



Georgia Department of Early Care and Learning

Rules for
Child Care Learning Centers
Guidance Manual

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 arms 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.

- (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.

- (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 are washing 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.**

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.

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

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;

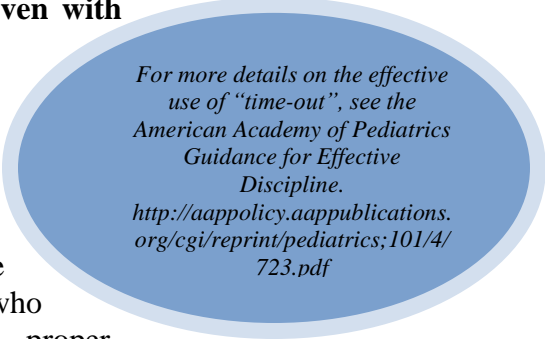
GUIDANCE

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;

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.



*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>*

(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. Authority O.C.G.A. 20-1A-1

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 a fire or emergency relocation so that the center staff can account for all children who are currently present. 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.

591-1-1.13 Field Trips Cont.

- (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. 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 nondiapered 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 they wake.

- (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.

Handwashing charts posted at sinks used for handwashing serve as an important reminder to staff wash their hands and proper handwashing method.

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.

591-1-1-.20 Medications.

- (1) **Parental Authorization.** Except for first aid, 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.

Before assuming responsibility for administration of medicine, facilities must have clear and accurate written instruction from the 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 the specific 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. Medication shall only be dispensed out of its original container which must be labeled with the child's name.**

GUIDANCE

A physician's authorization 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.
- 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 professionals 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.

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.

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 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.

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

- (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.

591-1-1-.26 Playgrounds Cont.

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:

- 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

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

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

591-1-1-.26 Playgrounds Cont.

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 or 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

591-1-1-.26 Playgrounds Cont.

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:

<u>Ages of Children</u>	<u>Staff: Child Ratio*</u>	<u>Maximum Group Size**</u>
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

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.** Except as stated in the next paragraph, children may be combined in mixed-age groups, but the staff: child ratios for a mixed group shall be based on the ages of the youngest children in the group if more than twenty percent (20%) of the children in the mixed-age group belong to younger age grouping(s).

591-1-1.32 Staff:Child Ratios and Supervision Cont.

The following are examples of a mixed age group:

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%, but the addition of the four-year-old group exceeds 20% therefore the ratio for the four-year-old age group would apply.

1 staff person with 10 infant, one and two year olds. Two are infants, 2 one-year-olds and 6 two-year-olds. 20% of 10 is two. The infant group does not exceed 20%, but when the one-year-old group is added 20% is exceeded, therefore the ones' ratio is required.

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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.

- (6) **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, chaperons 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 chaperons and students in training, and provide timely attention to the children's actions and needs.**

591-1-1 .32 Staff:Child Ratios cont.

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

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.

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.**
- (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.

591-1-1 .35 Swimming Pools Cont.

- (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:

<u>Ages of Children</u>	<u>Staff: Child Ratio*</u>
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

- (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 are not accustomed to or are afraid of the water;
 - (b) The majority of the children in a group comprised of children who cannot swim a distance of 15 yards unassisted cannot touch the bottom of the water facility without submerging their heads;
 - (c) The water facility is particularly crowded;
 - (d) The children have special needs which impact on their ability to participate safely in the water-related activity.

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

GUIDANCE

(2) 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.

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.

591-1-1 .35 Swimming Pools Cont.

(3) 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. 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 lifeguard 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 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 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. 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.

(2) **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 of: tires, headlights, horn, taillights, brakes, suspension, exhaust system, steering, 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 the vehicle.**

591-1-1-.36 Transportation Cont.

GUIDANCE

36(2) Vehicle Safety. Check center records for 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 objects 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

36(2)(b) Interior. Observe conditions 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

36(2)(e) Seats. 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.

- (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 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&2. 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.

591-1-1-.36 Transportation Cont.

- 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.

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

- (g) Front Seat. There shall be no more than three (3) persons in the front seat of a transporting vehicle including the driver. However, no child under the age of four (4) shall be permitted to ride in the front seat of a vehicle.**

GUIDANCE

.36(2)(g) Front Seat. Observe children being transported, ask director and or driver about the placement and ages of children in the vehicle and review transportation records.

(3) Staffing Requirements for Transportation of Children

- 1. (b) Additional Staff. When transporting children, the following supervision 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

36(3)(b) Additional Staff. To ensure 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.

591-1-1-.36 Transportation Cont.

- (c) **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

.36(3)(c) CPR & First Aid. 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. We should use 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.

- (4) **Staffing Requirements when transporting More Than Thirty-six (36) Children.**
(a) **When more than thirty-six (36) children under the age of five (5) occupy the vehicle, the regular staff: child ratios contained in rule .32(1) shall be met:**

- (b) When more than thirty-six (36) children five (5) years and older are transported with no children under the age of five (5), there must be one staff for each additional twenty children. This means a third staff member would be required if transporting thirty-seven (37) to fifty-six (56) children five (5) years and older.**

GUIDANCE

36(4)(a)&(b) Staffing requirements when transporting more than thirty-six children. Ensures adequate staff 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.

- (5) Parental Authorization. If the center is to provide routine transportation to or from school, home or center, the child's parents must authorize 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.**

591-1-1-.36 Transportation Cont.

GUIDANCE

36(5) Parental Authorization. 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.

- (6) Transportation Plan. When a center transports children either directly or by contract, it must implement the following requirements:**
- (a) Center and Passenger Information. Each vehicle used to transport children shall contain current information of the names of all children and each child's pick-up location, pick-up time, delivery location, alternate delivery location if parent is not at home and name of person to receive the child. In addition, the vehicle shall contain current information identifying the center's name, driver and telephone number.**

GUIDANCE

36(6)(a) Transportation Plan. 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 on each child being transported by the center. The emergency medical information care for each child shall include a listing of the**

child's 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

36(6)(b) Emergency Medical Information. To facilitate 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 Checklists. A signed checklist to account for the loading and unloading of children must be used. When transporting children to the center, the checklist must be turned over to the person in charge of the center upon arrival. Following delivery of children from the center, the checklist shall be turned over to the person in charge of the center by the next day. Transportation checklists shall be maintained as center records for one (1) year.**

591-1-1-.36 Transportation Cont.

- (d) Checking for Children. At the completion of every trip, a vehicle must be checked to assure that no child is left on the vehicle. When a child is determined to be missing after a trip, immediate action to locate the child must be taken.**

GUIDANCE

36(c),(d) 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.

- (f) 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 parents or the responsible person designated by his parents. A child shall not be dropped off at any location if there is no one to receive the child.**

GUIDANCE

36(6)(f) To ensure 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.

- (g) A child shall never be left unattended in a vehicle.**

GUIDANCE

36(6)(g) To ensure 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.

- (7) **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

.36(7) To provide 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-.45 Infant-Sleeping Safety Requirements

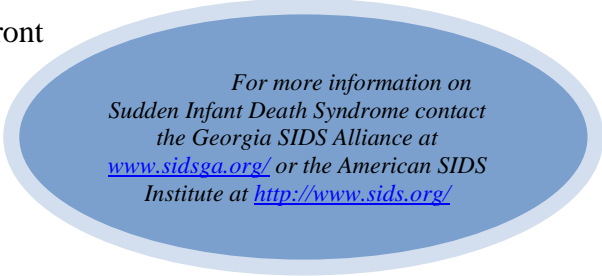
In order to reduce the risk of Sudden Infant Death Syndrome (SIDS), staff shall put an infant to sleep on the infant's back unless the center has been provided a physician's written statement authorizing another sleep position for that particular infant. The infant shall be placed for sleeping on a firm, tight-fitting mattress in a sturdy and safe crib. If the crib has sidebars, the bars will be no more than two and three-eighths inches (2 3/8") apart. Any crib used for sleeping shall have a tight-fitting bottom crib sheet with no pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items in the crib. If a blanket is required for the comfort of the infant, the infant's feet shall be placed at the foot of the crib and the infant shall be covered with the blanket only to chest level with the blanket tucked firmly under the crib mattress. The infant's sleeping area shall be maintained within a temperature range of sixty-five (65) to eighty-five (85) degrees depending upon the season. When an infant can easily turn over onto his or her stomach, staff shall continue to put the infant to sleep initially on the infant's back but allows the infant to roll over onto his or her stomach as the infant prefers. Positioning devices that restrict the infant's movement in the crib shall not be used unless a physician's written statement authorizing its use is provided for that particular infant.

GUIDANCE

To reduce the occurrence of Sudden Infant Death Syndrome (SIDS) 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 2 and 4 months old and 90% of all SIDS deaths occur before 6 months of age. The Investigation of Child's Death form should be used when investigating any child's death. Center staff may not swaddle a child with a blanket. A swaddling gown may be used. The parent should provide the swaddling gown along with written permission and instructions as to how to use the swaddling gown. If an alternate sleep position or positioning device is used in or under the crib the consultant should ask to see the physician's authorization. If an infant is observed sleeping on his or her stomach the consultant should ask the staff if the child is able to roll over on their own. In addition, ask the staff how they lay the infant down for sleep in order to determine compliance. Crib mattresses must be tight fitting without gaps, and must be firm. If pressure is applied to a crib mattress, and the indentation remains, the mattress is not firm enough. Children who fall asleep in equipment such as swings, bouncers or car seats, or fall asleep while on the floor must be transferred to an appropriate crib. If light weight blankets are used, the child must be positioned at the foot of the crib and the blanket must be tucked in on three sides. Should the blanket become un-tucked during sleep, it must either be removed, or re-tucked. Wearable blankets,

591-1-1-.45 Infant Sleep Cont.

such as 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.



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/>