Change of Ownership Licensing Application

for

Child Care Learning Centers

Bright from the Start
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive, SE
Suite 670, East Tower
Atlanta, Georgia 30334
404-657-5562 www.decal.ga.gov

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Change of Ownership Licensing Application

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Introduction

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STEPS FOR SUCCESSFUL CHANGE OF OWNERSHIP APPLICATION

1. New owner must obtain the change of ownership licensing application package and become familiar with the rules for child care learning centers. The package may be downloaded from the Bright from the Start website at www.decal.ga.gov

2. Plan your facility for compliance with the rules and submit your completed application to the Applicant Services Unit (ASU) at Bright from the Start: Georgia Department of Early Care and Learning. The mailing address is: 2 Martin Luther King Jr. Drive SE, Suite 670-East Tower, Atlanta, GA 30334.

3. Submit the completed ***Affidavit Verifying Status for Child Care Learning Center License Application.*** This should be signed and notarized and submitted with your completed application. This should be completed by the owner of the business or the person legally responsible for the business.

4. Submit with your application a copy of the floor and site plans of your facility. The floor plan should show all rooms of your facility and ages assigned to these rooms. Your site plan should show the property of your location and the building(s) and playground(s) on this property. Please be as detailed as possible. You may submit original floor and site plans from the former owner, however, if you have made any changes to the facility or playgrounds please indicate these on the floor and site plans that you submit.

5. If the ownership of your facility is under a Corporation (Inc.) or a Limited Liability Company (LLC), you will need to submit the following documentation:

- a certificate of incorporation with the articles of incorporation must be included as well as bylaws, when applicable. (For LLC- Certificate of Organization and Articles of Organization)
- Also for corporations, all information listed on the application regarding your corporation should match the information listed with Secretary of State. This can be verified at www.sos.ga.gov/corporations

6. A signed copy of the purchase agreement or a copy of the signed lease agreement must be submitted with your application verifying your ownership of the facility. Both the seller and buyer must complete the buyer/seller agreement. This form must be notarized.

7. The director & employees of your facility should submit a complete, notarized criminal record check application and complete the live scan fingerprinting procedure. (If director/employees have already done this – fingerprint results must be completed within the last twelve (12) months at the time the license is granted to be considered current. -If the above policy is not met regarding finger printing – both the finger prints and the application must be completed again.)

8. After your application has been submitted and reviewed, supporting documentation will be pulled from the former facility's state file in an attempt to complete your application. This documentation may possibly include:

- zoning approval
- building inspector approval
- local fire inspection dated within one (1) year
- documentation of city or county water and/or approvals for septic systems or well water

*Please note that if any of these approvals are unable to be pulled from the original state file, it will be your responsibility to obtain and submit them in order to complete your application. All documentation must be complete and on file before an initial licensing study will be done at your facility.

9. After your application is complete and has been approved, an ASU consultant will contact you to review a Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations.
If your facility is approved during the on-site inspection, post "**Permission to Operate**" notice, begin operation and pay your annual licensing fee within 30 days in order to receive your licensing certificate.

APPLICATION DEFINITIONS

Child Care Learning Center:

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

LICENSE FEE MUST BE SUBMITTED PRIOR TO YOUR OFFICAL LICENSE BEING ISSUED BY BRIGHT FROM THE START.

The Georgia Legislature passed House Bill 1055 which requires annual fees for applications for licensure or commission as a Child Care Learning Center.

The following fees apply, based upon the facility's anticipated capacity

FACILITY CAPACITY	FEE AMOUNT	LATE FEE AMOUNT
Capacity fewer than 25 children	$50.00	$25.00
Capacity 26 to 50 children	$100.00	$50.00
Capacity 51 to 100 children	$150.00	$75.00
Capacity 101 to 200 children	$200.00	$100.00
Capacity 201 or more children	$250.00	$125.00

License Fees are non-refundable.

A License will be revoked for failure to pay the License fee.

****NOTE: Fees are paid AFTER Initial Licensing Study and Permission to Operate has been given.**

Application for Change of Ownership

Application for Change of Ownership……..
Citizenship Affidavit…….
Instructions for Completing Change of Ownership Application…….
Change of Ownership Checklist..…….……..…

BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
2 Martin Luther King Jr. Drive, SE; Suite 670-East Tower; Atlanta, GA 30334 www.decal.ga.gov

LICENSE APPLICATION FOR CHANGE OF OWNERSHIP

NOTE: Application to be completed by **NEW** owner.

Application for: (Check one)

Child Care Learning Center: ☐ License ☐ Commission

Application for: (Check one & provide date)

☐ **Request to change owner(s)** ☐ **Corporation (Legal) name change** (Note: check this only if all owners/ legal parties are remaining the same and only the legal name of the entity is changing)

Effective date of ownership change_____ (date of legal transaction)

Does the facility have Georgia Lottery funded Pre-K program classroom(s)? ☐ Yes ☐ No

If the center that you have purchased has GA Lottery funded Pre-K Program classroom(s) and you wish to request continuation, you must also complete a Pre-K Program Change Request addendum.

Does the facility participate in a Nutrition Program? ☐ Yes ☐ No

Does the facility participate in CAPS? ☐ Yes ☐ No

Have you been involved in the operation of (owner/director) of another child care center or family child care learning home? ☐ Yes ☐ No

License Number:_____ Name of Facility:_____

Address of Facility (include city, state, zip): _____
_____

A license/commission to operate a Child Care Learning Center is issued to the governing body of the center, meaning the person or entity (corporation, LLC, partnership, board) that owns the center.

Type of Ownership (Check one)		**Tax Status (Check one)**
☐ Individual/ Sole Proprietor	☐ Corporation/ LLC	☐ Profit
☐ Partnership	☐ Board-Sponsored	☐ Nonprofit

SSN (individual owner) or EIN # (corporation/LLC) :_____

Corporation/LLC: Submit a copy of corporation papers, i.e. Certificate of Inc./Org., Articles & By-Laws Board-Sponsored: Submit a list of board members & minutes from most recent meeting.

Applicant/ New Owner Information: new changing):	**Facility Information (DBA/Site name; name, if**
Name of Owner/Corp.LLC/Board	Name of Center
Mailing Address	Site Address
City/Zip/County	City/State/Zip
Name of Contact Person	County
Title	Facility Telephone No.
Daytime Telephone Number	Facility Fax No.
E-mail Address	

Complete the following:

Is facility currently operating? ☐ Yes ☐ No (NOTE: If no, operation must resume within 30 days of previous owner suspending operation in order to be considered a change of ownership.) Provide former license number and former program name:

Former License # _____

Former Program Name _____

If no, list date facility stopped operating: _____

Person Legally Responsible and Official Address for all Communications:

Name

Street or P.O. Box

City/State/Zip

Telephone No.

Email Address

Name and Address of Agent for Service (for corporations & LLCs registered with the Secretary of State) for Facility:

Name

Street or P.O. Box

City/State/Zip

Email Address

Exemptions

Do you own any exempted childcare facilities in the State of Georgia? ☐ Yes ☐ No

If yes, list the official name and address of the exempted program.

Name

Site Address

Building Owner

Do you own the building in which the program is housed? ☐ Yes ☐ No

If no, list the landlord's name and address:

Landlord's Name

Landlord's Mailing Address

Attach a copy of the current lease agreement, if applicable

Schedule:

Months of Operation: _____

Days of Operation: _____

Hours of Operation: _____

Age Range of Children to be Served:

From_____

To_____

Check all services that apply:

☐ Infants & Toddlers (Ages 0-2)	☐ School-age summer care	☐ Special Needs	☐ CACFP
☐ Preschoolers (ages 3-4)	☐ Evening Care	☐ Transportation-field trips	☐ Drop-in care
☐ School Age (Ages 5+)	☐ Night Care	☐ Transportation-school	☐ Accepts Subsidies
☐ School Age Only	☐ Mildly Ill Care	☐ Transportation-home	☐ Other

Facility/ Site Director :

Name:_____

Date of birth_____ SSN_____

Preliminary criminal records check results are attached? ☐ Yes ☐ No

Criminal Records Check Application/Fingerprints submitted on_____ (Date)

Upon receipt and review of a completed application, a child care consultant will conduct an inspection of the center. This inspection includes an assessment of compliance with Rules and Regulations for Child Care Learning Centers to include an evaluation of the physical plant, staffing, records, and services.

A. I/We will ensure that the center adheres to all licensing requirements.

B. I/We understand that a license to operate a center is not transferable to another individual or location.

C. I/We understand that the issuance of a new license may be denied for failure to comply with licensing requirements.

D. I/We understand that the center is subject to unannounced inspections by Bright from the Start: Georgia Department of Early Care and Learning at any time during operating hours.

E. I/We assume responsibility for conducting the affairs of the center herein described and for meeting all applicable regulations.

F. I/We understand that remodeling or modification to the center requires a plan review by Bright from the Start: Georgia Department of Early Care and Learning before new construction, alterations, or additions can begin.

G. I/We understand that rule violations, which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may result in adverse actions by Bright from the Start.

H. I am/We are responsible for compliance with compliance with the rules and regulations as set forth in the rules and regulations for Child Care Learning Centers, Chapter 591-1-1. I/We understand that rule violations which are determined by Bright From the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may subject me/us to civil penalties of up to $500 per violation for each day for each.

I. I/We understand that, if incorporated, I am required to retain an attorney to represent the corporation in any appeal or other litigation scheduled to be heard before the Office of State Administrative Hearings or any other judicial body. "(O)nly a licensed attorney is authorized to represent a corporation in a proceeding in a court of record, including any proceeding that may be transferred to a court of record from a court not of record." Eckles d/b/a/ Atlanta Technology Group v. Atlanta Technology Group, Inc., 267 GA. 801 (1977). See also Office of State Administrative Hearings Administrative Rules of Procedure, Ga. Comp. R & Regs. 616-1-2-.34(1).

J. I/We understand that, pursuant to O.C.G.A. § 49-5-12(t), Bright from the Start: Georgia Department of Early Care and Learning recommends that all child care providers licensed by the Department maintain insurance coverage sufficient to protect the provider's clients. I understand that if I do not maintain liability insurance, I will have to notify parents, obtain a written acknowledgment from parents, and post a notice at the child care facility stating that I do not maintain liability insurance.

K. I/We understand that failure to comply with the regulations may result in denial or revocation of the license to operate the facility.

L. I/We declare there have been no license revocation proceedings initiated against me/us within one year of the date of this application.

False or misleading statements made on any part of the application may void this application and lead to the denial or revocation of a license issued on the basis thereof. I/We hereby apply for a license. I/We understand and agree to the above statements and agree to submit a copy of the bill of sale.

_____ _____

Corporation/LLC name **or** Signature of owner (If Private owner or Partnership)

Signature of Director (if different)

_____ _____

Signature of Board Chairman /President/CEO

Title

_____

Date

Buyer/Seller Agreement
This form must be completed by the seller and the buyer and must be notarized.

I,_____ , owner of _____,
(Name of Current Owner) (Name of Child Care Business)

located at_____, agree to sell
(Street Address, City, State, Zip Code)

_____ to _____.
(Name of Child Care Facility and ID#) (Name of Buyer)

The owner agrees that the date of sale/purchase will be on or after _____,
(Date)

_____
Signature of Current Owner

Sworn to and subscribed before me this_____day of _____ , 20____.

_____
Notary Public

My commission expires_____, 20_____.

I_____ , agree to purchase_____,
(Name of Buyer) (Name of Child Care Facility and ID#)

located at . _____
(Street Address, City, State, Zip Code)

The buyer agrees that the date of sale/purchase will be on or after . _____
(Date)

_____
Signature of Buyer

Sworn to and subscribed before me this_____day of _____, 20___.

_____
Notary Public

My commission expires_____, 20_____.

Statement of Understanding

FACILITY NAME:_____

OWNER/DIRECTOR NAME:_____

DATE:_____

_____ Reviewed licensing law and procedures.

_____ Reviewed fingerprinting and employee criminal records check requirements.

All child care learning centers must comply with all state rules and regulations and all appropriate local ordinances. If there is a conflict between state requirements and local requirements, the stricter requirements will apply.

_____

I understand that all child care learning centers must by law be licensed. I further understand that all rules and regulations governing child care learning centers must be met in order for the center to be licensed.

_____

I further understand that rules not previously met before my ownership may be my responsibility unless determined not applicable or waived at my request.

_____

I understand that I may not operate a child care learning center until after the Child Care Services consultant has approved the center.

_____

Disclosure Form

O.C.G.A. §20-1A-30 prohibits persons who have committed certain crimes from living in or being employed in family child care learning homes and child care learning centers. The crimes are:

- any felony (in the state of Georgia, or any other state);
- all sexual offenses found in chapter six (6) of title 16 ;
- certain misdemeanors including:
  A) simple battery, when the victim is a minor;
  B) contributing to the delinquency of a minor;
- criminal attempt to commit any of the above listed crimes in accordance with O.C.G.A. §16-4-1.

A person must have been convicted of or entered a plea of guilty or nolo contendere to or have been adjudicated for any of the above crimes. A person that has been arrested for any of the above crimes may not live or be employed in family child care learning homes and child care learning centers until such time a court of proper jurisdiction dismisses the charges or a not guilty verdict is rendered.

O.C.G.A. §16-12-1.1(b)(c) makes it a misdemeanor for any operator of a facility to knowingly have any person reside at, be domiciled at, or be employed at any such facility if such person has been convicted of or has entered a plea of guilty or nolo contendere to or has been adjudicated a delinquent for certain offenses.

The Department may deny or revoke the license, commission, or registration of any facility in violation of these requirements.

To my knowledge, no person lives at or is employed at the child care facility listed below who has been convicted of, has entered a plea of guilty or nolo contendere to, or has been adjudicated delinquent for any of the above listed crimes.

_____ _____

Director's Signature **Date**

_____

Director's Name (print legibly)

_____

Name of Facility (print legibly)

_____

Address of Facility

_____

City, State, and Zip Code

STAFF PROFILE

NAME OF CENTER _____

ADDRESS _____ CITY & ZIP _____ **COUNTY** _____

TELEPHONE NUMBER _____ DIRECTOR _____ TOTAL # STAFF_____

DAYS/HOURS OF OPERATION _____

Personal Data				Information on file? Place check in these columns					Qualifications			Training/Driver Info			
NAME	Date Hired	Job Title	Birth Date	SSN	Address	Phone	10 Yr. work History	Orientation	CRC	Educ. Attn'd/ work exp.	Qual. Stmts.	40-hour Director's Training (NA if not applicable)	CPR Date	1st Aid Date	D.L. Class/ Exp Date

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

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

License Number _____

Facility Name _____

Facility Address _____

Facility Owner _____

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

[*printed name of person*]

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

1) _____ I am a United States citizen 18 years of age or older. **Submit a *legible* front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**

2) _____ I am a legal permanent resident of the United States, 18 years of age or older. **Submit a *legible* front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a legible front and back copy of secure and verifiable document from the list below that includes your alien number.**
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____. (Required)

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

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

Completed in _____ (city), _____(state).

_____ _____
Signature of Applicant Printed Name of Applicant

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

Contact Phone Number _____ E-mail Address _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

_____ My Commission Expires: _____
NOTARY PUBLIC

Frequently Asked Questions

1. Where can I find an Affidavit for Lawful Presence Verification Form?

We have provided the appropriate form on page 1 of this document; you may also obtain a copy on the Bright from the Start website at www.decal.ga.gov. If you need assistance, you may call 404-463-4092 or 404-232-1325.

2. Why do I have to complete this requirement?

Effective January 1, 2012, the Illegal Immigration Reform and Enforcement Act of 2011 requires that applicants for a license or renewal provide proof of lawful presence in the United States before receiving any public benefit. The law further defines the issuance of a license as a public benefit. Therefore, in compliance with the law, Bright from the Start requires that you submit a completed and notarized affidavit and a copy of a secure and verifiable document.

3. What qualifies as a "secure and verifiable document"?

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

- U.S. issued passport or passport card
- U.S. military ID
- U.S. issued driver's license An entire list may be found below.

4. Am I required to send an original document of one of the "secure and verifiable documents" on the Attorney General's list?

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

5. Where do I send the two documents required for Verification of Lawful Presence?

The notarized affidavit ***and*** secure and verifiable document must be faxed to 404-656-0351, scanned and emailed to ccsaffidavit@decal.ga.gov (preferred) or mailed to:

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

Please return only the one page affidavit form and the copy of your secure and verifiable document and not the FAQs or the list of acceptable documents. E-mail or fax is preferred.

6. What should I do if the owner listed on the affidavit form is incorrect?

The ownership information printed on the affidavit is the information we have in the record for this facility. If this information is incorrect, please contact your licensing consultant immediately.

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

Yes. If the form shows "Georgia" pre-printed in the section as the state in which the form was executed, mark through the pre-printed state name and list the appropriate state.

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

Either the stamp or the seal may be used to notarize the affidavit form.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CHANGE OF OWNERSHIP

1. License or Commission: Check Child Care Learning Center. A Child Care Learning Center is defined as providing group care, for pay, without transfer of legal custody, for 7 or more children.

   Commission: A certificate conferring authority to perform various acts or duties.

   **You are required to complete the same process whether you are seeking a license or commission to operate.

2. Applicant Information: The applicant information defines the person or entity that has legal ownership of the business. (This information will be the same for owner/applicant on page 1 and page 3.)

3. Name of Center: Write the name of the center exactly as you want it to appear on the license/commission. Show the complete address for where the center will be located including the county and zip code. Effective 5/7/09 all centers are required to furnish the Department e-mail contact information so that this agency may contact the center and send information via e-mail. Please be sure to list your e-mail address accurately in this section. (Rule 591-1-1-.16(g))

4. Type of Ownership: Check the one that applies to your center. Remember to attach supporting documentation depending on the type of ownership.

   Individual: Complete this section if one person owns all the assets of the business and is solely liable for all debts of the business.

   Partnership: Complete this section if two or more people own the business. A partnership is a voluntary contract between two or more persons to carry on as coowners, a business for profit.

   Corporation: Complete this section if a corporation owns the business. The **name of the corporation** will be shown as **applicant**.

   The mailing address is the same as the principal mailing address of the corporation. This information must be consistent with documents filed with the Secretary of State's Office. The Certificate of Registration, Articles of Incorporation, and the By-Laws must also be attached to the application.

Board Sponsored: Complete this section if a board owns the business. The name of the Board will be shown as applicant. Minutes from the board meeting approving the facility's operation, and a list of board members must also be attached to the application.

Limited Partnership: Complete this section if a limited partnership or Limited Liability Company owns the business. The name of the LLC/LLP will be shown as applicant. The Articles of Organization are also required to be attached to the application. This information must be consistent with documents filed with the Secretary of State's Office.

5. Person Legally Responsible and Official Address for all Communication: This information is the same for an individual owner as shown on Page 1 of Application Part A under Applicant Information. For corporations or board-sponsored facilities, this would be the Chief Executive Officer (CEO) or Board Chairman.

6. Name and Address of Agent for Service for Facility: This section is to be completed only for corporations, Limited Liability Partnerships, and Limited Liability Companies. This information, such as name and address, must be consistent with documents filed with the Secretary of State's Office.

7. Miscellaneous Information: (A) Provide specific information about any exempt programs operated by you in Georgia. (B) If you do not own the building where the business is to be located provide the name and complete address of the landlord. You are also required to attach a copy of the signed Lease Agreement with the application. (C) Be specific on the proposed months of operation (January-December), and proposed days of operation (Monday-Friday), and proposed hours of operation (6:30 a.m. - 7:00 p.m.). (D) Be specific and show the actual ages of the children you propose to serve (6 weeks-12 years). (E) Check all the services you propose to provide.

   *****Attach the required copies of the Floor Plan and Site Plan.

8. Owner(s) of Center: This information should be consistent with Page 1, Applicant Information. If owned by a corporation, the corporation name will go on Page 3 and the CEO will sign below and should be a signature-not a printed name.

9. Director Information: This information should be completed on the Director.

10. Board Chairman/President: This information should be consistent with Page 1, Applicant Information and should be a signature-not a printed name.

CHECKLIST – CHANGE OF OWNERSHIP APPLICATION

Applicant's Name: _____
Facility Name: _____ County: _____

Include each of the following items in your application packet: (Submit the completed checklist with application materials)

	Application for Change of Ownership
	Completed Buyer/Seller Agreement form (must be notarized)
	Citizenship Affidavit & Verifiable Identification (copy of front and back)
	Copy of Purchase Agreement or copy of Lease Agreement
	Signed copy of Statement of Understanding Document
	Signed copy of Disclosure Form
	Floor Plan
	Site Plan
	Operation Plans and Operation Plan Checklist
	Fingerprint Results letter for Director or Copy of Criminal Records Check Application on Director (if Scan results not yet received)
	Fingerprint Results- 100% of staff must have satisfactory CRC *NOTE: ALL staff must have Satisfactory CRC letters on hand prior to the Initial Licensing Study (ILS)
	Completed Staff Profile Sheet
	Copy of Director Credentials (TCC, CDA, AA, BA, Diploma Transcripts, etc)
	Copy of Lead Teacher Credentials (TCC, CDA, AA, BA, Diploma Transcripts, etc)
	Required Corporation/LLC documentation (if applicable)
	Documentation of Food Service Permit and Caterer's Permit (if using an outside source to cater your meals) (If applicable)
	Completed vehicle inspection (DECAL sample on website) *This is only required if the facility will offer transportation services.*

Required Approvals:

	Zoning approval
	Fire Marshal approval CO (Must be completed after closing within 12 months)
	Building Inspector approval CO
	Confirmation of city/county water/sewer (copy of bill)
	Confirmation of septic or well (Environmental Health) (only if applicable)

Criminal Records Checks

Criminal Records Check Guidelines…..…….……...
Livescan Procedure….……..……..……
Criminal Records Check Application……
Criminal Records Check Application Instructions……

CRIMINAL RECORDS CHECK GUIDELINES

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires satisfactory criminal records checks on directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or director of a child care facility.

Director is defined as the chief administrative or executive officer of a facility. This person is responsible for the daily on-premises supervision, operation and maintenance of the facility.

Georgia law requires that a criminal records check clearance for an employee or director be on file before the person begins employment. This clearance must be on file for the director before the center can be initially licensed.

FINGERPRINT PROCESSING: The director and all employees are required to contact Cogent Systems to register for fingerprinting. They may register online at www.ga.cogentid.com or by calling 1-888-439-2512. They must also submit a notarized criminal records check application to Bright from the Start by fax to 404-657-8936 or mail to Criminal Records Check office; 2 Martin Luther King Jr. Drive, SE; Suite 754, East Tower; Atlanta, Georgia 30334.
Who must be fingerprinted?

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

Please note that in order to obtain a valid license the director and **all** employees must have had a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your application is completed more than twelve months from the date the director and employees received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you submit a new national fingerprint criminal record check application through Cogent.

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

Who must have a criminal records check determination? All
Employees must have them.

An Employee is defined as anyone who:

A. Performs duties for the facility with or without compensation

AND

B. Involves personal contact with child(ren) in care

OR

C. Resides at the facility

BRIGHT FROM THE START

Georgia Department of Early Care and Learning

FINGERPRINT RECORDS CHECK APPLICATION

TO BE COMPLETED BY APPLICANT: **COGENT Registration ID:**_____

(Please read instructions on the following pages before completing this application.)

1. APPLICANT/ EMPLOYEE TYPE:
- ☐ Owner (present in facility)
- ☐ Director/Provider
- ☐ Employee /Resident
- ☐ Temporary/Substitute Caregiver
- ☐ Independent Contractor
- ☐ Volunteer
- ☐ Student-In-Training (must submit proof of enrollment with this application)

2. PROGRAM TYPE:
- ☐ Child Care Learning Center
- ☐ Family Child Care Learning Home
- ☐ Exempt Program
- ☐ Head Start Program
- ☐ Support Center

Date of Hire: _____

3. PRINT FULL NAME: _____ _____

LAST FIRST MIDDLE MAIDEN /ALIAS DATE OF BIRTH

_____ _____ _____ _____

GENDER RACE SOCIAL SECURITY NUMBER STATE/COUNTRY OF BIRTH

_____ _____ _____ _____ (_____)_____

HEIGHT WEIGHT EYE COLOR HAIR COLOR HOME TELEPHONE NUMBER

(_____)_____ _____

CELL PHONE NUMBER PERSONAL E-MAIL ADDRESS

_____

HOME ADDRESS: STREET CITY STATE ZIP

_____

MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP

4. HAVE YOU RESIDED IN A STATE OR TERRITORY OTHER THAN GEORGIA IN THE PAST FIVE YEARS? ☐ NO ☐ YES

IF YES, PLEASE LIST _____ _____ _____

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning ("Department") to receive any criminal history record information pertaining to me which may on file with any criminal justice agency in the United States or its territories. I further authorize the Department to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature and that Georgia law authorizes the Department to require additional fingerprint records checks when the department has reason to believe that I have a criminal record that renders me ineligible to have contact with children in the center or during the course of a child abuse investigation.

_____ _____

APPLICANT'S SIGNATURE DATE

6. TO BE COMPLETED BY DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR:

_____ _____

NAME OF PROGRAM PROGRAM IDENTIFICATION NUMBER

_____ _____

PROGRAM STREET ADDRESS CITY, STATE, ZIP

_____ _____

PROGRAM MAILING ADDRESS CITY, STATE, ZIP

7. My signature indicates that I am the Director, Provider or Program Administrator, and that I have verified the above information on the applicant.

_____ _____

SIGNATURE DATE PROGRAM TELEPHONE NUMBER

_____

NAME (PRINTED)

MAIL TO:
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
ATTENTION: RECORDS UNIT
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334
(404) 656-5957

FOR INTERNAL USE ONLY Received _____ Post Marked _____ ☐ S-I-T – enrollment

☐ DUPLICATE ☐ INCOMPLETE ☐ NO RESULTS ☐ REJECTED: reason code / quality of prints / other _____

(SEE INSTRUCTIONS ON BACK OF FORM)

Revised 10/06/2015

BRIGHT FROM THE START

Georgia Department of Early Care and Learning

FINGERPRINT RECORDS CHECK APPLICATION

To receive a fingerprint records check determination letter, you must complete all of the following steps:

1. *Complete the online application and submit or complete this paper application and mail it to the DECAL Records Unit*
2. *Register with the COGENT system*
3. *Scan your fingerprints through COGENT*

INSTRUCTIONS FOR COMPLETING PAPER FINGERPRINT RECORDS CHECK APPLICATION

(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING SECTIONS:

First, write your COGENT ID number at the top of the form in the space provided.

1. Check the box that identifies the type of fingerprint records check applicant.

2. Check the box that identifies the type of child care facility or program.

3. Print your full name, including your MAIDEN name and any known ALIASES. DO NOT use initials if you have a given name.
Print your date of birth.
Print your gender: Female, Male, Unknown.
Print your race: Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White (includes Mexicans and Latinos).
Print your Social Security Number.
Print your place of birth: List the state/territory if you were born in the United States. If you were born outside of the United States, list the country in which you were born.
Print your height.
Print your weight.
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel, Maroon, Multicolored, Pink or Unknown.
Print the color of your hair: DO NOT abbreviate: Brown, Black, Blue, Grey, Red, Orange, Purple, Pink, Sandy, White, Blonde, or Unknown.
Print your home and cell telephone numbers with area code.
Print your complete home address.
Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line. *Note that record check results will be mailed both to the center and to the mailing address entered here.*

4. Indicate whether you have lived in a state or territory of the United States other than Georgia any time within the past five years. If you have, list those states or territories. DO NOT abbreviate.

5. Read the consent statement. Sign and date on the spaces provided if you agree to the terms of the consent statement.

DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR WILL COMPLETE THE FOLLOWING SECTIONS:

6. Print the name of your program as it appears on your license, registration, permit, exemption or commission certificate.
Print the license, registration, permit, exemption or commission number of your program.
Print the program's physical address.
Print the program's mailing address, if different than the physical address.
Note that record check determination letters will be emailed ONLY to the primary email address on file with the state.

7. Director, Provider or Program Administrator must sign his/her name as it would appear on business letter.
Print the name of the Director, Provider or Program Administrator name below the signature.
Print the date signed.
Print the program telephone number.

8. MAIL the completed, and signed form to:

BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
Attention: Records Unit
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

APPROVED IDENTITY VERIFICATION DOCUMENTS

DECAL requires valid and unexpired picture identification documents.
As a primary form of picture identification one of the following will be accepted with your application:

EITHER

Primary Document (provide one of the following:)

1. State Issued Driver's License with Photograph
2. State Issued Identification Card with Photograph
3. US Passport with Photograph
4. US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
5. Government Issued Employee Identification Card with Photograph (Federal, State, County or City)
6. Tribal Identification Card with Photograph

OR

In the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

Secondary Documents:

One form of ID from this list:

7. State Government Issued Certificate of Birth
8. Social Security Card
9. Certificate of Citizenship (N560)
10. Certificate of Naturalization (N550)
11. INS I-551 Resident Alien Card Issued since 1997
12. NS 1-688 Temporary Resident Identification Card
13. INS I-688B, I-766 Employment Authorization Card

AND

Two forms of ID from this list:

14. Utility Bill (with current address)
15. Voter Registration Card
16. Vehicle Registration Card/Title
17. Paycheck Stub with Name/Address
18. Cancelled Check or Bank Statement

LIVESCAN FINGERPRINTING PROCEDURE

For Childcare Directors, Employees, Volunteers

LiveScan fingerprinting is an electronic Georgia Applicant Processing Service (GAPS) managed by Cogent Systems, Inc. Your fingerprints will be scanned with a computer.

You DO NOT need inked fingerprint cards.

REGISTER with Cogent Systems, Inc. before you visit a fingerprinting location

STEP 1 Visit the Cogent Systems website at www.ga.cogentid.com

STEP 2 Select the **APPLICANT REGISTRATION** tab at the left bottom of screen

STEP 3 Choose the **Department of Early Care and Learning (DECAL)** tab to register

STEP 4 Choose **REGISTER TO BE FINGERPRINTED**

STEP 5 Non-Criminal Justice Applicant's Privacy Rights – if you read and accept the terms, check the box at the bottom of the page and press continue

Notes: All fields highlighted in yellow are required

The Reviewing Agency ID number is pre-populated. Do not change this number.

Do not add anything in the Requesting Agency Section.

STEP 6 **REASON:** In the drop down menu for **Reason**, select **"DECAL – Daycare Director/Employee**

STEP 7 **PAYMENT*:** In the drop down menu for **Payment**, select one of the following choices:

- **Credit Card** *Note: No unemployment cards, child support cards or gift cards accepted*;
- **Money Order** *Note: Money Orders can be used for Single Applicant Registration only, and the applicant must provide the money order payable to* **3M Cogent – GAPS** *at the GAPS Print Location before being fingerprinted;*
- **Agency** *Note: This option can only be selected if the employer has established a Billing Account with 3M Cogent and provided you with the appropriate billing codes and password.*

**Notes about Payments:*

- Payment by cash or personal check **WILL NOT BE ACCEPTED**.
- **The processing fee on or after April 1, 2015 is $51.00.**

STEP 8 If you selected **Agency** as the method of payment, fill in the Billing Code and Billing Password. If you are paying by credit card or money order, leave these fields blank.

STEP 9 Fill in required **PERSONAL AND ADDRESS INFORMATION** and click **CONTINUE.**

Note: If you did not enter your Social Security Number, you must take your registration receipt with you to the fingerprint site and use the Registration ID to be fingerprinted.

STEP 10 **VERIFY** your registration information and click the **SUBMIT** button to advance to the next page.

STEP 11 **RECORD** your Registration ID number on your Records Check Application to be mailed to Bright from the Start

STEP 12 **PRINT OR EMAIL** your Registration Receipt. Bring a copy of your receipt to the fingerprinting site and keep a copy for your records.

SELECT A FINGERPRINTING LOCATION:

STEP 13 Select the **FINGERPRINT LOCATIONS** link at the bottom of the COGENT web page.

STEP 14 Click a GAPS region to identify the GAPS Service Site nearest you.

ELECTRONIC FINGERPRINTING:

STEP 15 **Gather the following documents:**

- Registration Receipt listing your registration confirmation number
- Two copies of your valid and unexpired picture identification document (See next page for valid ID options). One copy is for STEP 16; the other copy is for STEP 22.
- Payment if you chose the Money Order option in STEP 7

STEP 16 **VISIT** the Print Site Location you chose and electronically **SCAN** your fingerprints.

(Your results will be transferred electronically to Bright from the Start for review)

RECORDS CHECK APPLICATION:

STEP 17 Complete the Records Check Application form. **BE SURE TO INCLUDE** your Cogent registration ID number.

STEP 18 Sign the completed Records Check Application form in front of a notary public and have the notary public also sign and stamp or seal.

STEP 19 Mail the completed, signed and notarized Records Check Application form along with a photocopy of your valid and unexpired picture identification document from STEP 15 to:

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

(Do not send any payment with this application)

COGENT SYSTEMS APPROVED IDENTITY VERIFICATION DOCUMENTS

Cogent Systems requires current, valid and unexpired picture identification documents. As a primary form of picture identification one of the following will be accepted at the GAPS Print Locations:

Primary Documents:

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
- Government Issued Employee Identification Card with Photograph (includes
- Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

However, in the absence of one of the above Primary identifications, applicants may provide **one** or more of the following Secondary Documents, **along with two** of the supporting documents listed below:

Secondary Documents:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- NS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

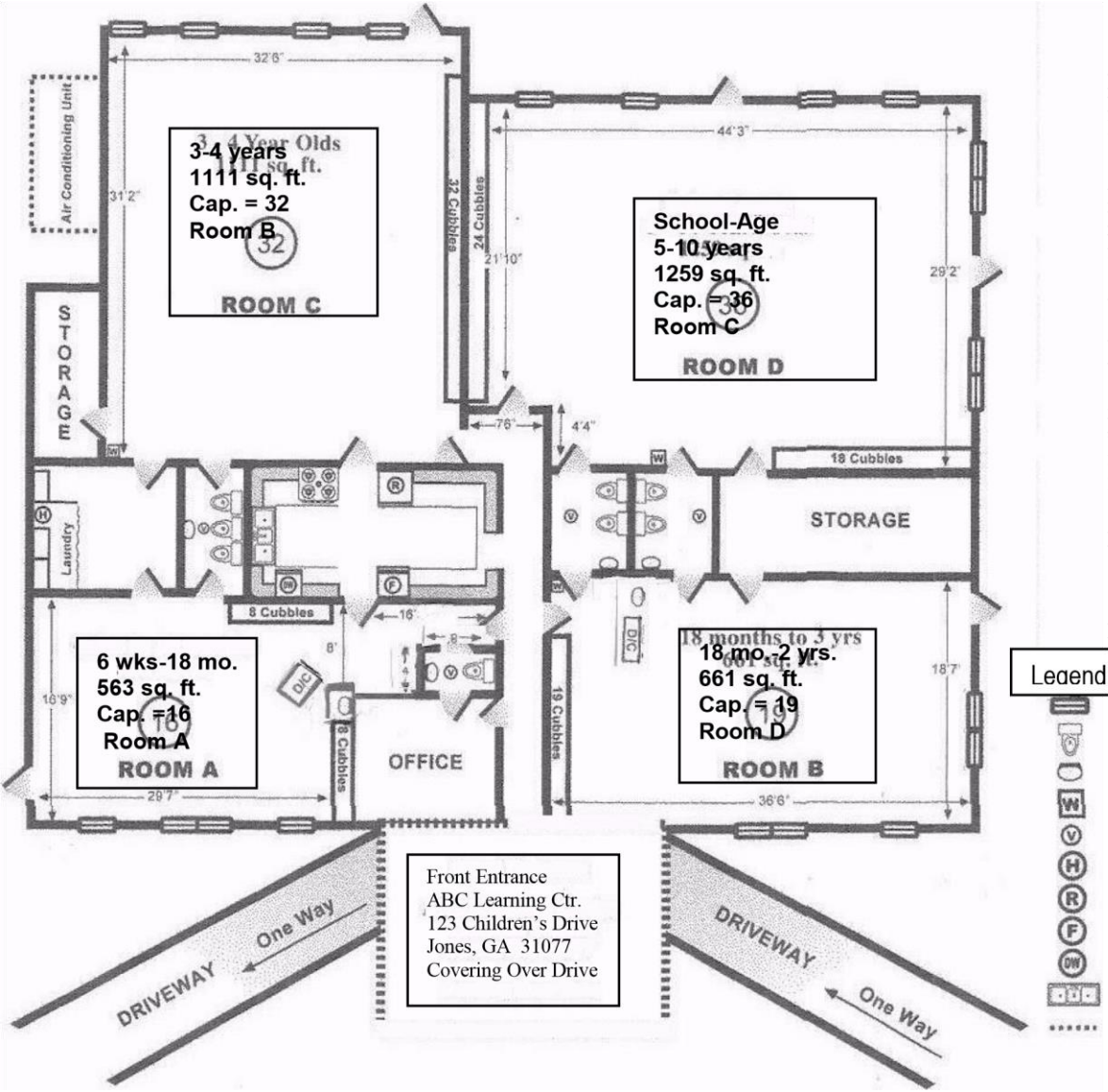
Secondary Documentation must be supported by *at least two* of the following:

- Utility Bill (with current address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Certificate of Naturalization (N550)
- Current Paycheck Stub with Name/Address
- Cancelled Check or Bank Statement

Floor Plan

Sample Floor Plan……...
Windows…….……
Staff: Child Ratios……..
Mixed Age Groups…….
Diaper Changing Area……....
Storage Space/ Bathrooms…….
Kitchen/Laundry/ Building Safety and Repair …….

SAMPLE FLOOR PLAN



General

Ceiling Height = 8'
Built in Diaper Change Table (D/C) size = 8' \ 2'
Hot and Cold Water at Diaper Change Tables.
Ill children will stay in office.
Six Double lights (fluorescent) in each room.
Gas heat/cooling units located outside building.
Hot Water Heater (gas)located in laundry room.
Building on ground level.
Floor: Carpet/Vinyl.
Walls: Painted Sheetrock
Ceiling: Acoustical Tile

Windows

All Windows are 5' x *2'6"* = 13 sq. ft.
All Windows 38' from floor.
50% of Windows screened and operable (S/) portion 2°8"x 2'8").
Blinds at Windows to dim light during nap.

Kitchen

Electric Stove, domestic.
Three-Compartment Sink.
One Dishwasher.
Formica Counters.
35' Linear foot of' counters with Storage Area.
Wall hung cupboards over all counters for food storage, dishes and glasses.
Kitchen light shielded with glass protector.

Legend

=Two Windows
=Toilet
=Sink
=Water Fountain
=Vent
=Hot Water
=Heater
=Refrigerator
=Freezer
=Dishwasher
=3 compartment sink
=4' Chain Link Fence

WINDOWS

WINDOW SPACE REQUIREMENTS FOR CENTERS WITHOUT CENTRAL HEAT & AIR **(NOTE: THIS ONLY APPLIES IF YOU DO NOT HAVE A CENTRAL UNIT OR AIR CONDITIONER UNITS.)**

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

- When central heat and air is not provided total window space per room must be 5% of the useable floor space.
- Multiply useable floor space by .05 to determine required window space.
- 50% of required window space must be screened and operable.
- To determine amount of space of the window multiply the length times (X) the width of the window to obtain the total square footage.

WINDOW SPACE REQUIREMENTS FOR CENTERS HAVING NO VENT FANS OVER THE DIAPERING SURFACES

- If no exhaust/ventilation fan is over the diapering area, operable window space must equal 2.5% of the useable floor space.

Example: A room in the center has 1,259 square feet of usable floor space and will house diapered children.

1,259 X 2.5%=31 square feet of screened and operable window space needed.

To measure screened and operable window space:
Open the window to the maximum opening position.
Measure the screened open area.
(Ex. 2’2” X 2’0”=4.3(round down) = 4 square feet of screened and operable space for this window.
If this room needs 31 square feet of screened and operable space, then you would need 8 windows screened and operable.

Note: Screens should fit tightly to prevent insects.

STAFF:CHILD RATIOS

CHILD CARE LEARNING CENTER

AGE	# ADULTS	# CHILDREN
Birth to 18 months (not walking)	1	6
One (1) year olds	1	8
Two (2) year olds	1	10
Three (3) year olds	1	15
Four (4) year olds	1	18
Five (5) year olds	1	20
Six (6) year olds and older	1	25

MIXED-AGE GROUPS FOR CHILD CARE LEARNING CENTERS

For centers with a licensed capacity of 19 or more, children may be combined in mixed-age groups provided that infants and children younger than three (3) years are not grouped with children three (3) years and older except as set forth below. In mixed-age groups, the required staff:child ratios 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 belongs to younger age grouping(s).

For Centers with a licensed capacity of 18 or fewer, the 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. 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.

During first hour of the center's operation and last hour of operation, infants and children younger than three (3) years may be grouped with older children so long as staff:child ratios and group size are met based upon the age of the youngest child present in the group.

Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the written agreement of the older child's parents and is developmentally appropriate for the child.

DIAPER CHANGING AREAS

The rules require the diaper changing surface must:

- be located in child care rooms.
- be non-porous and easily cleaned.
- be large enough to contain the child being diapered.
- have guards (straps) or rails on sides to protect the child from falling.
- be positioned facing the classroom to allow for adequate supervision.

However, those children who sleep in their cribs may be changed in them.

The diaper changing area must:

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

<u>Note</u>: Position diaper changing tables so that staff members can see the whole classroom as they diaper. This will help greatly with supervision. If diapering tables do not face the room a written supervision plan for extra staff will be required. Diaper changing tables must be within arm's reach of the diapering sink.

STORAGE SPACE/BATHROOMS

CHILDREN'S STORAGE

- Play equipment requiring little adult supervision must be on low open shelves in classroom.

- Personal storage (coats, personal belongings, etc.) must be accessible (within reach) of children (age 1 yr. and older). Storage should also be large enough to accommodate the size of the child's belongings.

- Diaper bags must be out of reach of children and should be accessible to diaper changing area.

- Sleeping equipment (mats, cots) can be in classroom, safe from children's access.

- Allow maximum use of play space.

TEACHERS' SUPPLIES

- Must be kept out of reach of children. (Examples: Teachers' purses, White-out, large teacher/adult scissors, staplers.)

HAZARDOUS ITEMS

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

BATHROOMS

- Bathrooms must be fully enclosed.

- Bathrooms must have proper ventilation either through a screened and operable window or a functioning exhaust fan.

- If you install any toilet or lavatory of adult height that would be used by children in any room of your facility, you must provide steps or a platform.

- Refer to your copy of the rules for the required sink/toilet ratios. Note that all applications received after 12/22/09 are required to meet revised Rule 591-1-1.06(1)

for the correct number of toilets. Two potty chairs are no longer allowed as a substitute for an additional toilet.

- Your building should be designed to allow for supervision of children during toileting. Bathrooms must be in or adjacent to classrooms for children 2 years of age. This means a shared wall or immediately across from the classroom door with a direct line of sight. For children 3 years of age and older, bathrooms must be no more than 40 feet from the classroom door and a written supervision plan must be on file.

- Toilet facilities for four-year-old children and older must be screened for privacy (for example: partitions or dividers between toilets).

- Supplies should be in children's reach: tissue should be in the child's reach when seated on the toilet; liquid soap and paper towels must be in the child's reach at the sink. The use of a stool or platform is permissible for the child to reach the sink and all supplies.

KITCHEN/LAUNDRY/BUILDING SAFETY & REPAIR

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

- This includes either a 3 compartment sink or a 2 compartment sink with a dishwasher that meets sanitizing criteria.

- An approved dishwasher has a sani-cycle or maintains rinse water of 150 degrees.

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

- Refrigerator must be 40 degrees or lower and the freezer must be 0 degrees.

- Areas for food preparation must be non-porous, easily cleaned and have no unsealed cracks or seams.

- Areas for storage of food, eating utensils and cookware must be provided.

- If your facility plans to have catered food, the caterer must have a Food Service Permit and a current inspection report and provide you with current copies of both documents to maintain in your records.

LAUNDRY

- Must be separate from child care areas.
- Must contain covered storage for soiled linens.

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

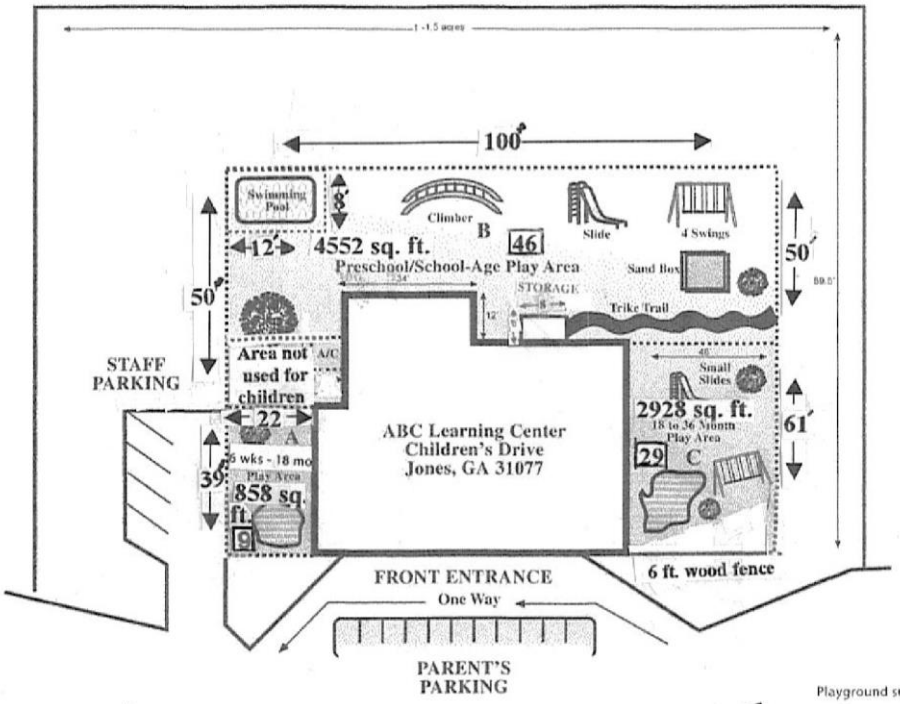
BUILDING SAFETY AND REPAIR

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

Site Requirements

Sample Site Plan…… .....
Ground Covering/Shade .....
Fencing…… .....
Play Equipment and Surfaces.....
Playground Maintenance Checklist……

SAMPLE SITE PLAN



Playground surface is grass and sand.

= Trees for shade

= Play Area

A/C = Air Conditioner Unit

= 4' Chain Link Fence

Swings, climber, slide anchored with cement.
Sand used under all equipment

Paved riding
area is 12' x 10'.

Swimming Pool is
surrounded by a 6' high chain link fence.

GROUND COVERING

- Choose from a variety of surfaces such as grass, wood chips, sand, etc.

- Hard surfaces, such as pavement or gravel cannot exceed ¼ of the total outside surface. Therefore, <u>your playground may not be constructed over concrete or asphalt without first removing this hard surface.</u>

- Play area must not contain any hazards, such as, but not limited to:

  - Uneven turf
  - Holes
  - Exposed tree roots
  - Sharp rocks
  - Briars/thorny plants
  - Mushrooms
  - Active red ant beds

SHADE

- Shade may be provided by:

  - Trees
  - Equipment with shade coverings
  - Man-made structures (i.e. gazebos/canopies)

- Shade provided by your building cannot be the only source.

- Shade must be provided within each individually fenced area.

FENCING

- **Provide at least a 4-foot-high fence around the play area.**

  - **Material must be non-hazardous without any protruding metal or wires.**

  The following are approved fencing materials, if they are at least 4 feet tall:

  Chain Link (with closed, bent wire- no sharp points exposed along the top)
  Wooden (no gaps between boards, no splinters)
  PVC/plastic picket fence (if gaps between pickets, must be less than 3 ½ inches) Wrought Iron (if gaps between rails, must be less than 3 ½ inches)

  Materials <u>not</u> approved: Barbed wire, chicken wire, farm wire (rectangular openings), lattice (plastic or wood)

- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.

- Any bolt used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.

- All screws around the entrance gate or divider fences can present a problem on either side.

- Any barrier other than fencing must be approved by the Department.

- Location of gas meter and/or heating and cooling equipment must be marked on site plan.

  - The type of barrier/fence used to prevent children from coming in contact with this equipment must be noted on the site plan.

******If barriers (i.e. landscape timbers, PVC perimeters) are added to the outdoor area to contain loose fill materials like sand/mulch, be sure that these barriers are not installed close to the fence line. The height of the barrier would reduce the overall fence height possibly causing it to be less than the minimum height of 4 feet.

PLAY EQUIPMENT AND SURFACES

- Provide enough outdoor play equipment that is age appropriate to offer a variety of activities.

- Equipment must be in safe operating condition with no rusted, broken or missing parts and no protruding nails or screws.

- Tires used for play must have holes bored in them so water drains out.

- Specific requirements for swings and climbing equipment include:

    - Must be anchored securely in the ground.

    - Chain hooks on swings must be clamped tight.

    - Slides should be installed in shaded areas.

    - Require a resilient or bouncy surface such as wood chips, sand, mulch, or pea gravel underneath and in the fall zone.

    - Height of the equipment determines the depth of the resilient surface.

    - Six inches of resilient surface is required underneath and within the fall zone of equipment five feet or higher.

    - If less than five feet, the required depth of the resilient surface is three inches.

    - Borders may be needed to maintain loose fill materials at the proper depth.

    - Any border, such as timbers or PVC pipes, built to contain the resilient surface must be installed outside of the fall zone.

- If synthetic material is used, contact the Applicant Services Unit for approval of the material prior to installation. You will be required to provide testing specifications on the product you plan to install.

- It is important to develop a system to check the playground equipment and measure resilient surface regularly to assure that both are maintained adequately.

- Safety or encroachment zones of at least 6 feet should also be created between pieces of equipment as well as between the equipment and fencing.

For information concerning fall zones and resilient surfacing, visit the Consumer Product Safety Commission Website

www.cpsc.gov/PageFiles/122149/325.pdf

PLAYGROUND MAINTENANCE CHECKLIST

Instructions: Check the entire playground at least once each week. Train all personnel to be alert to playground hazards, and report them promptly. Avoid the use of hazardous equipment until repaired.	**Date Checked**	**Repair or Removal Needed**	**Date Repaired or Removed**
1. Is there at least six to ten inches of deep resilient ground cover (sand, pea, gravel, or shredded wood) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?			
2. Is the entire outside play area free of hazards? Such as: Poisonous plants_____ Glass _____ Trip hazards _____ Uneven turf _____ Exposed bricks/cinder blocks_____ Exposed concrete edges _____ Open grating _____ Slippery areas _____ Dead tree limbs _____ Briars/thorny plants _____ Exposed tree roots/rocks _____ Accessible sharp fence wire _____ Accessible woods _____ Inadequate clearance between equip.____ Poor drainage areas _____ Ants/Bees/Spiders _____			
3. Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?			
4. Are there outdoor equipment hazards such as: Exposed nails/screws/nuts/bolts /pipes_____ Splintered/deteriorated wood _____ Open/deformed “S” or “C” hooks/ rings/links, etc. _____ Crush/pinch points _____ Areas of entrapment _____			

Unprotected protrusions _____ Broken/missing steps/rungs/hand rails/handles/slides/ladders _____ Sharp edges _____ Broken seats/parts/equipment _____ Obstructions on slides _____ Equipment off track/unsecured to fulcrum_____ Frayed/broken ropes _____ Chipped/peeling paint _____ Worn swing hangers/chains _____ Broken supports/anchors _____ Bars/rungs/handholds stay in place when grasped; don't wobble/turn _____			
5. Are there openings that could trap a child's head? (Gaps should be less than 3½ inches or greater than 9 inches.)			
6. Are timbers rotting, splitting, termite infested, excessively worn, or splintering?			
7. Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)			
8. Are there protrusions on any equipment that can catch clothing?			
9. Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?			
10. Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?			
11. Is the fence at least 4 feet high and in good repair? Can gates be secured? Any 4 inch gaps a child could squeeze through? Any sharp wires that could cut or scratch a child?			
12. Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?			
13. Do trees, grass, and shrubs need care/trimming?			
SIGNATURE OF PERSON CONDUCTING THE PLAYGROUND CHECK _____			

Operation Plan

Operation Plan Defined.....
Operation Plan Checklist .....

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

OPERATION PLAN DEFINED

Your Operation Plan covers the day-to-day operation of your center.

Items that are included in your operation plan are:

- Personnel Policies/Handbook: This is the handbook given to your staff and should cover all information in your policies and procedures as well as all requirements for your staff.
- Policies and Procedures/Parent Handbook: This covers all information that your parents need to know about the day-to-day operation of the center and should be organized in an easily readable format that parents can turn to for answers about the type of services you will provide.
- Schedules: Each classroom is required to have posted a daily schedule of age-appropriate activities that children are involved in at the center.
- Menus: Menus are a required posted item and a sample menu for your center must be submitted.
- Emergency Plans: Your policies and procedures may state that emergency plans have been developed and are posted for parent viewing. Plans that must be submitted are your step-by-step plans for each of the emergency situations listed in your operation plan checklist.

- Transportation Plan: Written plan required for routine transportation or field trips.
- Operation Plan Checklist: Please include your checklist in its entirety when submitting your operation plan.
- Forms: Sample forms have been provided for many of the items required. Any forms that you will be using other than sample forms provided by Bright from the Start must be submitted for review.

PERSONNEL POLICIES

The following policies are stipulated in the rules and should be included in your personnel policies/ employee handbooks. These items can be copied word for word.

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

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

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

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

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

Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute

service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.

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

EMPLOYEE FILES

During your Initial Licensing Study, the following items must be in each employee file, including the director's file:

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

2) Ten Year Work History: There is a sample from for this. This should go back ten years, even if the person has not worked for ten years, (i.e., student, homemaker, unemployed), you want to know where they have been for ten years. If the person did not work between two jobs, have them write "no work" so that the whole ten years is covered. The 10 year history should be updated on all staff when an ownership change occurs to include all time worked under previous owners at the same location.

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

4) Orientation: There is a sample form for this. This covers training prior to being placed in a classroom, center rules, Bright from the Start rules and regulations, etc. and must be signed and dated by the person(s) conducting the orientation as well as by the employee. This should be completed and updated on all staff, even those who worked under previous ownership.

5) CPR and First Aid verification: Must be geared towards infant/child, have dates and signatures of the instructor. Make sure that trainers are BFTS approved. A copy of this should be placed in each employee file. At least 50% are required at point of licensure and ongoing. Note-The director and person responsible for driving the vehicle is also required to have this current training.

6) CRC: This is an employee's criminal background check. Can be done locally and must reference GCIC or NCIC. A copy of this must be in each employee file.

7) Any Additional Training: Sample forms are available to keep track of training.

8) The director is required to have the same information in his/her file as other employees have in theirs.

GUIDELINES FOR CREATING POLICIES AND PROCEDURES

Use this form to assist you in writing your Center Policies and Procedures. If you have covered each item listed on this guide, you will have covered each of the topics required. If you are using the previous owner's policies, use this checklist to make sure that all items have been covered and changes, if any in days of operation, times of operation, ages of children served, etc., have been made.

May also be used as your parent handbook.

TO CREATE YOUR CENTER POLICIES AND PROCEDURES INCLUDE THE FOLLOWING INFORMATION PLUS ALL ITEMS REQUIRED IN THE OPERATION PLAN CHECKLIST:

__1. Ages of Children Served;

__ 2. Months of Operation;

__ 3. Days of Operation;

__ 4. Hours of Operation;

__ 5. Dates center is closed, (i.e. holidays, inclement weather, vacation closing, etc;)

__6. Admission requirements including parental responsibilities for supplying and maintaining accurate required record information and escorting child to and from the center;

__ 7. Standard fees, payment of fees, fees related to absences and vacations and other charges such as insurance, transportation, etc;

__ 8. Transportation provided is (if any) to include procedure to be followed if no one is home or at the designated drop-off site to receive a transported child, i.e., school, home pickup/delivery, special events such as dance lessons, swim lessons, etc; (If you offer no transportation, state this in your policies so parents will know.)

__ 9. Guidance and discipline techniques (need to state general philosophy of classroom management, statement of discipline techniques to be used and statement of disallowed discipline techniques as described in rules and regulation.

__ 10. Handling emergency medical care including place(s) the children will be

taken for emergency medical care, identification of the facility's primary medical resource and method used to transport the child to this location;

__ 11. Description of information required before administering medication and recording noticeable adverse reactions to the medication (i.e., limited to no more than two weeks unless written authorization from the physician, times medication will be administered, complete how to obtain medication form, how long authorization is in effect. Procedure for delivery and pickup of medication;

__ 12. Notifying parents of child's illness, injury, exposure to a notifiable communicable disease, parents' responsibility to inform center of a communicable disease, exclusion of sick child with 101 degrees or higher oral temperature and any other symptom such as diarrhea, sore throat, etc; (Write the way you will notify parents of these things happening.)

__ 13. Exclusion of children with communicable disease as defined in the chart of communicable disease and their recommendation for re-admission (chart should be posted in the center);

__ 14. Protection of children inside the facility in the event of severe weather and evacuation of the building in the event of fire, gas leak, bomb, and physical plant problems; need to describe steps to protect children while in the center or on the vehicle
(these should be posted in the center);

__ 15. Description of any special procedures to be followed in the caring for a child, including any special services, which the center agrees to provide to a child with special needs;

__ 16. Meals and snacks served; provisions for food provided by parents, and how exceptions, such as for allergies, or food from home, will be handled; description of food service;

__ 17. Written parental authorization for child to participate in field trips, special activities away from the center and water related activities occurring in water that is more than two feet deep, if the center participates in any such activity, and if the center is to provide routine transportation for the child to and from school, home or center, i.e., for field trips written permission of each trip, method of transportation for swimming activities include location, fees if any, equipment needed by children, certification of lifeguard;

__ 18. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment;
__ 19. Required to report any suspected child abuse, neglect, exploitation or deprivation to the Department of Family and Children Services;

__ 20. Required to report any suspected case of notifiable communicable disease to the local county Health Department;

__ 21. If infant care is provided, need to include policies and procedures on written feeding plan, which includes parents' instructions for feeding of formula or breast milk, updating of plan, provision of formula/breast milk bottles which are identified with child's name and current date, handling of leftover formula/breast milk, provision of baby food, provision of diapers, use of pacifier; must also include safe sleep policies.

__ 22. If you want parents to provide articles such as combs, toothbrushes, sheets, covers, change of clothing, you need to outline in your procedure;

__ 23. Statement to inform parents of posted notices to include the license, copy of rules, review of evaluation report, communicable disease chart, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather and fire, and statement for visitors. If you have no liability insurance coverage for the children, you must post a notice alerting parents of this fact. There is a sample form for this.

Children's Files

The following items are to be in each file. Sample forms are provided in your Applicant's Guide. Please check all children's files that were under former ownership for completeness and accuracy. If changing enrollment applications over to your facility information – please have completed by date of initial licensing study. Note: Children's files must be maintained for a period of one year after child is no longer in care at the facility.

1. Enrollment Form: This should be completed prior to the children being left in your care. Make sure that all questions are answered and that no blanks are left. Ask that parents not use NA. All questions are applicable and should be answered or have NO or NONE, (i.e., allergies).

2. Emergency Medical Authorization: Again, NO blanks and must be completed prior to the child being left in your care. Make sure that the Doctor's name and phone number are completed and readable.

3. Parental Agreement: This lists the services that you provide and what both you and the parent agree to. You may want to add to this agreement, for example: information about receiving, reading and understanding the parent handbook.

4. Parent Notice of No Liability Insurance: This lets parents know that you do not have liability insurance to protect their child in the event of an injury, etc. (If you **do** carry this insurance, you do not need this form in children's files.)

5. Other forms:
   - Incident Report
   - Infant Feeding Plan
   - Authorization for Medication
   - Vehicle Emergency Medical Information
   - Transportation Agreement
   - Field Trip Permission Form

SCHEDULES

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

Schedules should show all hours of operation, from the time the center is opened until the center closes. (Refer to your Application A to make them match for times and ages served.)

Schedules are to include a balance of quiet and active periods, free choice and teacher directed activities, large and small muscle activities, and cover the six interest areas (art and crafts, music and movement, language and reading, science and nature, dramatic play and manipulative). Schedules should show the activities of the children - not the teachers.

The required amount of outdoor time must be shown on your schedule. The rules require one and one-half (1 ½) hours of outdoor play daily for children age 1 year and older. One (1) hour is required for children under 12 months of age.

Snacks and meals must be shown on your schedules; a minimum of 2 hours between each meal and snack must be reflected.

If you provide care for school-age children, part-day (such as before and/or after school hours) and full day schedules are required (if applicable).

WEEKLY MENU

A weekly menu for meals and snacks is required by rules to be posted near the front entrance so as to be viewed by parents.

Your menu should include clearly identified food and drinks and fulfill required components and creditable food items described in U.S.D.A. guidelines.

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

If you are providing evening or night care, those meals and snacks should be reflected as well.

Staff must follow infant feeding plans completed by parents for children under 12 months of age. This plan should be updated by parents each time the child's feeding requirements change.

If your center will have food catered, a copy of the establishment's food service permit, as well as a copy of their most recent inspection, should be submitted. A menu will still be posted.

If parents will be providing meals, center must adhere to the "Criteria for Sack Lunches" memo, to include having additional foods on hand and a food preparation area.

EMERGENCY PLANS

Each facility must have step-by-step procedures stating how emergencies are handled. Each item listed in your checklist should be written out as a separate plan:

1. Fire
2. Severe Weather
3. Loss of Heating
4. Loss of Cooling
5. Loss of Water
6. Loss of Electricity
7. Structural damage to the building
8. Serious injury to a child
9. Death of a child
10. Loss of a child from the facility
11. Loss of a child from a field trip

- When writing your emergency plans, make your plans specific to your program and building.

- Start from the beginning of the emergency and continue until the emergency situation is over.

- Make sure plans are step-by-step.

- Give staff specific jobs.

- Decide where you would go if you had to evacuate the building and grounds.

- Ensure that your plans are usable by your staff.

- Include reporting the incident to Bright from the Start within 24 hours or the next business day after the incident.

TRANSPORTATION

A written transportation plan must be included with your operation plan and be a part of your policies and procedures.

Types of transportation include:

- Routine transportation
- Field trip transportation

Your written transportation plan includes:

1. Name of licensed driver and evidence of current driver's license
2. Written transportation agreement with the parent
3. List of children to be transported
4. Checklist for the accounting of children
5. Transportation record
6. Vehicle emergency medical information
7. Annual vehicle inspection form
8. Evidence of First Aid and CPR training for the driver
9. Field trip permission form

Include written procedures for any alternate transportation used, such as contracted transportation.

OPERATION PLAN CHECKLIST

Applicant(s) Name _____

Contact Person _____

Address _____

Telephone Number(s) _____

Program Name _____

Address _____

Telephone Number(s) _____

County _____

1. Submit copies of forms and/or documentation to show compliance with each item listed below along with this checklist to the Applicant Services Unit. Keep one copy of the checklist and attachments for your files.
2. Submit a self-addressed, stamped envelope sufficient in size with adequate postage to receive your copy of the evaluated checklist.

   All items listed below should be represented on the operation plan, or answered on the checklist, which is attached to your plan. Applicant services Unit will use this checklist to evaluate your plan using the following key:

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

   CCLC – Rules and Regulations for Child Care Learning Centers

NOTE: If using sample forms, you may indicate this on your checklist by writing SF rather than sending copies of sample forms. Please be advised there are only sample forms for items starred (*); therefore, on items not starred you must develop your own forms for these items.

FORMS

- **The attached checklist is a list of forms required for the daily operations of a child care program.**
- **Please note that sample forms ARE available in this packet and on the website for you to use. If you choose to use the sample forms provided by the agency, please write "SF" next to each heading, but DO NOT write in the gray boxes.**
- **DO NOT send copies of the sample forms.**
- **If you choose to develop your own form(s) then please include a sample copy for review with the checklist.**

STAFF RECORDS:

A record must be established on each staff person including the director, which will be the licensee in some cases. Submit the forms you will use to capture the required information below. **Write SF if you are using the SAMPLE FORM from the Applicant Guide for this item. Please note that only items starred (*) have sample forms.**

Gray boxes	Office Use Only		**Staff Application Form / Staff attendance record**
Review Date:	Review Date:	Review Date:	
			***Staff Application FORM** must include the following:
			Name
			Date of Birth
			Current address
			Current telephone number
			Employment History (10 year)
			Education (Eff. 12/2012- Copies/written verification of credential/degree will be required for directors and lead teachers)
			Qualifying work experience (commensurate with position)
			The following 3 statements are required on staff applications: 1. Staff has never been shown by credible evidence, e.g. a court or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.
			2. Staff has not made any false statements on their application regarding their qualifications**.**
			(Under the American with Disabilities Act of 1991, all programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any preemployment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If a staff member is disabled and requires accommodation, they may request it at any time during the interview process. They are obligated to inform the program director of their needs if it will impact their ability to perform the job for which they are applying.)
			3. Staff has read the job description for the position for which they are applying, staff members are in all respects, able to adequately perform the duties as described.

			Proof that staff members do not have a criminal record. Rule # References: CCLC# 591-1-1-.24; GDCH #290-2-1.09(b) 1-8, (c) 1-8, (d) 1-7, GDCH #290-2-1-.10 (a) 1-6
			* Daily Attendance FORM for employees which must be kept by the center for a six-month period. Rule # References: CCLC# 591-1-1-.24(g); GDCH #290-2-1-.10 (a) 1-6
			NOTE: Orientation must be conducted with new staff prior to assignment to children or task (CCLC 591-1-1 and GDCH 2902-1-.09(e)1(i-iv)
			*Orientation FORM used to document staff orientation is attached. It must include:
			The center's policies and procedures;
			Emergency weather plans;
			Employee's assigned duties and responsibilities;
			Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;
			The rules and regulations set forth in Rules #591-1-1. Such instruction shall require new staff to be generally familiar with the health and safety requirements for caring for the children that are set forth in the specified sections;
			Childhood injury control;
			The administration of medicine;
			Reducing the risk of Sudden Infant Death Syndrome (SIDS);
			Hand washing;
			Fire Safety;
			Water Safety;
			Prevention of HIV/Aids and blood borne pathogens.
			Child care training requirements;
			Signature and date of person providing orientation;
			Signature and date of person receiving orientation. Rule # References: CCLC # 591-1-1-.24(d); GDCH #290-2-1-.09(e)1 (i-vi)

CHILDREN'S RECORDS: A record containing the following information must be maintained for each child enrolled. Submit a sample of your FORM for children's enrollment. It must include the items listed below #1-5, if all are applicable.

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

****If you use the sample forms from the Applicant's Guide, write SF by each item covered by that form.**

			1. ***Child Enrollment FORM** must include the following:
			Identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both parents, name of school, and name of guardian if applicable;
			Identifying information about the parents or guardian to include: names of both parents, guardian if applicable, home and work addresses, and home and work telephone numbers;
			Name (s) and information about the person(s) to whom the child may be released. Such information shall contain the authorized person's address, telephone numbers, relationship to child and to parent(s) or guardian, and other identifying information.
			Emergency contact information to include name and telephone number of person(s) to contact in emergencies when the parent or guardian cannot be reached;
			Evidence of age-appropriate immunizations or a signed affidavit against such immunizations.
			Primary care physician's or clinic's name and telephone number;
			Statement regarding known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's program and activities
			Description of any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs; Rule # references: CCLC #591-1-1-.08 (a-h) GDCH #290-2-1-.10(b) 1-5.
			2. *** Parental Agreements with Child Care Facility FORM:** Signed agreement between the center and the parent to include:
			Description of general services to be provided by the center to the child including whether the center is providing meals and snacks;
			A description of the information that will be required of the parent before the center will dispense any medication and the parent's acknowledgment that they will provide all the necessary information.
			Parents' acknowledgment of the following: That when the parents, or persons authorized by the parents, pick up or drop off their child at the center, they will not allow their child

			to enter or leave the center without being escorted and that the center will not permit the child to enter or exit the center without an escort; and
			Parents' acknowledgment of the following: That the parents are responsible for keeping the center advised of significant changes as the changes occur in the information that the parents provided at the time of enrollment concerning phone numbers, work locations, emergency contacts, family physician, etc. Rule # references:CCLC #591-1-1-.08(j-m) GDCH #290-2-1-.10(b)(vii)
			a) Provided the parents a copy of the center's policies and procedures; b) Advised the parents of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs; c) Encouraged parents' participation in center activities.
			3. *** Emergency Medical Authorization:** Signed Authorization to obtain emergency medical care Rule #references: #591-1-1-.23(a) GDCH #290-2-1-.10(b)5(iii)
			5. ***Parent/Guardian Notice of No Liability Insurance and Acknowledgment:** (**Note:** Only applicable to facilities which do not carry liability insurance. Mark N/A if you carry liability insurance.) Form must be signed by parent or guardian to acknowledge that they are aware that the facility does not carry liability insurance and form shall be maintained on file while the child is enrolled and for 12 months after the child's last date of attendance.
			Additional forms related to care of children:
			***Daily attendance record**- A child's daily attendance records for the twelve (12) preceding months must be maintained but need not be filed in each child's record. These records shall be made available to the Department in printed or written form upon request. **Submit a copy of your FORM or note "SF" if using sample.** Rule #references:#591-1-1-.08(o) GDCH#290-2-1-.10(b)10.

			***Arrival and Departure Records FORM** Records of a child's daily arrival and departure for the twelve (12) preceding months shall be maintained but need not be filed in each child's record. Records, in written or electronic format, must be completed by child's parent, guardian or person(s) authorized by the parent or guardian to drop off and pick up the child each time an individual drops off and picks up the child. **Documentation on the form must include: the date, child's name, arrival and departure times, and signature or initials of the individual(s) dropping off or picking up the child.**

			Note: Policies must be implemented which require staff to match identifying information provided by the parents to the person picking the child up.
			***Guide for Authorization for Medication FORM** to include the following: *If you will not dispense routine medication write NA. This must match the parent handbook
			Date;
			Full name of the child;
			Name of medication;
			Prescription number, if any;
			Dosage;
			The dates to be given;
			The time of day medication is to be dispensed;
			Signature of parent.
			Verification that medication was dispensed according to the parents' authorization, shall include:
			The date, time and amount of medicine given;
			Adverse reactions noted, if applicable;
			The signature/initials of persons administering the medication.
			Rule # References: CCLC # 591-1-1-.20
			*** Report of Incident Requiring Professional Medical Attention FORM**, to include:
			Child's Name;
			Type of illness or injury;
			Date of illness or injury;

			How illness or injury occurred;
			Staff present;
			Method of notifying parent; and
			Services provided to the child. Rule #references: CCLC #591-1-1-.08(i)
			TRANSPORTATION/FIELD TRIP FORMS ***if transportation is not provided write NA**
			Description of transportation services provided: (check all applicable)

			____Routine (school, home pick-up delivery, etc.);
			____Field trips;
			____Contractual transportation services;
			____Emergency only;
			____Facility owned/leasing vehicle;
			____Staffs' vehicle;
			____Parents' vehicle;
			____None provided (If none provided, submit plan for emergency transportation. I.e. personal vehicle/ ambulance) (Ex. 911)
			***Transportation Agreement FORM**, if the center is to provided routine transportation for the child to or from school, home or center. The authorization shall specify the following: Note: This form is required for home and school transportation, but not field trips.
			Routine pick up location;
			Routine pick up time;
			Routine delivery location;
			Routine delivery time;
			Name of any person authorized to receive the child, and the procedure to be followed if the authorized person is not present at the drop-off site to receive the child. Rule #references: CCLC #591-1-1-.36(5)
			***** Transportation Record FORM**, to include:
			A checklist for accounting for the loading, and unloading of children at any location;
			The signature of person conducting the check;

			Facility's checklist: including staff's signature and date, ensuring vehicle use for regular transportation is clean, free of hazards, in safe repair and is equipped with a recommended dry chemical, Type IA-1OBC fire extinguisher, required first aid supplies, and functioning heater.
			*** Vehicle Emergency Medical Information FORM** in the vehicle on each child being transported by the center. The emergency medical information card 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.

			*** Weekly Transportation Checklist for Accounting of Children FORM,** to include:
			Names of all children transported and each child's:
			Pick up location;
			Pick up time;
			Delivery location;
			Delivery time;
			Length of time on the vehicle;
			Alternate delivery location if parent is not at home; and
			Name of person to receive child.
			Identification of the center's:
			Name;
			Driver;
			Telephone.
			***Annual Transportation Vehicle Safety Inspection Certification FORM** to include a satisfactory annual safety check of: tires, headlights, horn, tail suspension, exhaust system, steering, windshield and windshield wipers (NOTE: You will submit a completed inspection form with Application Part B.)Rule # References: CCLC #591-1-1-.36;
			*** Field trip permission FORM**, is to include: *** if field trips are not provided write NA**
			The name/address of the trip destination;

			The date of the trip;
			Time of departure; and
			Estimate arrival time back at the center; and
			Parent's signature and date of approval. Rule # References: CCLC # 591-1-1-.13(1)
			INFANT FEEDING PLAN:
			***Infant feeding plan FORM** for children under one (1) year of age to include:
			The amount of formula to be given;
			Instructions for the introduction of solid foods;
			The amount of food to be given;
			Notation of any type(s) of commercial premixed formula which may not be used in an emergency because of food
			allergies;
			The parent shall sign and date the feeding plan. Rule # References: CCLC #591-1-1-.15(2)
			***Safety drill information:** Provide a copy of the form which will be used to document drills for **Fire, Tornado and other emergency situations**. (Note: Fire drills must be conducted monthly. Tornado and other emergency situation drills must be conducted every six months. The documentation must show the dates and times of the drills and be kept on file for two years.

POLICIES AND PROCEDURES

- **The following checklist is for the program's written Policies and Procedures Manual.**
- **This will be the parent handbook you would give to parents during enrollment.**
- **Please make sure that all information included is specific for YOUR program.**
- **Please indicate on the checklist the page number (PG) of where each item can be found in the parent handbook.**
- **NOTE: NO sample form is available for this section. POLICIES AND PROCEDURES for Parents:**

Policies and procedures must be written since they govern the operations of the center or group home. They must be kept current, be made available to parents and must include at least the following:

Note: Everything on these two pages must be covered in your policies for parents. (i.e., handbook, policy manual). *Note*-Your policies should match Application Part A for the ages, months, days and hours.

			Ages of children served; (should be same as what you wrote on Appl. A) **PG:**
			Months of operation; (same as Appl. A) **PG:**
			Days of operation; (same as Appl. A) **PG:**
			Hours/ time of operation; (same as Appl. A) **PG:**
			Days/ times center is closed; (holidays) **PG:**
			Description of enrollment and admission requirements which specifies : 1.the parents' responsibilities for supplying & updating needed information to the center; and 2. escorting the child to and from the center; **PG:**
			A fee and payment schedule that specifies the standard fees, fees related to absences and vacations and other charges and fees such as transportation and late fees; **PG:**
			Full description of the facility's transportation and field trip services; -**If transportation/field trips are not provided, state this. (Routine transportation will not be provided at this program.)** -If a public school bus picks up and delivers to facility, state this. -If provided to or from school or home, include these details and procedures if no one is at drop-off site to receive child; -If you offer field trips, tell parents what vehicle their child will ride in like parent cars or center van **PG:**
			Description of behavior management and discipline actions used by the center. **PG:**
			A description of meals and snacks served, including guidelines for food brought from the child's home * This should match application A and the sample menu you provide. **PG:**
			Statement which expresses permission for access by the child's parents to all center areas used by the child. **PG:**
			Summary of child abuse reporting law requirements **PG:**
			Nondiscrimination statement **PG:**
			Description of center sponsored religious and cultural activities, if any **PG:**
			Description of facility's safe sleep policy **PG:**
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's diapering procedures **PG:**
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's toilet training procedures **PG:**

			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's feeding procedures **PG:**
			Handling emergency medical care, including place(s) the children will be taken for emergency medical care; **PG:**
			Administering medication and recording noticeable adverse reactions to the medication.* If the program will not administer routine medication state this **PG:**
			Procedures for notifying parents of: (In each case include HOW you will notify parents) **PG:**
			Illness, (NOTE**: A child shall not be accepted nor allowed to remain at the center if the child has the equivalent of a one hundred and one (101) degrees or higher oral temperature and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat; PG:**
			Injury (to include minor injuries which do not require professional medical attention, and serious injuries which do require professional medical attention) **PG:**
			Exposure to a notifiable communicable disease; (Example: Chicken Pox. How will you let parents know their child was exposed? Letter? Sign on door? Etc.) **PG:**
			Noticeable adverse reactions to prescribed medication(s); **PG:**
			Policy on exclusion of sick children; **PG:**
			Protection of children in the event of emergencies. (You may simply state in procedures that "emergency plans have been developed and are posted for parent viewing"); **PG:**
			Severe weather/ tornado; **PG:**
			Fire; and **PG:**
			Physical plant problems, such as power failure, that affects climate control or structural damage. Rule #References:CCLC #591-1-1-.21**PG:**

Staff Handbook

- **The following section includes items required in your staff handbook.**
- **Please provide a complete organized copy of the handbook.**
- **The checklist accounts for SEVEN statements that MUST BE included in the Staff Handbook.**
- **However, you may include additional information to your center's Staff Handbook, ie: Dress code, time off policy, reduction in childcare rates etc.**
- **Please indicate which page(s) of the Staff Handbook the seven required statements can be found on the checklist.**

Staff Policies

Staff Policies: The following seven (7) policies are specified by the rules. Please ensure staff members are aware of these policies by including them in your personnel policies or employee handbook in addition to other information you share with new staff.

			Hygiene/ Contagious Diseases: Staff, or any other persons being supervised by the staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea. **PG:**
			Prohibited Substances/ No Smoking: Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation. **PG:**
			Prohibited Substances/ Alcohol and Illegal Drugs: Staff, chaperones and students in training shall not be under the influence of or consume alcohol, marijuana or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible. **PG:**
			Diapering Areas and Practices/ Hygiene: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties. **PG:**
			Staff/ Work Schedules: Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period. **PG:**
			Staff/ Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules. **PG:**
			Staff/ First Aid and CPR: At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip. **PG**:

Menus, Schedules and Lesson Plans

- **The following section covers the program's Menu, Daily Schedules and classroom Lesson Plans.**
- **These forms MUST BE specific to YOUR program.** There are sample blank forms for you to use as templates however you must complete these and submit to accurately reflect your center's plan for developmentally appropriate activities, schedules and menus.
- **Lesson Plans: Please provide a sample lesson plan for each age group in your program. This will include a full-day after-school lesson plan, a halfday after-school lesson plan and an infant lesson plan.**

  NOTE: If you have multiple classrooms of the same ages please submit one lesson plan for that age group, if each room will be doing the same activities.
- **Daily Schedules: Please provide a daily schedule for EACH classroom in your building, including a full-day after-school schedule, a half-day afterschool schedule and an infant schedule.**

  NOTE: The full day after-school schedule will cover the times they attend the program when they are out of school for holidays and spring/summer breaks.

  Please ensure that outdoor play times allow for each classroom to meet the minimum time required by the rules without overcrowding the playground. Therefore, if you have limited playground space you will need to ensure your outdoor times are staggered so that the capacity of the playground is not exceeded by having multiple classrooms outside at the same time.
- **Menu: Please use the sample meal planner provided. Be sure that you have met all required components for each meal and snack. Send the meal planner form completed with sample foods you will serve for one week. The sample menu you submit must include the meal times that are indicated in your parent handbook and on Application Part A. ie: Breakfast, lunch and afternoon snack; Morning Snack, Lunch and Afternoon snack; Breakfast, morning snack, lunch and afternoon snack etc.**

ADDITIONAL INFORMATION TO BE SUBMITTED:

			DAILY SCHEDULES: **Note: Submit a copy of your schedule for <u>each</u> classroom**
			1. Daily schedule for <u>all</u> ages served, beginning when center opens and ending at time center closes, to include: (match times listed on Appl. A for opening & closing)
			Age-appropriate activities for all hours of operation, from center opening until closing. Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, language experiences, arts and crafts, dramatic play, rhythm and music, and nature and science experiences;
			Required amount of outdoor play. (One and a half hours for one year and older. At least one hour for children under one year.); (Assure that groups rotate appropriately so that playgrounds are not over capacity.)
			At least two hours required between meals and snacks;
			Part-day/full-day schedules for school age, if applicable. (Half day schedule for after-school, full day schedule for summer or holidays when children are present all day.) Rule # References: CCLC #591-1-1-.03
			LESSON PLANS: **Note: Submit samples of completed lesson plans for <u>each</u> age group.**
			Each lesson plan must represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development: ___ Physical development (fine & large motor) ___ Emotional and Social development ___ Language and Literacy development ___ Cognitive development
			Note: Lesson plans must reflect that staff members use a variety of teaching methods to accommodate the needs of children's different learning styles/abilities. (i.e. different types of materials to meet physical abilities- ex: knobbed puzzles, chunky paint brushes)

			PROPOSED WEEKLY MENU: **Menus submitted are to include:**
			Clearly identified food items and drinks. Example: apple, orange, banana – not “fruit;” vegetable, chicken noodle, tomato soup- not “soup;”
			Required components and creditable food items and drinks, quantities, etc. described in U.S.D.A guidelines. (Refer to Applicant Guide, Use the meal planner form to meet USDA guidelines. Ex. Lunch-Meat/protein, bread, milk, 2 veg. Or 1 fruit and 1 veg.);
			Morning snack, lunch, afternoon snack and any other meals or snacks served. Rule # References: CCLC # 591-1-1-.15(5-6)

Emergency Plans

- **The following section covers the program's Emergency Plans for nine specific categories.**
- **The plans MUST BE specific for YOUR program. NO sample forms are available.**
- **The emergency plans for fire and severe weather must be posted on the parent information board near the entrance to the building. If provided in your policy and procedures, they should be the same.**
- **Please make sure the plans for each area are specific and complete. They should cover the plan from the beginning of the emergency until the end. They should list the responsible parties for each action ie:**

  1. **The director will pull the fire alarm**
  2. **Each lead staff will grab their classroom roster, etc.**

Emergency Plans:

			Written plans for Emergency Situations: (These should be detailed and specific to your center. You will write them now, train your staff with them, and use them as reference when an emergency happens.) **NOTE: These should include step-by-step procedures to <u>include graphics</u> and written procedures for the following:**
			Fire (evacuation of building);
			Tornado/Severe weather (protection inside building);
			Physical plant problems, to include: ___ loss of **heating**, ___ loss of **cooling system**, ___ loss of **water**, ___ loss of **electricity** and, ___ **structural damage**. Include, if applicable, place (s) children may be taken in emergency until parents can be notified, etc;
			Serious injury/death;
			Loss of child (wanders away from facility or on field trip). Rule # References: CCLC #591-1-1-.21(i)
			Bomb Threat
			Chemical or Radiation Exposure
			Dangerous Person

FOR OFFICE USE ONLY: OPERATION PLAN

Approval is based on submission of written materials, final approval will be based on the onsite inspection.

[ ] PLAN APPROVED

[ ] PLAN APPROVED WITH THE FOLLOWING STIPULATIONS

_____

_____

_____

[ ][ ][ ] PLAN NOT APPROVED - ADDRESS ALL ITEMS MARKED **NM** OR**?**

RETURN REVISED PLAN & APPLICABLE FORMS WITH THIS ORIGINAL CHECKLIST AND A SELF ADDRESSED, STAMPED ENVELOPE **COMMENTS:**

_____

_____

_____

REVIEWED BY: _____ **DATE:** _____

REVIEWED BY: _____ **DATE:** _____

REVIEWED BY: _____ **DATE:** _____

SAMPLE FORMS

Sample Forms

Sample Staff Forms

Staff Application……..……..
10 Year Employment History...……
Documentation of Orientation ……
Employee' Attendance Record ……
Staff Policies and Procedures……...……...

Sample Children's Record Forms

Sample Children's Enrollment Form/Emergency Med. Auth./Parental Agreement (3 pgs.)....
Medication Authorization……..…….
Infant Feeding Plan……...……..
Children's Daily Attendance Record……..……
Incident Report Form…….…….…… Parent Acknowledgement of No Insurance...…….

Food Service Forms

Food Service ……..…… USDA Food Guide Pyramid……..……
USDA Meal Pattern Requirements for Children……...……
Weekly Menu Form (2 pages)……...……
Manual Dishwashing diagram……...…….
Sack Lunch Criteria……...…….

Items to be Posted

Items to be Posted……..
Parents' Rights / Visitors Statement Poster …….
Hand washing Poster…… Communicable Diseases Chart...…….……
Parent Notice that the center has No Insurance……
Consumer Product Safety Commission Poster…….

Sample Transportation Forms

Transportation Guidelines…….…….
Vehicle Safety Inspection ……..……
Transportation Agreement……..…… Field Trip Permission/Checklist…….……
Weekly Transportation Checklist (2 pages)……..……
Emergency Medical Form……... Transportation Requirements……

Sample Staff Forms

(CENTER NAME)

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST) SPOUSE'S NAME

HOME ADDRESS PHONE NUMBER

BIRTH DATE SOCIAL SECURITY NUMBER

(Circle One)

If you are under age 18, can you submit a work permit if hired? YES NO

If you are not a US citizen, do you have a VISA to work in the US? YES NO

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

Visa Registration Number: _____Expiration Date _____

Has bond or security clearance ever been denied and/or canceled? YES NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA, CERTIFICATE, DEGREE
ELEMENTARY			
SECONDARY			
COLLEGE			
OTHER			

Experience with groups of children

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

(Circle One)

Have you attended/completed any child care training courses? YES NO

If yes list:_____ _____

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

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

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

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

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

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

Do you have a valid driver's license? YES NO
If yes, give license number and class of license: _____
Have you had CPR training within the past two years? YES NO
If yes, give expiration date: _____
Have you had first aid training within the past three years? YES NO
If yes, give expiration date: _____
Bright from the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? YES NO
I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____ DATE _____

10 Year Employment History

Social Security Number _____

_____ _____

Name **Address**

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

Month/Year	Name and Address of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			

DOCUMENTATION OF ORIENTATION

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

Employee's Name _____ Date of Employment _____

Employee received orientation in the following:

Facility's Policies and Procedures ☐

Review of State's Health and Safety Requirements regarding:

1. Operations, health, safety, activities ☐
2. Physical environment and equipment ☐
3. Emergency situations ☐
4. Food service and nutrition ☐

Employee's Assigned Duties and Responsibilities ☐

Reporting Requirements for:

1. Suspected Child Abuse, Neglect or Deprivation ☐
2. Communicable Diseases ☐
3. Serious Injuries ☐
4. Missing/Lost Children ☐

Emergency Weather Plans ☐
Childhood Injury Control ☐
The Administration of Medication ☐
Reducing the Risk of Sudden Infant Death Syndrome (SIDS) ☐
Hand Washing ☐
Fire Safety ☐
Water Safety ☐
Prevention of HIV/Aids and blood borne pathogens ☐
Approved Child Care Training Requirements ☐

Other (list) ☐

_____

_____ _____

Signature of Person Providing Orientation Signature of Employee Receiving Orientation

_____ _____

Date Date

DAILY STAFF ATTENDANCE RECORD

Date

Class

Name of Staff	Time In	Time Out	Time In	Time Out	Staff Initials

Additional Staff Policies & Procedures
(Page to be added to Staff Policies/Staff Handbook)

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

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

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

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

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

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

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

Sample Children’s Record Forms

SAMPLE CHILDREN'S ENROLLMENT FORM

Entrance Date_____ **Withdrawal Date**_____

Child's Name_____Sex Age_____Date of birth

Home Address (Street)_____

City _____ State _____ Zip_____

Home Phone Number _____

Father's Name_____
Home Phone Number _____
Father's Home Address (if different from child's) Street_____

City_____ State_____Zip_____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address_____ City_____ State_____Zip

Mother's Name_____Home Phone Number_____
Mother's Home Address (if different from child's) Street_____

City_____State _____ Zip _____

Mother's Place of Employment_____ Work Phone #_____

Employer's Street Address_____City_____State_____Zip__ _____

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

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

The child may be released to the person(s) signing this agreement or to the following:
*Name_____Address_____
(Street-City-State-Zip)
Telephone Number _____
Relationship to child _____
Relationship to Parent(s) or Guardian_____
Other identifying information (if any)_____
*Name_____Address_____
(Street-City-State-Zip)

Telephone Number _____
Relationship to child _____
Relationship to Parent(s) or Guardian_____
Other identifying information (if any)_____

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

Name_____Phone #(s)_____

Name_____Phone #(s)_____

Name_____Phone #(s)_____

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

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs_____

_____

_____

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

_____

_____

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

_____

_____

EMERGENCY MEDICAL AUTHORIZATION

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

Parent/Guardian: _____

Signature Date:_____

Facility Administrator/Person-In-Charge_____

Signature Date:_____

Parental Agreements with Child Care Facility

The _____ agreets to provide day care for (Name of Facility)

_____ on _____ _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)

from _____ to _____.
(Month) (Month)

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

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack Dinner
Bedtime Snack

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

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

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

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

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

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

I have received a copy and agree to abide by the policies and procedures for _____.
(Name of Facility)

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

Signed: _____ Date: _____
(Parent/Guardian)

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

Safe Sleep Practices Policy

Child's name:_____ Date of birth:_____

Parent/Guardian name:_____

Safe Sleep Practices/Policies:

1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.

3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:
_____

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature_____ Date_____

MEDICATION AUTHORIZATION

Child's Full Name _____

Name of Medication _____

Prescription Number _____

Time Medication is to be Given _____

Amount of Medication to be Given _____

Date(s) to be Given _____

_____ _____

Signature of Parent or Guardian Date

For Center Use

	Date	Time Given	Amount	Any Adverse Reactions	Administered By
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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

_____

_____

_____

INFANT FEEDING PLAN

Child's full name _____Date_____Date of birth _____

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

Does the child eat: (Check all that apply)
Strained foods [ ] Whole milk [ ]
Baby foods [ ] Table foods [ ]
Formula [ ] Other [ ]
Breast Milk [ ]

What type of formula used? _____

Amount of formula/breast milk to be given? _____

Updated amounts of formula/breast milk:
Amount:_____Date:_____
Amount:_____Date:_____
Amount:_____Date:_____

Does the child take a pacifier? Yes [ ] No [ ] If yes, when?_____

_____
Food likes _____
Dislikes _____
Allergies? (Include any premixed formula)_____

FORMULA/ BREAST MILK			FOOD		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods_____

_____

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

_____

PARENTS' SIGNATURE: _____ **Date:** _____

DAILY ATTENDANCE/ ARRIVAL & DEPARTURE RECORD

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

Facility name:_____

Classroom / Ages served:_____

DATE:_____

Staff Name:	Sign-in	Sign-out	Sign-in	Sign-out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's Name	Birthdate	Age	Arrival Time	Parent/Guardian Signature	Departure Time	Parent/Guardian Signature	Notes on daily attendance:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

13							
14							
15							
16							
17							
18							
19							
20							
Total							

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

REQUIRED REPORT OF INCIDENT Consultant Name/Consultant Fax

591-1-1.29 /290-2-3-.14 of Rules and Regulations for Child Care Learning Centers and Family Child Care Learning Homes requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care be reported to the Bright from the Start **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider _____ Phone _____

Address _____

City_____County_____

Name of Child_____ DOB_____ Sex_____

Name of Parent/Guardian of Child _____

Address _____

Work Number _____ Home Number _____Cell Number_____

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

Describe the activity the child was engaged in at the time of the incident_____

_____

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

Name(s) of other witnesses _____

Parent/Guardian Notified ☐ Yes ☐ No Time Notified _____ Method of Notification_____

When did child receive professional medical attention? ☐ NA_____

Name of facility/physician which provided medical care. ☐ NA _____

Describe medical attention/care/steps to locate child by facility_____

_____

Describe care provided by medical facility/physician ☐ NA _____

Describe the child's injury ☐ NA _____

Does the child remain enrolled in the facility? ☐ Yes ☐ No

Describe action(s) taken to prevent reoccurrence _____

_____

Additional Comments _____

Signature of Director/Provider _____ Date _____ (Make out form in duplicate: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian_____ Date _____

Signature of Staff Person_____ _____ Date _____

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

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

FOR CONSULTANT USE ONLY:

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

Parent/Guardian Notice of No Liability Insurance and Acknowledgment

(Only Complete this Form if Instructed by your Child Care Provider)

I understand I am being informed in writing by signing this acknowledgment that this child care facility does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents'/Guardians' Signature(s):

_____Date:_____

_____Date:_____

Printed Name(s):

_____

_____

Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.

Food Service Forms

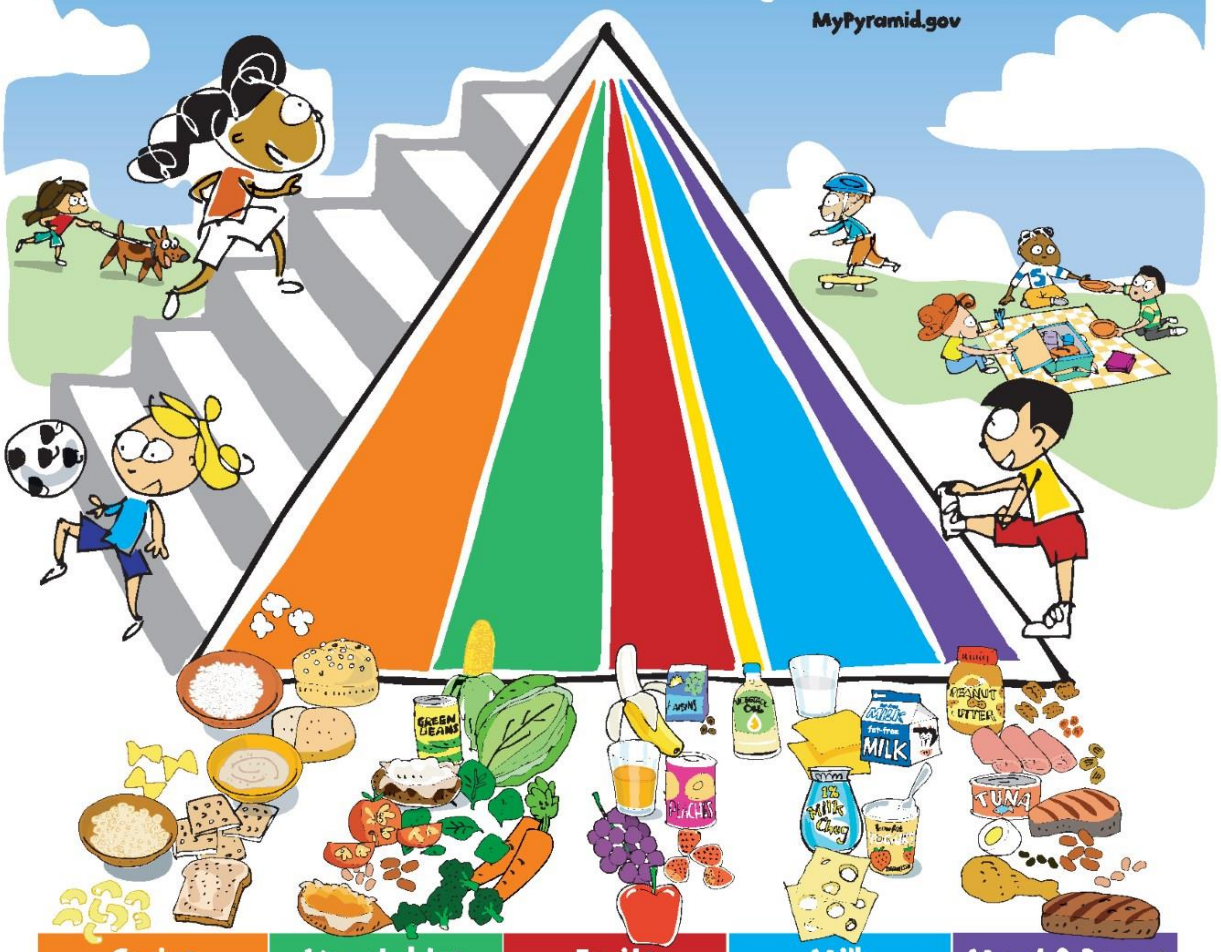
FOOD SERVICE

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

MyPyramid For Kids

Eat Right. Exercise. Have Fun.

MyPyramid.gov



Grains
Make half your grains whole

Start smart with breakfast. Look for whole-grain cereals.

Just because bread is brown doesn't mean it's whole-grain. Search the ingredients list to make sure the first word is "whole" (like "whole wheat").

Vegetables
Vary your veggies

Color your plate with all kinds of great-tasting veggies.

What's green and orange and tastes good? Veggies! Go dark green with broccoli and spinach, or try orange ones like carrots and sweet potatoes.

Fruits
Focus on fruits

Fruits are nature's treats – sweet and delicious.

Go easy on juice and make sure it's 100%.

Milk
Get your calcium-rich foods

Move to the milk group to get your calcium. Calcium builds strong bones.

Look at the carton or container to make sure your milk, yogurt, or cheese is lowfat or fat-free.

Meat & Beans
Go lean with protein

Eat lean or lowfat meat, chicken, turkey, and fish. Ask for it baked, broiled, or grilled – not fried.

It's nutty, but true. Nuts, seeds, peas, and beans are all great sources of protein, too.

For an 1,800-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Grains	Vegetables	Fruits	Milk	Meat & Beans
Eat 6 oz. every day; at least half should be whole	Eat 2 ½ cups every day	Eat 1 ½ cups every day	Get 3 cups every day; for kids ages 2 to 8, it's 2 cups	Eat 5 oz. every day

Oils Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.

Find your balance between food and fun

- Move more. Aim for at least 60 minutes everyday, or most days.
- Walk, dance, bike, rollerblade – it all counts. How great is that!

Fats and sugars – know your limits

- Get your fat facts and sugar smarts from the Nutrition Facts label.
- Limit solid fats as well as foods that contain them.
- Choose food and beverages low in added sugars and other caloric sweeteners.

MyPyramid.gov
STEPS TO A HEALTHIER YOU

U.S. Department of Agriculture
Food and Nutrition Service
September 2005
FNS-381

USDA

USDA is an equal opportunity provider and employer.

Child and Adult Care Food Program Meal Patterns Revised 12/99
Amounts and Types of Foods To Be Served to Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
Breakfast:			
• milk, fluid[1]	½ cup	¾ cup	1 cup
• juice or fruit or vegetable	¼ cup	½ cup	½ cup
• bread or bread alternate	½ slice	½ slice	1 slice
or cornbread, biscuits, rolls, muffins, etc	½ serving	½ serving	1 serving
including cereal cold, dry or	¼ cup or 1/3 ounce	1/3 cup or ½ ounce	¾ cup or 1 ounce
cereal hot, cooked	¼ cup	¼ cup	½ cup
Supplement (Snack) (select 2 out of 4 components)			
• milk[1], fluid	½ cup	½ cup	1 cup
• juice or fruit or vegetable	½ cup	½ cup	¾ cup
• meat or meat alternate	½ ounce	½ ounce	1 ounce
egg (large)	½	½	½
• bread or bread alternate	½ slice	½ slice	1 slice
including cereal, cold, dry	¼ cup or 1/3 ounce	1/3 cup or ½ ounce	¾ cup or 1 ounce
or cereal hot, cooked	¼ cup	¼ cup	½ cup
Lunch or Supper			
• milk[1], fluid	½ cup	¾ cup	1 cup
• meat or poultry or fish	1 ounce	1 ½ ounces	2 ounces
or egg (large)	1/2	3/4	1
or cheese	1 ounce	1 ½ ounces	2 ounces
or cooked dry beans or peas	¼ cup	3/8 cup	½ cup
or peanut butter and other "butters"	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and seeds[2]	½ ounce	¾ ounce	1 ounce
or yogurt	4 ounces	6 ounces	8 ounces
• vegetables and/or fruits[3] (2 or more total)	¼ cup	½ cup	¾ cup
• bread or bread alternate[4]	½ serving or ½ slice	½ serving or ½ slice	1 serving or 1 slice

[1] Milk includes whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.
[2] For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz of nuts or seeds = 1 oz of cooked lean meat, poultry or fish.
[3] Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.
[4] Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

Weekly Menu Form

Provider's Name:_____
Month/Year:_____

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

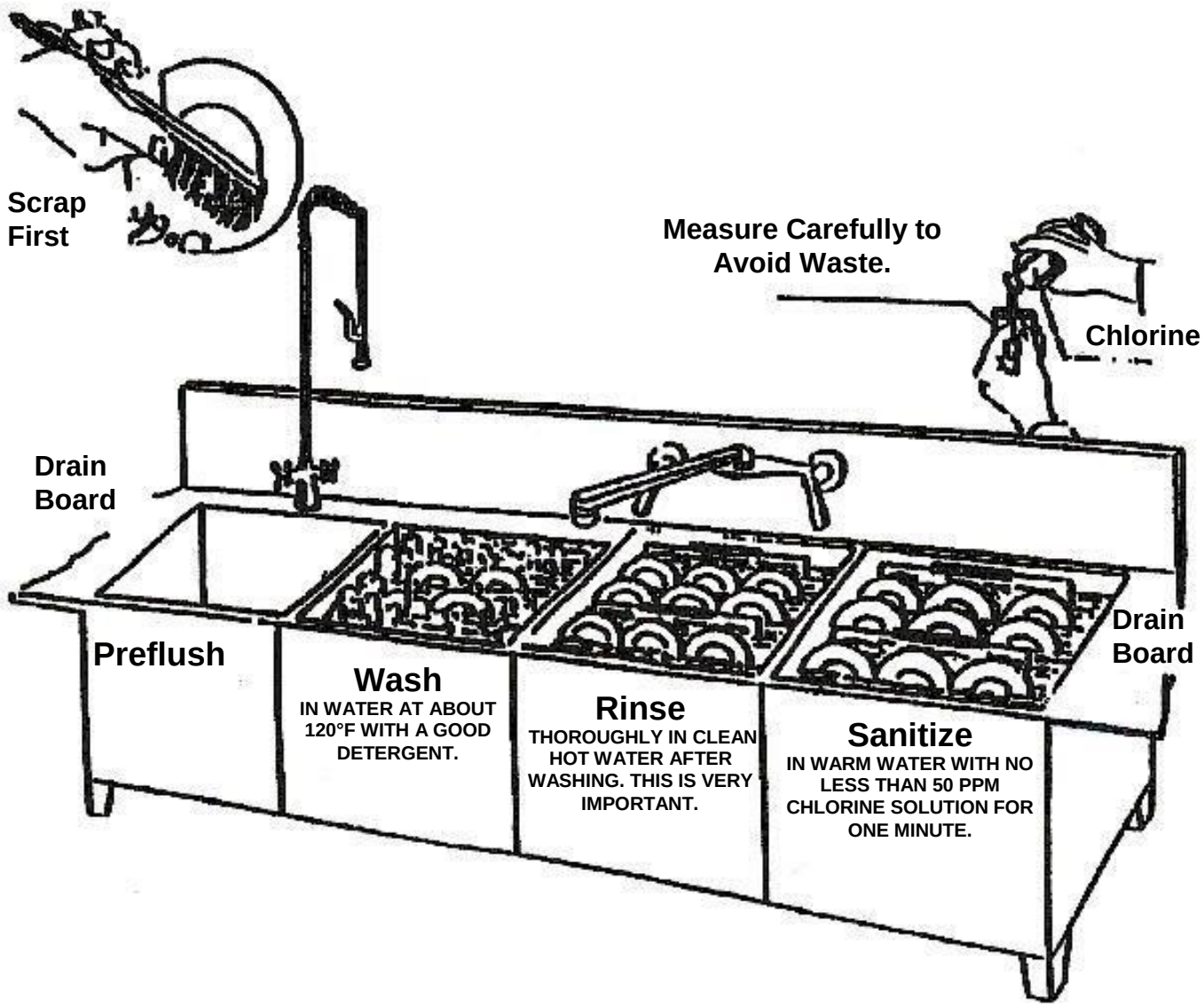
Weekly Menu Form

Provider's Name:_____
Month/Year:_____

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Calendar Date								
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate(s)							
	Meat or Meat Alternate							
Supper	Fluid Milk							
	Meat or Meat Alternate							
	Vegetable or Fruit							
	Vegetable or Fruit							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
Evening Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							

Manual Dishwashing – Chemical Method

Approved Procedure - Preflush, Wash, Rinse, Sanitize



Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE
Suite 754, East Tower
Atlanta, GA 30334

Nathan Deal
Governor

(404) 656-5957

Amy M. Jacobs
Commissioner

CRITERIA FOR SACK LUNCHES

1. Nutritional requirements as presently listed in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.

2. The center shall have a written agreement with parents as to the parent's responsibility to provide the child a nutritious sack lunch.

3. The center shall provide all parents written nutritional information concerning the content of sack lunches.

4. Food brought into the center shall be evaluated each day and if the child's lunch does not meet the nutritional requirements of 591-1-1-.15(1) the center must provide the child the additional food necessary to meet the requirements.

5. Individual lunches shall be labeled and children monitored to assure that there is no swapping of home-prepared food.

6. The center shall provide for proper storage and refrigeration of sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees or below. [591-1-1-.15(10)]
   "Potentially hazardous food" means any perishable food, which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting rapid and progressive growth of infectious microorganisms.

7. If there is any food preparation done in the center, all related requirements in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.

8. Each child shall be served at least 4 ounces of milk each day if not contraindicated by special diets. [591-1-1-.15(1)]

ITEMS TO BE POSTED

ALL ITEMS TO BE POSTED

Each facility shall post in a designated area for public viewing near the front entrance the following:

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

Each Center shall post in other areas:

• Hand washing chart by each sink used by adults

• Daily schedules and lesson plans in each classroom

There must be an operable telephone in the facility. Each phone should have the following numbers posted by it:

• Regional Poison Control Center

• Local hospital/medical office/physician

• County health department

• Ambulance/ Rescue Squad Services/ 911

• Local fire department/ 911

• Local police department/ 911

PARENTS

YOU HAVE THE RIGHT:

1. To access this facility anytime your child is in care. However, you need to immediately make your presence known to the person in charge of the facility.

2. To review a copy of the facility's latest licensure evaluation report, ask the facility director for this report.

A copy of the rules and regulations, which apply to this facility, is posted near the front entrance. These rules establish minimum requirements for the health, safety, and well-being of all children in care.

The department is required by law to investigate all complaints regarding rule violations. These may be addressed to the Bright from the Start: Georgia Department of Early Care and Learning licensing office at (404) 657-5562.

VISITORS

Please check in with staff upon arrival to the facility.

GOOD HEALTH IS IN YOUR HANDS!

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

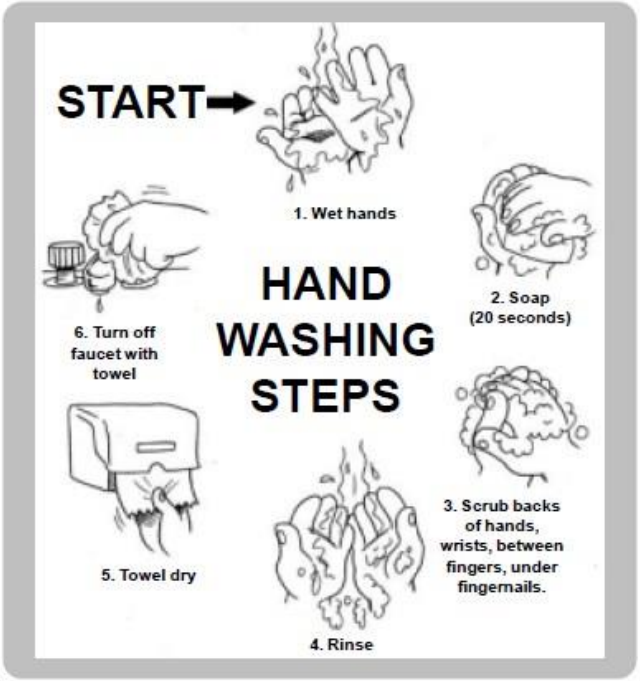
Always wash your hands . . .

Before

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

After

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



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

Childhood Infectious Illnesses
(Communicable Disease Recommendations)

adapted from Childhood Infectious Illnesses poster—2008 edition
Children's Healthcare of Atlanta

EYE, EAR, NOSE, THROAT, AND CHEST

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats *(respiratory diseases caused by many different viruses and occasionally bacteria)*	Variable, numerous causes	Contact with droplets from nose, eyes, or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, often from the day before symptoms begin up to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO[1]	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable Illnesses caused by influenza virus or pneumonoccal bacteria can be reduced by timely immunization ADDITIONAL COMMENTS: Influenza: Annual influenza vaccine recommended for children ages 6 months to 18 years as well as caregivers of young children (especially those <6 months); cover coughs and sneezes Respiratory Syncytial Virus: Avoid sharing linens, toys Cold Sore: Avoid kissing, sharing drinks or utensils
Influenza* *(influenza virus)*	1 to 3 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until the first 7 days of illness	After 24 hours without fever and child's symptoms are improving	NO[1]	
Respiratory Syncytial Virus (RSV)	2 to 8 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until 3 to 8 days or longer	After 24 hours without fever and child's symptoms are improving	NO[1]	
Pinkeye *(Pink or red eye; eyelid swelling; tearing and/or discharge)*	Variable, depending on the cause—bacterial, viral or allergic	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	Depending on the cause, up to 2 weeks	On recommendation of physician; bacterial conjunctivitis requires antibiotic treatment	NO[1]	
Cold Sore *(Herpes simplex virus)*	2 days to 2 weeks	Direct contact with infected oral secretions or lesions (drooling, kissing, thumb-sucking)	While lesions are present	After lesions are scabbed over and drooling controlled	NO[1]	

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta

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EYE, EAR, NOSE, THROAT, AND CHEST

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Diphtheria* *(Corynebacterium diphtheria bacteria)*	2 to 7 days	Contact with discharges from the nose, eyes, mouth or skin lesions of infected individual	Onset of sore throat to 4 days after treatment has begun	After 2 negative cultures are obtained	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys Illnesses caused by influenza virus or pneumonoccal bacteria can be reduced by timely immunization ADDITIONAL COMMENTS: Diphtheria: Timely immunizations; Booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults. Mononucleosis: Avoid kissing, sharing drinks or utensils Mumps: Timely immunizations Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely Whooping cough: Timely immunizations; Booster dose of Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes
Mononucleosis (Mono) *(Epstein-Barr virus)*	4 to 7 weeks	Kissing on mouth; sharing objects contaminated with saliva	Variable, often prolonged	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO[1]	
Mumps* *(Mumps virus)*	12 to 25 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person	Peak infectious time begins 2 days before swelling, but may range from 7 days before to 9 days after	9 days after parotid gland (neck) swelling begins	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	
Strep Throat *(Group A Streptococcus bacteria)*	1 to 5 days	Contact with droplets from nose and mouth. Rarely, outbreaks can be caused by contaminated food	From onset of symptoms until 24 hours after treatment	After at least 24 hours of antibiotic treatment and no fever for 24 hours	NO[1]	
Tuberculosis (TB)	Many infected persons do not develop disease and have no symptoms. Risk of developing active disease is highest during first 1 to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Children with TB may be infectious to others when they have active disease of the lungs or throat	Only when Health Department or physician gives permission	YES Treatment of contacts *may* be necessary	
Whooping Cough*# *(Bordetella pertussis bacteria)*	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Most infectious before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins	After appropriate antibiotic treatment for 5 days	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta

GATROINTESTINAL

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Viral Gastroenteritis *(vomiting and/or diarrheal* • Adenovirus • Rotavirus • Norovirus	Varies with pathogen (pathogen is a disease-causing organism), usually 1 to 5 days	Contact with stool, saliva or vomit from infected individual directly or from surfaces. Norovirus highly infectious; frequent cause of outbreaks	From 2 days before illness until vomiting and diarrhea improve	No fever or vomiting for 24 hours and fewer than 5 stools per day	NO†	For all Diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff ADDITIONAL COMMENTS: Bacterial Gastroenteritis: Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.) Hepatitis A: Timely immunizations; consider Hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas
Bacterial Gastroenteritis • Pathogenic *E. coli* • *Salmonella* • *Campylobacter* • *Shigella* • *Yersinia*	Varies with pathogen, from 6 hours to 7 days	Contact with stool from infected individual (or occasionally pets); from contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present. Pathogenic *E. coli* and *Shigella* highly infectious in small doses	No fever and stools are formed or fewer than 5 stools per day; pathogenic *E. coli* and *Shigella* require 2 negative stool cultures (exceptions may rarely be allowed by local health department for older children)	YES Treatment of contacts *not* necessary; follow-up stool tests are necessary for *Shigella* and *E. coli* infections	
Giardia *(a parasite)*	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present.	When stools are formed or fewer than 5 stools per day	YES Treatment of contacts *not* necessary; follow-up stool tests *not* necessary	
Hepatitis A*	2 to 7 weeks (usually 25 to 30 days)	Eating contaminated food/water; close contact with infected individuals; contact with infected stool	From 2 weeks before illness until 1 week after jaundice has begun	After 1 week from the onset of jaundice	YES Young children (younger than 5) often asymptomatic; one case may indicate a childcare center outbreak. Treatment of contacts *may* be necessary	
Pinworms	2 to 8 weeks	Pinworms lay microscopic eggs near rectum, causing itching. Infection spreads through ingestion of pinworm eggs, after contamination of hands by scratching	Eggs may survive up to 2 weeks *after* appropriate therapy AND resolution of rectal itching. Re-infection is common	No restriction, but treatment should be given to reduce spread	NO†	

MENINGITIS

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Haemophilus influenzae type B* *(Hib bacteria) Meningitis or sepsis as determined by spinal tap/blood tests*	Variable, usually 1 to 10 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils ADDITIONAL COMMENTS: Haemophilus influenzae type B (Hib bacteria): Timely immunizations Meningococcal meningitis: Timely immunizations Streptococcus pneumoniae: Timely immunizations Viral Meningitis: Proper disinfection of changing tables Neisseria Meningitidis: (meningococcal bacteria): Timely immunizations
Neisseria meningitidis *(Meningococcal bacteria) Meningitis or sepsis as determined by spinal tap/ blood tests*	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts *may* be necessary	
Streptococcus pneumoniae* *(Pneumococcal bacteria) Meningitis or sepsis as determined by spinal tap/ blood tests*	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment, and child well enough to participate	YES Treatment of contacts *not* necessary and *not* beneficial	
Viral Meningitis *(Usually enterovirus)*	Variable, usually 3 to 6 days	Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people	From the day before the illness until a week after onset	After 24 hours without fever, and child well enough to participate	YES Treatment of contacts *not* necessary; no specific treatment available	

SKIN OR RASH

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Chickenpox*# *(Varicella zoster virus)*	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth, or skin lesions of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted	When all lesions have crusted	NO[1]	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues ADDITIONAL COMMENTS: Chickenpox: Timely immunizations; cover coughs and sneezes German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune) Hand, Foot and Mouth Disease: Proper disinfection of changing tables, surfaces and toys Head Lice: Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding, clothes in hot water OR dry-clean OR seal in plastic bag for 10 days. Avoid sharing beds, combs, and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow/sleep mat Impetigo: Trim fingernails Measles: Timely immunizations; cover coughs and sneezes
Fifth Disease# *(Human parvovirus B19)*	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person	Only during the week BEFORE rash develops	No need to restrict once rash has appeared	NO[1]	
German Measles*# *(Rubella virus)*	14 to 23 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 5 days before until 7 days after the rash appears	7 days after the rash appears	YES Treatment of contacts usually *not* necessary; (exception: non-immune pregnant women)	
Hand, Foot and Mouth Disease *(Coxsackievirus)*	3 to 6 days	Contact with fecal, oral or respiratory secretions	May be contagious for several weeks after infection	After 24 hours without fever and child is behaving normally	NO[1]	
Head Lice *(parasites)*	Eggs (nits) hatch in 6 to 10 days	Close contact with infested individuals and sharing combs, brushes, hats, or bedding	When there are live insects on the head	After treatment, if crawling lice are gone. Remove nits; however nits alone should not be a reason for exclusion. Please read the product information carefully; some may not be appropriate for infants	NO[1]	
Impetigo *(Staphylococcus or Streptococcus bacteria)*	1 to 10 days	Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	

SKIN OR RASH

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Measles* *(Rubeola virus)*	7 to 18 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES Contacts *may* require treatment; program of vaccination *may* be recommended during outbreaks in childcare centers or schools	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues ADDITIONAL COMMENTS: MRSA: Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting. Molluscum: Avoid contact sports. During outbreaks, further restrict person-to-person contact Ringworm: Avoid direct contact with infected individuals; avoid sharing combs, brushes, hats, etc.; proper disinfection of surfaces and toys Roseola: Proper disinfection of surfaces and toys Scabies: All household members should be treated simultaneously to prevent re-infestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several weeks
MRSA (Methicillin-resistant Staph aureus) *(a bacterial cause of skin boils and abcesses)*	Variable, occasionally initially mistaken as spider bite	Direct skin contact with infected person, wound drainage, or contaminated surfaces. Increased risk in crowded conditions	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing. Exclude from high-risk activities such as close contact team sports until completely healed	NO†	
Molluscum *(Molluscum contagiosum virus)*	Usually 2 to 7 weeks, sometimes longer	Direct skin contact with wound or contaminated surfaces	Not very contagious	No restriction	NO†	
Ringworm on body and Ringworm on scalp *(caused by fungus)*	Unknown	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO†	
Roseola *(virus)*	About 10 days	Respiratory droplets, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO†	
Scabies *(parasites)*	Usually 4 to 6 weeks, 1 to 4 days after re-exposure	Skin contact with infested individual; contact with bedding or clothes of infected person	From up to 8 weeks before skin rash appears until it has been treated with a scabicidal cream	The day after adequate treatment begins	NO† If two or more documented cases in one center, treatment of center contacts *may* be necessary	

* These diseases should have been vaccinated against, if immunizations are up to date. Chicken pox may still occur, but usually in a milder form.
# These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric health care provider is recommended after known or suspected contact.
† To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (greater than three in the child care center or classroom) be reported to your county health department.

Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on an individual case-by-case basis.

Adequate handwashing facilities, policies, and procedures are the keys to excellent hygiene that will eliminate or minimize transmission of these diseases and keep students in school.

NOTICE TO PARENTS AND GUARDIANS

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

NOTICE TO PARENTS AND VISITORS:

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

PLEASE VISIT THEIR WEBSITE:

www.cpsc.gov

OR CALL:

800-638-2772

TTY 800-638-8270

TRANSPORTATION GUIDELINES

TRANSPORTATION GUIDELINES

To provide routine transportation services such as:

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

The written Transportation Plan includes:

- Name of the licensed driver/ evidence of current driver's license
- Manufacturer's Rated Seating Capacity for each vehicle
- Checklist to account for the loading and unloading of children at each stop (see children's records)
- List of children to be transported (see children's records)
- Emergency medical information; (see children's records)

- Annual Vehicle Inspection Form (this must be completed for each transportation vehicle used for routine and emergency purposes)

- Evidence of current first aid and CPR training for driver (see staff records)

BRIGHT FROM THE START Georgia Department of Early Care and Learning
ANNUAL TRANSPORTATION VEHICLE SAFETY INSPECTION CERTIFICATION

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

Owner/Operator of Vehicle:_____

Address: _____

_____

Make/Model:_____

Tag Number:_____ **Odometer Reading:**_____

Mechanic's Signature:
_____

Date of Inspection: _____

Sample
Transportation Agreement

This is to certify that I give _____

Name of Facility

Permission to transport my child _____

Name of Child

from _____ at _____ (am/pm)

Pickup Location

to _____ at _____(am/pm).

Delivery Location

My child will be transported from _____at _____(am/pm)

to _____ at _____(am/pm)

Delivery Location

on the following days:

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ is authorized to receive my child. In the event the authorized Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

_____

_____

_____

The _____is approximately _____ miles from the center.

Location

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

_____.

Facility

Signature (Parent/Guardian) _____ Date _____

Additional transportation forms can be found on the Department’s website at: www.decal.ga.gov

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Mother's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

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

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

_____

In the event of an emergency involving my child, and if _____
Facility name
cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Witnessed by _____ Date _____

THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH

FACT SHEET

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

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

Exempt from Car Seat / Booster Seat Requirement

Standard School Bus

Multi-Function School Activity Bus (MFSAB)

NOT Exempt (see details below)

12 to 15 Passenger Van

Shuttle Bus (does not meet School Bus Standards)

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

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

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

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

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

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

Frequently Asked Questions about Child Care Transportation Vehicle Requirements

1. **Define a 15-passenger van.**
   A 15-passenger van has five rows of seats and is intended to transport up to 15 people including the driver.

2. **Can I continue to use a 15-passenger van to transport children?**
   Yes. You may continue to use vans to transport children. However, children under age 8 must be in an appropriate child restraint system (e.g. car seat or booster seat).

3. **What is a Multi-Function School Activity Bus (MFSAB)?**
   A MFSAB meets all of Federal Motor Vehicle Safety Standards (FMVSS) for a school bus, but it is not painted yellow and does not have the stop lights, stop "arm", etc.

4. **Why do vans have to use car seats and booster seats, but buses and MFSAB's do not?**
   School buses and MFSAB's must meet more stringent Federal Motor Vehicle Safety Standards for transporting children. They are designed to provide enhanced protection for their occupants in a crash. Features such as high-back padded seats, stronger seat mounts, and enhanced rollover protection significantly reduce injuries and fatalities.

5. **What if my school bus (or Multi-Function School Activity Bus) does not have seat belts?**
   You may continue to transport children in school buses and MFSAB's without seat belts. However, if seat belts are available, the children must be using them to be in compliance with licensing rules and regulations.

6. **What is an "appropriate" child restraint system?**
   There are hundreds of products designed to safely transport children. Always refer to the manufacturer's instructions and/or labels for the child restraint system for information on proper use of the restraint (i.e. age, height, and weight limitations) and how to install the restraint properly. Generally, car seats are more appropriate for smaller children, and booster seats should be used for larger children. Under Georgia law, an "appropriate" child restraint system is, *"appropriate for such child's height and weight and approved by the United States Department of Transportation under provisions of Federal Motor Vehicle Safety Standard 213 in effect on January 1, 1983, or at the time of manufacture."*

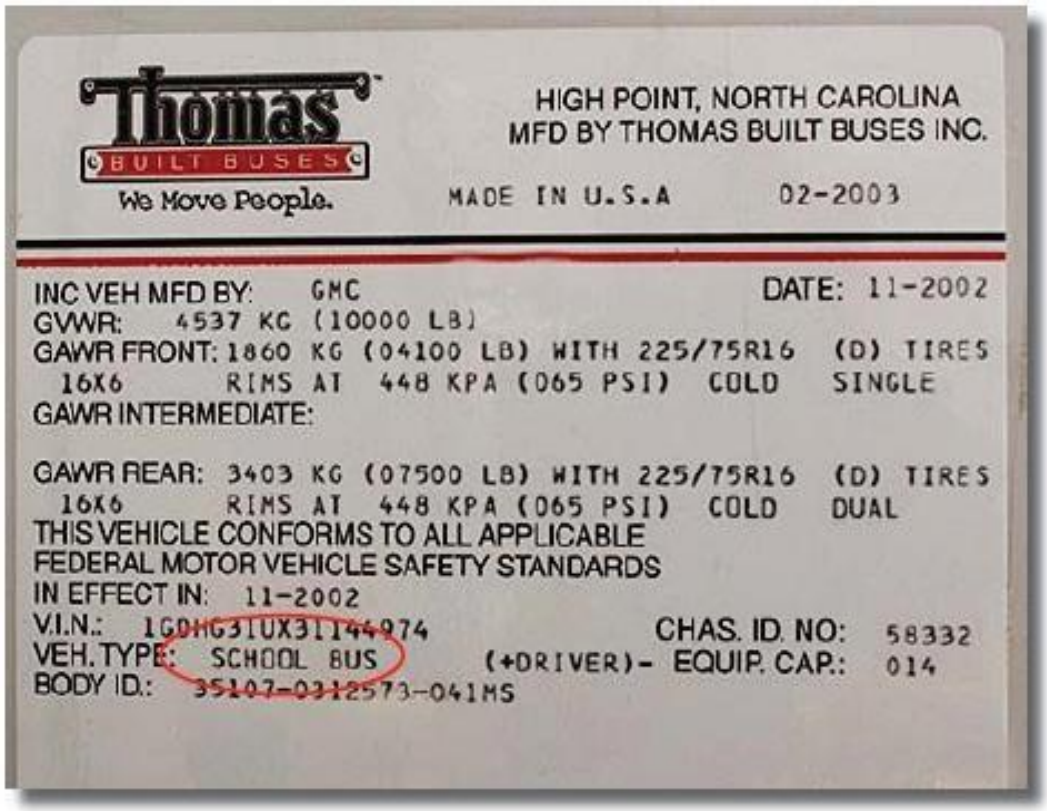
7. **Are there any van exemptions based on the height or weight of the child?**
   Yes. The following exceptions are:
   - If all other passenger seating positions with lap-shoulder belts are being used with an appropriate child restraint system, a child over 40 pounds may be in a lap belt only
   - If a parent or guardian provides a written physician's statement that a physical or medical condition of the child prevents placing him or her in a child restraint system, the child is exempt
   - If the child is over 4 feet 9 inches, the child may be placed in a seat belt only

8. **What do I do about the seats in my van that do not have a shoulder belt?**
   Most car seats can be properly installed using a lap belt only. However, most booster seats require both a lap and a shoulder belt. Unless the manufacturer's instructions state otherwise, you may not use a booster seat with a lap belt only. Doing so could increase the chances of an injury in a crash. Under the law, you must first properly secure the children in child restraint systems. If all seating positions with lap and shoulder belts are occupied, you may place children weighing over 40 pounds into a seat with a lap belt only.

9. **Where can I learn more about the seat belt law?**
   This law was enacted in July 2011 and can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76 at: http://www.lexis-nexis.com/hottopics/gacode/Default.asp.

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

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



Resources
&
Contact Information

Child Care and Preschool Pandemic Influenza Planning Checklist

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at **www.pandemicflu.gov**.

1. Planning and Coordination:

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

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
❑	❑	❑	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
❑	❑	❑	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
❑	❑	❑	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

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

4. Communications Planning:

Completed	In Progress	Not Started	
❑	❑	❑	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
❑	❑	❑	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
❑	❑	❑	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. ❑ How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) ❑ How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.) ❑ How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) ❑ How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements

5 New Federal Requirements:

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

www.cpsc.gov

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

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

NSN 11-2

www.cpsc.gov

Child Care Providers

Your Guide to New Crib Standards

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

What you should know…

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

What you should do…

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

Child Care Resource and Referral Agencies in the State of Georgia

Region 1: Child Care Resource and Referral Agency of North Georgia-Quality Care for Children, Inc.

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

Contact Gloria Calhoun
(770) 387-0828
Toll Free 1-800-308-1825 Fax
(678) 721-6676
gloria.calhoun@qualitycareforchildrennwga.org
http://www.qualitycareforchildren.org

Region 2: Child Care Resource and Referral Agency of Metro Atlanta-Quality Care for Children, Inc.

Druid Point- 2751 Buford Hwy, Suite 500
Atlanta, GA 30324

Contact Pam Runkle
(404) 479-4233
Toll Free 1-877-722-2445 Fax (404)
479-4166
pam.runkle@qualitycareforchildren.org
http://www.qualitycareforchildren.org

Region 3: Georgia Regents University

277 Martin Luther King Jr. Blvd, Suite 104
Macon, GA 31201

Contact Julie Phillips
(478) 751-3000
Toll Free 1-877-228-3566 Fax
(478) 751-3010
jphillips@gru.edu
http://www.georgiahealth.edu/ccrr

Region 4: Child Care Resource and Referral of Southwest

Georgia at Albany-Darton College

2429 Gillionville Rd.
Albany, GA 31701

Contact Soraya Kimbrel-Miller
(229) 317-6834
Toll Free 1-866-833-3552 Fax
(229) 317-6968

soraya.kimbrel@darton.edu http://ccrr.darton.edu/

Region 5: Child Care Resource and Referral Agency Of Southeast-Georgia at Savannah Savannah Technical College

190 Crossroads Parkway Savannah,
GA 31407

Contact Sherry Costa
(912) 443-3011
Toll Free 1-877-935-7575 Fax

(912) 966-6735

scosta@savannahtech.edu

http://www.ccrrofsoutheastga.org/

Region 6: Child Care Resource and Referral Agency of East Georgia-Quality Care for Children, Inc.

3706 Atlanta Hwy, Suite 1 Athens,
GA 30606

Contact Vicki Hawkins
Toll Free 1-877-722-2445 Fax

(404) 479-4166

vicki.hawkins@qualitycareforchildren.org
http://www.qualitycareforchildren.org

Regional Map

Region 1 - North Georgia

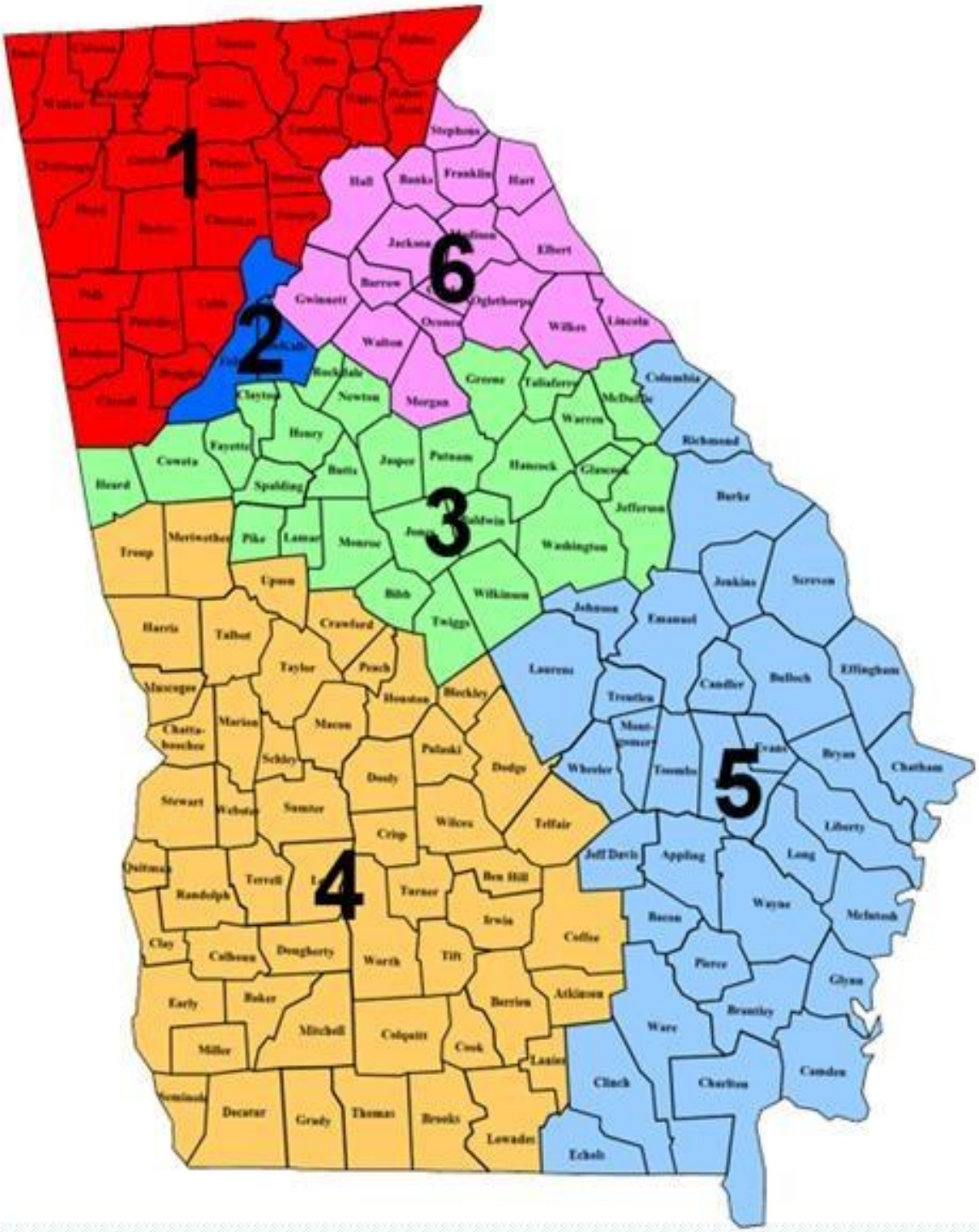
Region 2 – Metro Atlanta

Region 3 – Central Georgia

Region 4 – Southwest Georgia

Region 5 – Southeast Georgia

Region 6 – East Georgia



BRIGHT from the START
Georgia Department of Early Care and Learning

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

Mission:

Bright from the Start: Georgia Department of Early Care and Learning delivers exemplary early care and education programs that improve the quality of early learning experiences, increase school readiness, and improve overall school performance.

Vision:

Bright from the Start: Georgia Department of Early Care and Learning will increase the number of Georgia's children and families who have access to quality early care and learning programs. More of Georgia's early care and learning programs will achieve and maintain higher, measurable, research-based standards.

Contact Information:

Programs:

Child Care Licensing…….....404-657-5562

Complaints/Concerns…….....404-657-5562

Criminal Records….....404-656-5957

Exemptions…….....404-657-5562

Head Start Collaboration……....404-651-7425

Pre-K……404-656-5957

Nutrition Services…….....404-656-5957

Quality Initiatives…….....404-656-5957

Training…….……404-656-5957

Applicant Services Unit (Licensing)

Lisa Chandler……Director

Chrissy Clayton……Lead Consultant

Shaheedah El-Amin ……Administrative Assistant

Shenina Broaders…….....Exemption

<u>ASU Consultants</u>

Deborah Toney	**Metro ATL area (NE)**
Jamie Carta	**Southwest Georgia**
Wakisha Carswell	**Metro ATL area (NW)**
Margaret Pringle	**Metro ATL area (NW)**
Shyreeta Hicks	**Metro ATL area (NE)**
Brianne Kersey	**Southeast Georgia**

Office Hours: 8:00AM-5:00 PM Monday-Friday (closed on State Holidays)

Pre-K

Georgia's Pre-K Program Change Request Process
Georgia's Pre-K Program is generally non-transferable. When a center is sold after entering into a Georgia's Pre-K grant agreement with Bright from the Start, change of ownership requirements must be met as determined by Bright from the Start before a determination can be made as to the transferring of the Pre-K program to the new owner. Entities applying for transfer of classes must be agents who are eligible to receive prekindergarten funds as specified in the *Georgia's Pre-K Program Providers' Operating Guidelines*. The Providers' Operating Guidelines is available for download at http://decal.ga.gov/Prek/GuidelinesandAppendix.aspx.

A request to continue services does not guarantee continuation of funding for the new owner. Funding decisions are at the discretion of Bright from the Start.

Georgia's Pre-K payments are placed on hold during the change of ownership process. Entities requesting a change of ownership should not base business decisions on the assumption that Georgia's Pre-K will automatically approve the continuation of Pre-K classes once a request is processed. **The Pre-K Division will notify the new owner of the continuation status of the Pre-K classes after the Child Care Services Division issues a valid license.**

If the transfer of the Pre-K program is approved, the payment will be released, and the new owner may continue delivery of Pre-K services. It is understood that all equipment, supplies, and materials purchased for the Pre-K program remain with the program. It is also understood that the new owner accepts the conditions of the Pre-K grant agreement for the current school year. Refer to section 21.5 in the *Pre-K Program Providers' Operating Guidelines* for additional information.

Entities requesting a change of ownership must submit all information and documentation required by both the Pre-K Division and the Applicant Services Unit of the Child Care Services Division. The following is required for Pre-K:

Seller
☐ Completed Reconciliation Report for the current school year. This report must be submitted electronically through PANDA. Instructions for completing the reconciliation can be found at http://www.decal.ga.gov/documents/attachments/ProviderReconTraining.pdf. For questions or concerns about the report, email: Panda.Recon@decal.ga.gov.

Buyer
☐ Change Addendum Form
☐ Online Access Agreement for PANDA (Pre-K Application and Database Access) System
☐ Vendor Management Form
☐ Vendor TIN Verification
☐ Request for Taxpayer Identification Number and Certification (W-9)
☐ Documentation from the IRS reflecting buyers business employer identification number (EIN)
☐ Pre-printed voided check or letter from bank reflecting the bank account number on the Vendor Management Form

Mail all documents to:
Bright from the Start:
Georgia Department of Early Care and Learning
Attn: Pre-K Change Addendum Packet
2 Martin Luther King Jr. Drive, SE
Suite 754, East Tower
Atlanta, Georgia 30334

It is imperative that all information/documentation be submitted to Pre-K in a timely manner. Incomplete change requests packets will not be reviewed.

For questions regarding the Pre-K change of ownership process, email PreK.Ownership@decal.ga.gov.

Georgia Department of Early Care and Learning

Georgia's Pre-K Program
Change Addendum Form

School Year	
Program Legal Name:	
Doing Business As Name:	

Contact Information:

Pre-K Project Director:		
Phone Number:	FAX:	
Business **Street** Address:		
City:	State:	Zip:
Business **Mailing** Address:		
City:	State:	Zip:
E-Mail Address:		

Contract Signatory*:

Person authorized to sign contract:	Title:	
Mailing address of contract signatory:		
City:	State:	Zip:
Phone Number:		
E-mail Address:		

Site/Location Information:

Site/Location Name:		
Pre-K Site Location Contact:	Email Address:	
Site/Location Phone:	Site/Location FAX:	
Site/Location Street Address:		
City:	County:	Zip:
☐ *Mailing Address is same as Street Address*		
Mailing Address:		
City:	County:	Zip:

Pre-K Program Hours
Start time for the instructional day:
End time for the instructional day:

Indicate the credential level of each lead teacher for this site:

Certified
Bachelor of Science/Arts

Indicate the Curriculum (Check One)

- ☐ Beyond Centers and Circle Time (BCCT)
- ☐ Core Knowledge Preschool Curriculum
- ☐ Creative Curriculum for Preschool
- ☐ Frog Street Pre-K Curriculum
- ☐ Galileo® Pre-K Online Curriculum
- ☐ High Scope Preschool Curriculum
- ☐ InvestiGator Club Prekindergarten Learning System
- ☐ Learn Everyday: The Preschool Curriculum
- ☐ Opening the World of Learning (OWL) Curriculum
- ☐ Scholastic Big Day for Pre-K Curriculum
- ☐ Splash into Pre-K Curriculum Literacy
- ☐ We Can Curriculum
- ☐ WINGS Curriculum

Georgia's Pre-K Program Assurances

I agree:

☐ All information provided in this change request packet is true and accurate. I understand that falsifying information reported will result in automatic termination of the grant agreement.

☐ I understand that all information contained within this change request packet, as well as documentation required as a Pre-K fiscal agent, is considered public information and will be included in the program's permanent file and is subject to Open Records request(s).

☐ I will conduct my business with financial integrity and fiscal responsibility including, but not limited to, appropriate use of Pre-K grant funds, compliance with state and federal tax requirements, compliance with rules and regulations of the Secretary of State's office, the State Department of Audits, and other state agencies, as applicable, and appropriate settlement of employee and other financial obligations.

☐ I have read and agree to comply with the Pre-K Program Providers' Operating Guidelines and any addenda.

*The Contract Signatory must be an officer or representative vested with the powers to commit the organization to a binding agreement if the grant is awarded. The contract signatory (CEO, COO, CFO, President, Sole Proprietor) who has apparent authority or legal authority for the program/company/etc. applying for the grant must sign the grant agreement if the grant is awarded.

_____ _____

Contract Signatory * Date

_____

Title

Online Access Agreement
For PANDA (Pre-K Application and Database Access) System

This form represents a user agreement concerning access to the web-based PANDA system administered by the Department of Early Care and Learning and the provider listed below.

Legal Name of Provider:	
Contract Signatory:	
Project Director:	

Important Note: Your organization will be notified via e-mail of your user ID and password at the address you specify below. All e-mail correspondence from the Department of Early Care and Learning to your organization will be sent to this address. Please ensure it is the correct address for the Project Director of your organization, and that the e-mail account is current and checked on a regular basis.

Project Director's E-mail Address:

I understand that per my request to be an online Pre-K provider I will be issued a user ID and password for accessing the PANDA system. I certify that I am authorized to make this request to the Department of Early Care and Learning. This user ID/password will allow me to enter, edit, and view information on my company and sites. The user ID/password created for me will also allow me to create and authorize other employees of my company to use the PANDA system for job-related duties. The use of any of these user IDs and passwords to submit information via the Internet is considered the same as filing this information via paper forms. It is my responsibility to maintain the integrity of this information by limiting access to specifically identified individuals. I understand that it is my responsibility to discontinue access when staff changes occur. **I further understand that the Department of Early Care and Learning is not liable for any entries made on the PANDA system that are submitted under user IDs and passwords assigned to or created by me.**

Contract Signatory	Title	Date
Project Director	Title	Date

VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: _____

VENDOR NAME: _____

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) _____

ADDRESS: _____

ADDRESS CONT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # _____ BANK ACCOUNT # _____

☐ Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

☐ Check here if this account can only be used for a SPECIFIC purpose _____

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

_____ (Vendor Printed Name) _____ (Vendor Signature) _____ (Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

☐ New Vendor	☐ Employee	☐ 1099 Code _____
☐ Classification Change _____	☐ Add address	☐ FEI/TIN Change**
☐ Name Change**	☐ Change of Address: Address # _____	☐ Right of Way Purchase
☐ Vendor Deactivation	☐ Fleet Anywhere Vendor	☐ Other (provide details in Section 4)
☐ Bank Account Add	☐ Bank Account Change	☐ Bank Account Delete

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

SIC CODES (CHECK ALL THAT APPLY)

☐ Small Business	☐ Women Owned	☐ Minority Business Enterprise	☐ African American	☐ Asian American
☐ GA Based Business	☐ Minority Business Certified	☐ Hispanic-Latino	☐ Native American	☐ Pacific Islander

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION *(OFFICE USE ONLY)*

Requestor Name: _____ **Agency BU#:** _____ **Date:** _____

Email: _____ **Phone:** _____ **Fax #:** _____

2015 - 2016 VENDOR TIN VERIFICATION

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the state. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to ensure that accurate tax information is reported to the IRS and to the state, please use this form to provide the requested information.

Legal Name: _____
Doing Business As (DBA): _____
Address: _____
_____
Telephone #: _____ FAX #: _____
# of years in Business: _____
NINE DIGIT TAXPAYER NUMBER
Social Security Number OR Fed ID#: _____

BUSINESS DESIGNATION (CHECK ONE)

- Governmental ☐
- Sole Proprietorship ☐
- Partnership ☐
- Corporation ☐

BUSINESS TYPE (CHECK ONE)*

- Minority Company ☐
- Small Company ☐
- Minority & Small Company ☐
- Other Company ☐

Demographic Designation (Check One)
applies to the ownership of the sole proprietor, partners, or majority stockholders of the corporation.

- Asian or Pacific Islander ☐
- Black or African American ☐
- Hispanic ☐
- Native American or Alaskan native ☐
- White ☐
- Multi-racial ☐ (please specify:)

As specified in O.C.G.A. ∋ 50-20, Relations with Nonprofit Contractors, DECAL requires the contractor to: Furnish the state agency with certified financial statements showing the nonprofit contractor's financial condition at the end of the previous fiscal year and revenues and expenditures for the previous fiscal year.

* **Minority Company** A minority race is defined as an individual who is a member of a race that composes less than 50 percent of the total population of the state of Georgia. This business must be: (a) owned by a member of a minority race or (b) a partnership of which one or more members is of a minority race or (c) a public corporation of which a majority of the common stock is owned by one or more members of a minority race.

Small Company Business has less than 100 employees or less than $1,000,000.00 in gross receipts per annum.

Minority & Small Company Business falls into both categories.

Other Company Vendor is neither a small nor a minority owned business.

Funding decisions made by Bright from the Start are not based on business designation, business type, or demographic designation. This information is requested from all vendors applying with the state of Georgia.

BUSINESS STATUS (CHECK ONE)

Profit ☐
Nonprofit ☐

TAX EXEMPT STATUS (CHECK ONE)

☐ This organization was approved by IRS for tax-exempt status on: ___ (Date)

☐ This organization submitted an application to IRS for tax-exempt status on: ___ (Date)

☐ This organization is not tax-exempt.

What is the operating fiscal year of this organization? _____ (Month) to _____ (Month)

Under penalties of perjury, I declare that I have examined this request and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature_____ Title_____ Date_____

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.