contain current information identifying the Center's name and telephone number and the name of the driver of the vehicle.

GUIDANCE

The transportation plan ensures that children are transported in accordance with the parental agreement and ensures that children are not lost, injured, or left behind at other locations or on the vehicle.

(b) Emergency Medical Information. An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the Center uses in the area where the Center is located and the telephone numbers where the Parents can be reached.

GUIDANCE

Facilitates the handling of emergencies when children are being transported. Emergency medical information must be maintained on the vehicle for each child transported. Review emergency medical information for completeness and compare to the center's transportation plan to ensure that each child transported has emergency information on the vehicle.

(c) Passenger Transportation Checklists. A passenger transportation checklist, provided by or in a format approved by the Department, shall be used to account for each child during transportation. A separate passenger checklist shall be used for each vehicle.

1. The first and last name of each child transported shall be documented on the passenger transportation checklist. Each child shall be listed

individually; a sibling group shall not be listed as a single entry, for example, an entry of "Smith children" would be unacceptable.

2. The driver or other designated person shall immediately document in writing, with a check or other mark/symbol to account for each child listed on the passenger transportation checklist each time a child enters and exits the vehicle. The driver or other designated person shall document in writing with a different mark/symbol to account for each child listed on the passenger transportation checklist who was not present on the vehicle for any reason. An explanation shall be documented in writing whenever a child is transported to a field trip site but is not present on the return trip to the Center.

3. The driver or other designated Staff person shall also document in writing the departure/arrival times for all types of transportation on the passenger transportation checklist as follows:

(i) School Transportation - Each time the vehicle departs from the Center, is loaded or unloaded at each school and when the vehicle returns to the Center.

(ii) Home Transportation - Each time the vehicle departs from the Center, arrives at the location where any child is picked up or dropped off and when the vehicle returns to the Center.

(iii) Field Trip Transportation- Each time the vehicle leaves the Center, arrives at a field trip destination, leaves a field trip destination, and returns to the Center.

4. The Staff person on the vehicle responsible for keeping the passenger transportation checklist shall give the completed passenger transportation checklist to the Director or the Director's designated Staff person at the center as set forth below:

(i) Immediately upon return to the Center at the completion of the trip once the vehicle has been checked; or

(ii) The next business day following the completion of the trip if the vehicle did not return to the Center at the end of the trip or if the Center was closed when the vehicle returned.

5. Passenger transportation checklists shall be maintained as Center records for one (1) year.

(d) Checking the Vehicle - To ensure that all children have been unloaded from transportation vehicles, regardless of whether the vehicle is equipped with a child safety alarm devices, the vehicle shall be thoroughly checked first by a designated Staff person who was present on the vehicle during the trip and then by a second designated Staff person, who may or may not have been present on the vehicle during the trip, to ensure that two checks of the vehicle have been completed.

1. The first check shall be conducted immediately upon unloading the last child at any location including, but not limited to, a field trip destination, arrival at the Center, and the last stop during transportation to home or school. The responsible person on the vehicle shall:

(i) Physically walk through the entire vehicle;
(ii) Visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior;
(iii) Sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle; and
(iv) Give the passenger transportation checklist(s) to the second designated Staff person.

2. The second designated Staff person shall conduct a check of the vehicle as stated in Rule 591-1-1-.36(7)(d)1.(i) through (iii) above. The second check shall be conducted immediately upon the completion of the first check of the vehicle. There shall be continuous watchful oversight of the vehicle between the first check and second check.
3. If a second designated Staff person is not available to conduct a second check of the vehicle, the driver shall check the vehicle as stated in Rule 591-1-1-.36(7)(d)1.(i) through (iii) above and then report by phone to the Director or designated Staff person that the check has been completed and no children remain on the vehicle. (Possible circumstances include, but are not limited to: the Center has closed when the driver returns with the vehicle; the driver is the only Staff person on the vehicle at the last destination during home, school or field trip transportation; the driver takes the vehicle home at the end of the day.) The time and verification of such telephone contact shall be immediately documented and signed on the passenger transportation checklist(s) by the driver.

GUIDANCE
Review the center's most recent transportation records (Recommend pull one complete month for review) to ensure that center and passenger information is complete; all children transported were checked on and off the vehicle as indicated by staff's mark on the transportation plan and the staff's signature indicating that the vehicle was visually inspected to ensure that no child remained on the vehicle. Evaluate the center's procedures for transfer of the transportation checklist to the person in charge. If present in the center during the time that children are being transported observe the staff's transportation procedures.

(8) Travel Restriction. Unless accompanied by his or her Parent, no child shall be required to travel more than forty-five (45) minutes on each trip between the Center and destination point, excluding field trips.

GUIDANCE
Check the transportation plan to ensure that no child is on the vehicle in excess of forty-five (45) minutes.

(9) Center Responsibility. The Center is responsible for the child from the time and place the child is picked up until the child is delivered to his or her Parent(s) or the responsible person designated by his or her Parent(s). A child shall not be dropped off at any location if there is no one authorized to receive the child.

GUIDANCE
Ensures proper supervision and protection of children transported by the center, particularly to ensure that children are not lost or placed in the hands of unauthorized persons. The center should have a policy for situations when the authorized person is not present or available to receive the child.

(10) Supervision on Vehicles. A child shall never be left unattended in a vehicle.

GUIDANCE
Ensures proper child protection and supervision. Review transportation plan, observe proper supervision of children in vehicles, and ask the director and/or driver about implementation of this rule. In cases of complaint investigations with allegations that children were left unattended may also interview children to determine that staff never leaves them unattended on the vehicle.

(12) Operating Requirements. The motor shall be turned off, the brake set and the keys removed whenever the driver leaves the vehicle. Transporting vehicles shall be parked or stopped so that no child will have to cross the street in order to meet the vehicle or arrive at a destination.

GUIDANCE
Provides safety precautions that prevent children and other unauthorized persons from attempting to operate a vehicle and to ensure that children are safely loaded and unloaded and are not exposed to the danger of street traffic. Observe vehicle(s) and ask the director/driver about the implementation of the safety precautions specified in the rule.

591-1-1-.30 Infant-Sleeping Safety Requirements

SIDS is the sudden, unexpected death of an apparently healthy infant that remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death and a review of the medical history. Most SIDS deaths occur when a baby is between two and four months old and 90% of all SIDS deaths occur before six months of age.

(1)a(1-3) A crib that is safety approved, in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards, shall be provided for each infant. ("Infant" refers to any child under the age of twelve (12) months or any child who is under eighteen (18)

months of age who is not walking.) Cribs shall be in good repair and free of hazards. Stack cribs and cribs with drop sides shall not be used. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant. Each crib shall have only an individual, tight-fitting sheet, which is changed daily or more often as needed and prior to a change of occupant.

GUIDANCE
The consultant should evaluate compliance with federal safety standards by checking the manufacture date on the crib. If the crib was manufactured on or after July 1, 2011, no further documentation is needed. If the crib was manufactured prior to July 1, 2011, the consultant should ask the staff and/or management for the manufacturer's certificate of compliance for the crib.

The consultant should check the crib for hazards, such as missing or loose screws or brackets; broken or missing crib slats or rails; and crib repairs that were made with hardware that did not come with the crib (tape, string, wire, etc.).

If pressure is applied to a crib mattress, and the indentation remains, the mattress is not firm enough. There should be no gap between the mattress and the sides of the crib, and the crib sheet should be tight-fitting so that excess material cannot gather around the infant's face.

(2) A Center shall provide a safe sleep environment in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials (ASTM) recommendations as listed in (a) through (h) below for all infants.

(a) Center Staff shall place an infant to sleep on the infant's back in a crib, unless the Center has been provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

GUIDANCE
If an infant is observed sleeping on his or her stomach, the consultant should ask staff if the child is able to roll over on their own. In addition, the consultant should ask staff how they lay the infant down for sleep in order to determine compliance. If an alternate sleep position is used, the consultant should ask to see the physician's authorization.

Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat head syndrome). It is strongly recommended that the staff person(s) supervising tummy time remain within an arm's reach of the child and maintain eye contact with the child.

(b) Center Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but to limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

GUIDANCE
Soft items such as pillows and comforters are hazardous when placed under the infant or in the infant's sleep area, as they pose a suffocation hazard. The consultant should observe all cribs to determine whether soft items are present.

(c) Center Staff shall not attach objects to allow objects to be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.

(d) Sleepers, sleep sacks, and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant. Swaddling shall not be used unless the Center has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant.

GUIDANCE

The American Academy of Pediatrics (AAP) released a policy statement on October 18, 2011 that states that regular blankets may be hazardous and the use of them is not advisable. The "Feet to Foot Rule" is no longer recommended.

Wearable blankets, for example infant sleep sacks, that zip or snap up the front, and consist of a vest at the top that fits the infant so that it cannot rise, are permissible and do not require tucking.

Center staff may not swaddle a child with a blanket. A commercial swaddling gown may be used. The swaddling gown must be of an appropriate weight for the child. The parent should provide the swaddling gown along with a physician's written statement that includes a time frame and instructions as to how to use the swaddling gown.

(e) Center shall maintain the infant's sleeping area to be comfortable for a lightly clothed adult within a temperature range of sixty-five (65) to eighty-five (85) degrees depending upon the season. There shall be lighting adequate to see each sleeping infant's face to view the color of the infant's skin and check on the infant's breathing.

GUIDANCE
The American Academy of Pediatrics states that there is evidence that room temperature is associated with the risk of SIDS. Overheating of the infant should be avoided.

The consultant should check to see that classroom lighting is sufficient for staff to be able to see all infants, whether the infants are sleeping or awake.

Additional resources:

American Academy of Pediatrics; *www.aap.org*

Caring for Our Children; *http://nrckids.org/CFOC3/*

(f) When an infant can easily turn over from back to front and back again, Center Staff shall continue to put the infant to sleep initially on the infant's back but allow the infant to roll over into his or her preferred position and not reposition the infant.

GUIDANCE
If an infant is observed sleeping on his or her stomach, the consultant should ask staff if the child is able to roll over on their own. In addition, ask staff how they lay the infant down for sleep in order to determine compliance.

(g) Wedges, other infant positioning devices and monitors shall not be used unless the Parent provides a physician's written statement authorizing its use that includes how to use the device and a time frame for using the device is provided for that particular infant.

GUIDANCE
The American Academy of Pediatrics warns against using positioning devices due to the risk of suffocation and entrapment. If a positioning device is used in or under the crib, the consultant should ask to see the physician's authorization.

(h) Infants shall not sleep in equipment other than safety-approved cribs, such as but not limited to, a car safety seat, bouncy seat, highchair; or swing. Infants who arrive at the Center asleep or fall asleep in such equipment, on the floor or elsewhere shall be transferred to a safety-approved crib.

GUIDANCE
Young infants are at increased risk for upper airway obstruction and oxygen desaturation while they are in semi-reclined devices, such as car seats and swings, for long periods of time. The consultant should determine compliance with this rule by observing the infant classroom and by asking the staff where infants are allowed to sleep.

For more information on Sudden Infant Death Syndrome contact the Georgia SIDS Alliance at www.sidsga.org/ or the American SIDS Institute at http://www.sids.org/