



Family Child Care Learning Homes
Rules Guidance Manual

Introduction

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

The Guidance Manual focuses on Core Rules which have been identified to be directly related to children's health and safety. Core Rules are evaluated by Child Care Program Consultants during every licensing study and monitoring visit.

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

Compliance Categories

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

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

290-2-3-.04 Requirements for Applications and Licenses

.04(1)(d) Any person that provides care for more than six children for pay, related or unrelated, as defined in these rules, shall make application to the Department for a License to operate a Child Care Learning Center, except as provided in 290-2-3-.07(6).

GUIDANCE

For the purposes of this rule, “Children” are defined as under 13 years of age (12 and younger).

For **related children**, they must be related to the Provider within the second degree of consanguinity or affinity by blood or marriage (sons/daughter, grandchildren, nieces/nephews, first cousins).

There must be three unrelated children for pay to considered a FCCLH

There can be no more than six children for pay present at the FCCLH (except for the two additional approved hours).

There can be no more than six unrelated children present (except for the two additional approved hours), regardless of pay status.

FCCLH should never exceed 12 children total at any given time.

Criminal Records Check Requirements

290-2-3-.21 Criminal Records Check

(1) Satisfactory Records Check Determination Required

.21(1)(a) The Provider, every actual and potential Employee and Provisional Employee of the Family Child Care Learning Home must have a Satisfactory Records Check Determination before the individual is present at the Home while any child is present for care or before the individual resides in the Home.

.21(1)(b) No actual or potential Provider, Employee or Provisional Employee of the Family Child Care Learning Home with an Unsatisfactory Records Check Determination may be present at a Home when any child is present for care. No individual with an Unsatisfactory Records Check Determination may reside in a Home.

GUIDANCE

Observe and identify all present adults or any that would normally have access to the children or those that live on the premises. Check Fingerprint Records Check Determinations on file and verify Fingerprint Records Check Determinations for the Provider, every actual and potential Employees or Provisional Employees, and any other non-employee adults age 17 and older in the presence of children or on the property. Ask about other Employees or Provisional Employees, age 17 and older, who are not present at the time of the visit. Inquire about friends and family who may visit the home during the hours of child care and ask to see a fingerprint records check determination on those people. Children who live in the home who are away at college, but will be returning to the home during school intermission or summer breaks and would have potential contact with the children in care are also required to have a fingerprint records check determination on file.

Effective January 1, 2008, a criminal backgrounds check with a purpose code “W” must be on file. If purpose code “W” was not used, the person must have the report run again under purpose code “W”.

.21(1)(c) Valid Evidence of a satisfactory criminal records check as defined in these rules must be maintained at the Family Child Care Learning Home for the Provider, each Employee (including Students-in-Training, volunteers, independent contractors and residents age 17 and older) and each Provisional Employee for the duration of employment or residency plus one year, and such evidence must be made immediately available to the Department upon request.

Criminal Records Checks Requirements continued

GUIDANCE

A copy of the provider's fingerprint clearance must be kept on file in the home and should be viewed during each visit. If the provider does not have a copy on file in the home, they can request a copy from the Criminal Records Check Unit (CRC). If the records check is not available through the CRC unit the provider will need to submit another Records Check Application through the Cogent System. The consultant will issue the provider a CRC letter for the rule violation. Determine the identity of individuals who live in the home and those who visit on a regular basis during the hours of child care. Also, identify employees who assist the provider in the care of the children. Review all criminal records checks for the provider, helper, and other adults residing in the home and individuals who visit the home during the hours of operation.

290-2-3-.11(3) Discipline

.11(3) Disciplinary actions used to correct a Child's behavior, guidance techniques and any activities in which the Children participate or observe at the Home shall not be detrimental to the physical or mental health of any child.

GUIDANCE

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

.11(3)(a) A Provider or a Home's Provisional Employees or Employees shall not:

1. Physically or sexually abuse a Child, or engage in or permit others to engage in sexually overt conduct in the presence of any Child enrolled in the Home; or

GUIDANCE

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

2. Inflict corporal/physical punishment upon a Child; or

3. Shake, jerk, pinch or handle roughly a Child; or

4. Verbally abuse or humiliate a Child which includes, but is not limited to, the use of threats, profanity, or belittling remarks about a Child or his family; or

5. Isolate a Child in a dark room, closet, or unsupervised area; or

6. Use mechanical or physical restraints or devices to discipline Children; or

290-2-3-.11(3) Discipline continued

GUIDANCE

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

***For more details on the effective use of “time-out”, see the American Academy of Pediatrics Guidance for Effective Discipline.*

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;101/4/723.pdf>

7. Use medication to discipline a Child or to control Children's behavior without written medical authorization issued by a licensed professional and given with the Parent's written consent.

GUIDANCE

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

8. Discipline a Child by unreasonably restricting a Child from going to the bathroom; or by punishing toileting accidents; or by force feeding a Child; or by not feeding a Child regularly scheduled meals and/or snacks; or by forcing or withholding naps; or by allowing children to discipline or humiliate other children; or by confining a child for disciplinary purposes to a swing, high chair, infant carrier, walker or jump seat.

GUIDANCE

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

290-2-3-.11(3) Discipline continued

The provider and employees should provide children with the rest and nutrition they require, while respecting individual differences among children. Force-feeding can result in choking or injury and forcing or withholding naps can result in anger, irritability, and/or fatigue. Observe snack/meal times and rest periods for evidence of inappropriate practices, such as but not limited to telling a child that they must lay in a particular position on the mat or cot, such as on their stomach, turn their head to face the wall, etc. Notice signs of fatigue or restlessness. Interview caregivers and children regarding the home practices surrounding meals/snacks and rest periods.

Children shall be protected from physical and emotional harm that can result from punitive actions of other children, such as hitting, yelling, criticizing, biting, etc., providers and employees should never encourage a child to retaliate against another child. When conflict arises among children, it is appropriate and more effective for staff to intervene and help the children use appropriate skills to resolve the conflict. Staff should encourage children to treat each other with respect and model this behavior for the children. Look for evidence of children attempting to discipline and/or humiliate others and observe intervention by staff members. Children should be protected from the potential physical and emotional harm that can result from improper use of confining equipment. This type of equipment is not designed for restraining children. Using it for that purpose is punitive and unsafe. Observe circumstances surrounding children being placed in this type of equipment. Notice caregiver's interactions with children to detect signs of inappropriate disciplinary action regarding equipment. When observing children in such equipment, look for signs of fatigue, frustration, restlessness, etc. and notice any children trying to escape the equipment. It is not appropriate to place older children in confining equipment that they do not routinely use, even if given an activity (book, puzzle, etc.).

9. Commit any criminal act, as defined under Georgia law which is set forth in O.C.G.A. Sec. 16-1-1 et seq., in the presence of any Child enrolled in the Home.

GUIDANCE

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

290-2-3-.19 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

(a) Cribs and Other Approved Sleep Equipment. The Home shall provide either a safety approved crib or other equipment that is approved for infant sleep for each infant who cannot climb out of the crib or other approved equipment. Each crib shall be safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards; any other equipment, such as, but not limited to, a portable crib, playpen, play yard or bassinet, shall be in compliance with current ASTM Standard Consumer Safety Specifications for Non-Full-Size Baby Cribs/Play Yards. (“Infant” refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)

GUIDANCE

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

If infants are placed in other equipment (portable cribs, playpens, play yards, bassinets, etc.) for sleeping, there must be documentation listed on the equipment or in the owner’s manual that it has been approved for and intended for sleeping.

1. Crib Construction. Cribs and other equipment approved for infant sleep shall be in good repair and free of hazards. Stack cribs and cribs with drop sides shall not be used.

2. Crib Mattress. A mattress shall be provided for each crib and other equipment approved for infant sleep and shall be firm, tight-fitting, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.

3. Crib Sheet. Each crib and other equipment approved for infant sleep shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

GUIDANCE

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

290-2-3-.19 Safe Sleeping and Resting Requirements continued

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

(2) Environment. A Family Child Care Learning Home shall provide a safe sleep environment in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) recommendations as listed in (a) through (h) below. The rules listed in (a) through (h) below shall be followed for all infants and one-year-old children when placed for sleep in a safety approved crib or in any other type of equipment approved for infant sleep.

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

GUIDANCE

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

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

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

GUIDANCE

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

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

290-2-3-.19 Safe Sleeping and Resting Requirements continued

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

GUIDANCE

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

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

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

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

GUIDANCE

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

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

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

GUIDANCE

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

290-2-3-.19 Safe Sleeping and Resting Equipment continued

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

GUIDANCE

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

(h) Infants shall only sleep in a safety approved crib or other equipment approved for infant sleep as described in 290-2-3-.19(1)(a) and shall not sleep in any other equipment, such as, but not limited to, a car safety seat, bouncy seat, highchair, or swing. Infants who arrive at the facility asleep or fall asleep in such equipment or on the floor shall be transferred to a safety approved crib or other equipment approved for infant sleep.

GUIDANCE

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

**Additional Resources:

American Academy of Pediatrics; www.aap.org

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

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

290-2-3-.11 Safety

.11(2)(f) Poisons, medicines, cleaning agents, razors, aerosol cans and other potential hazardous materials shall be stored out of reach of children or in locked cabinets.

GUIDANCE

Children should not have contact with items or substances that are potentially dangerous. Corrosive agents, bleaches, insecticides, detergents, polishes, products under pressure in aerosol cans, and any substance that may be toxic if ingested, inhaled, or handled should be kept in locked storage, or in an area that is clearly inaccessible to children. Refer to the label of any accessible item to determine if the product is hazardous to children. Items with labels that state the product must be kept out of reach of children must be stored so they are inaccessible. Tools, knives, lawnmowers, gasoline, and similar items are hazards if accessible to children. Check areas that are used by children such as passageways, porches, garages, etc. Other potentially hazardous materials include, alcohol based hand sanitizer, shaving cream, tooth paste, mouthwash, etc. Evaluate for accessible hazards by checking closets, drawers and cabinets.

.11(2)(g) Firearms shall be stored so they are not accessible to children.

GUIDANCE

If present in the home firearms should be unloaded, equipped with child protective devices, and kept under lock and key in areas inaccessible to children. This includes pellet or BB guns. Ammunition shall be stored in locked storage, separate from the firearms and inaccessible to children. Parents of children in care should be informed about the home's policy regarding firearms. Observe the area for any obvious firearms. Ask the provider if there are firearms, pellet or BB guns in the home. Ask the provider to show you where these are located and ensure that the firearms are equipped with a child protective device and kept under lock and key. It is not

necessary to handle the firearms/ammunition, simply observe and document what is seen and what the provider tells you.

.11(2)(h) At least one UL Approved smoke detector shall be on each floor of the Home and such detectors shall be maintained in working order. At least one 2-A:5-B:C fire extinguisher shall be kept in the child care area to be located no more than thirty feet from the kitchen. The extinguisher shall be maintained in working order and shall be inaccessible to the children.

290-2-3-.11 Safety continued

GUIDANCE

Observe the home for the above items. Note the location of the smoke detector(s) and the fire extinguisher. Check to see that all are in working order, i.e., test the detector and check the tag/gauge on the fire extinguisher. A 2A: 10B:C rated multipurpose (ABC) dry chemical extinguisher is acceptable. If the child care area is in excess of thirty feet from the kitchen, the home shall provide a fire extinguisher in the child care area that is maintained out of reach of children and a second fire extinguisher shall be located within thirty feet of the kitchen.

.11(2)(i) Flammable liquids, such as gasoline or kerosene, shall not be stored inside the Home.

GUIDANCE

Fire hazards and combustible materials should be stored outside the home and according to the recommendations on the manufacture's label or by the local fire department. Flammable liquids should be kept in tightly closed or sealed containers, should be stored in quantities approved by the State Fire Marshall or local fire department, and should never be accessible to children. Check areas that are used by children such as passageways, porches, garages, storage area's on the playground, etc.

290-2-3-.13 Building and Grounds

.13(1) The Home's building shall be kept clean and free from obvious hazards to the children's health and safety.

GUIDANCE

The space occupied by the children shall be clean, free of clutter and debris. Check the storage of garbage and waste to ensure that these items are in a closed and covered container. Check the kitchen and the bathroom to ensure that these areas are clean, free of odors and sanitized. Carpet should be odor and stain free. Ask the provider about cleaning and sanitation procedures.

Children should be housed in open and well-ventilated areas from which quick evacuation can be made in case of fire or emergency evacuation. Vacuum cleaners, exercise equipment, curling irons, hair dryers, brooms, mops, etc. should be stored inaccessible to children.

When the provider indicates that children are kept in designated areas of the home, have the provider draw a floor plan of the home and indicate on the floor plan which rooms children are housed in. Have the provider document that children are not allowed in the undesignated areas for any reason, such as nap, time-out, etc.

.13(1)(d) The Home shall be kept free of fire hazards and unnecessary or excessive combustible material.

GUIDANCE

The home shall be free of fire hazards and unnecessary, accessible combustible materials such as stacks of paper, magazines, cloth rags, cardboard boxes, extension cords, frayed electrical wires, etc.

(1)(e) When in use, radiators, open fire, oil or wood burning stoves, floor furnaces and similar hazards shall have barriers or screens to prevent children from being burned.

GUIDANCE

Observe the home for the presence of radiators, open fire places, oil or wood burning stoves, and electric heaters to make sure barriers are used. If any of these items are present but not in use, discuss with the provider and document on the report. Document how the provider prevents children from accessing the heating devices when in use. If the method does not meet safety standards a citation should be issued and the provider's plan of improvement obtained.

(1)(f) Unvented fuel fired heaters shall not be used unless equipped with an oxygen depletion safety shut off system.

290-2-3-.13 Building and Grounds continued

GUIDANCE

Observe the home for unvented fuel fire heaters, if any unvented fuel fire heaters are observed in use ask for verification that an oxygen depletion safety shut off system has been installed. If not in use ask the provider about their use and if the provider states the units are not used during the hours of operation document this information on the report. If the provider indicates that the units are used obtain verification of the installation of an oxygen depletion safety system.

290-2-3-.12(5) Equipment

.12(5) All indoor and outdoor furniture, activity materials, and equipment shall be:

.12(5)(a) Used in a safe and appropriate manner by each Provider, Provisional Employee, and Employee and child in attendance;

GUIDANCE

Observe that equipment is being used in a safe and appropriate manner by each employee and child in attendance. Examples of equipment not being used in a safe manner by a staff person would be an infant left in an infant carrier and placed on a high surface such as a counter top, sofa, etc. Examples of children using equipment in an unsafe and inappropriate manner would be, but not limited to, a child climbing up the slide instead of using the ladder, a child swinging on a swing on his stomach, etc.

.12(5)(c) Free from hazardous conditions such as, but not limited to sharp rough edges or toxic paint;

GUIDANCE

Equipment and furnishings that are not safe or in good repair may cause falls, entrap a child's head or limbs, or contribute to other injuries. Disrepair of equipment may expose objects that are hazardous to children. Observe equipment in the home and on the playground to ensure that the equipment is in good repair.

Examples of hazards include, but are not limited to:

- Openings that could entrap a child's head or limbs (According to The CPSC Handbook for Playground Safety an opening may present an entrapment hazard if the distance is greater than 3 ½ inches wide and less than 9 inches).
- Components that can pinch, sheer, or crush body tissues.
- Sharp points or corners
- Splinters
- Protruding nails, bolts, or other components that could entangle clothing or snag skin.
- Loose rusty parts
- Flaking paint and rust
- Paint that contains lead or other hazardous hazards

290-2-3-.12 Equipment continued

.12(5)(f) Secured if equipment and furniture is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over. Potentially unstable equipment and furniture that might injure a child if not secured include, but are not limited to televisions, chests of drawers, bookcases, shelving, cabinets and fish tanks. Examples of items not required to be secured include, but are not limited to, child-sized tables and chairs, rocking chairs, and cribs.

GUIDANCE

Observe equipment and furniture in the area designated for childcare to ensure that equipment and furniture do not present a tipping hazard. Televisions, chest of drawers, bookcases, shelving which children can reach cabinets and fish tanks should be evaluated for stability and tip over potential. Consider what might happen if a child tried to climb on a chest of drawers, on a book or toy shelf, or on the open drawers of a desk or storage unit. Have the provider attach any potentially unstable equipment to the wall or secure to the floor, using appropriate hardware, such as brackets, screws, or toggles. Stable equipment does not have to be secured.

290-2-3-.13(2) Playgrounds

.13(2)(a) The outside play areas shall be free of hazards such as, but not limited to exposed sharp edges of concrete or equipment, broken glass, debris, open drainage ditches, holes and stagnant water.

GUIDANCE

Playgrounds should be clean and protect children from potential injury. The playground should be free of hazards including but not limited to the following:

- Poisonous plants
- Broken windows/glass
- Trip hazards
- Uneven turf
- Exposed bricks/cinder blocks
- Exposed concrete edges
- Open grating
- Slippery areas
- Dead tree limbs
- Briars/thorny plants
- Exposed tree roots/rocks
- Tall grass
- Trash
- Garden tools/equipment
- Potholes

- Exposed wiring
- Poor drainage
- Inadequate clearance between equipment
- Accumulation of leaves, pine needles, pine cones, poisonous berries or nuts that fall from trees.

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

.13(2)(b) Climbing and swinging equipment that are not portable shall be securely anchored to eliminate accidents or injuries and have a resilient surface beneath the equipment and the fall zone from such equipment which is adequately maintained by the Family Child Care Learning Home to assure continuing resiliency.

290-2-3-.13(2) Playgrounds continued

GUIDANCE

Check climbing and swinging equipment to ensure that it is securely anchored. Some smaller, stable, portable equipment for younger children may not require anchoring (less than three feet in height). Equipment used for climbing and swinging shall not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment. This type equipment must be placed over a resilient surface which is composed of material that provides a buffer, or shock absorber, that reduces the risk of injury if children accidentally fall from play equipment.

Resilient surface materials may be uniform or loose fill materials. Examples of loose fill materials include sand, pea gravel, wood chips, bark, mulch, etc. Resilient surface materials should not include sharp jagged edges, splintered wood, large pieces, etc. It is recommended that loose materials be raked frequently to prevent them from becoming compacted and to remove hazardous objects.

The “fall zone” from a piece of equipment is the area in which any activity or movement can be expected to take place around the equipment. For example, guidelines for playground safety indicate that the fall zone for a swing set includes the largest arc through which the swing travels, including a child’s extended legs. At least six inches or more of resilient surface is recommended for equipment five feet or greater in height and at least three inches of resilient surface is recommended for equipment less than five feet in height. The adequacy of the resilient surface

should be determined by the use of a ruler or a similar measuring device. For the purpose of determining resilient surface needs climbing equipment is measured based on the highest point of access and swinging equipment is measured by the height of the top bar.

.13(2)(c) The outdoor play area shall be protected from traffic or other hazards by fencing or other barriers at least four feet in height and approved by the Department. Fencing material shall not present a hazard to children. A fence shall be provided around swimming pools to make them inaccessible when not in use.

290-2-3-.13(2) Playgrounds continued

GUIDANCE

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

**For additional information on playground safety, go to the Consumer Product Safety Commission (CPSC) at www.cpsc.gov/cpscpub/pubs/playpubs.html

290-2-3-.07 Staffing and Supervision

(7) At least one Adult shall supervise Children at all times. Such Adult, if not the Provider, shall receive orientation regarding these rules; the Provider's policies regarding discipline, injuries and illnesses, and release of Children; the Provider's written plan for handling emergencies; and appropriate information about any Child's specific health needs. Plans shall be made to obtain additional Adult help in cases of emergencies.

GUIDANCE

Supervision means that the provider is alert, providing watchful oversight to the children, is able to respond promptly to the needs and activities of the children, and can intervene promptly in case of an emergency. The responsible adult must stay on the same floor of the house with the children, including naptime. If several rooms are used for napping, the doors to the rooms are to remain open, with the adult checking on the children frequently. When children are outdoors, the adult shall be present outside providing direct supervision to the children. The areas of orientation listed in the rules are the basic items a substituting adult should be familiar with in order to adequately care for and protect the children. Orientation must be documented. Observe the way in which children are supervised. Notice if children are wandering aimlessly around with no adult nearby or if children are isolated in rooms or areas. The responsible adult should intervene when children become involved in scuffles and disputes. If this is observed, discuss it with the provider immediately and ensure that corrective action is taken immediately.

.07(8)(a) An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever:

- 1. More than three children under the age of 12 months are present; or**
- 2. More than six children under the age of three years are present; or**
- 3. More than eight children under the age of five years are present.**

GUIDANCE

When calculating staff:child ratios include all children who are present in the home under 13 years old. This includes the provider's children and children who are in care for no pay, or neighborhood children who are visiting the home. The presence of other children in the home, whether related children or children present for no pay directly impacts the provider's ability to adequately care for the children.

290-2-3-.07 Staffing and Supervision continued

An additional helper is required in situations described above. Adequate staff will improve the level of supervision, quality interactions between the adult caregivers and the children, and assure that the children's basic needs are met.

Swimming Activities

290-2-3-.07(9)(a) For water-related activities where water is over two feet in depth, the following staff:child ratios shall be maintained:

Ages of Children Staff/Child Ratio

Under 2 ½	1:2
2 ½ to 4 years	1:5
4 years & older (Who cannot swim a distance of 15 yards unassisted)	1:6
4 years & older (Who can swim a distance of 15 yards unassisted)	1:8

In lieu of requiring each child four years and older to take a swimming test, the provider may accept copies of verifications from a recognized water safety instruction organization stating that the child has successfully completed a swimming class which required the child to swim a distance of 15 yards unassisted.

GUIDANCE

Ask the provider if children participate in water activities. If children participate in water activities ask the provider to describe how children are supervised during the water activities.

Consider all the children enrolled and determine if water ratios are adequate based on the ages that the provider cares for. Inquire about the lifeguard and observe the lifeguard training certificate for the person who performs this duty during swimming activities.

The lifeguard must be at least 16 years old. Check the records of children four years and older for certificates from an organization recognized for water safety instruction, such as the American Red Cross, YMCA, etc. which verifies that the child has passed a swimming test.

If the provider does not have certificates on file for children to verify their ability to swim, the provider should have documentation on file that children four years and older were observed and tested at the home and can swim a distance of 15 yards unassisted. If the children are taken to a public pool and the lifeguard is an adult certified per the rule, they can be counted as the trained lifeguard. The lifeguard may not be counted in the ratio requirements as the lifeguard is not employed by the provider, but by the public facility and is responsible for all the children engaged in water activities at the public pool. The provider should make provisions to meet the ratios for the ages and number of children who are attending the swimming field trip.

Swimming Activities continued

290-2-3-.08(1)(h) Parental agreements for transportation, field trips, swimming and/or other activities away from the Home if the Child will be participating in these activities.

GUIDANCE

Ask the provider if the children participate in swimming or wading pool activities at the home or away from the home. If the provider indicates that the children participate in swimming or wading activities ask to see the parental agreement for the child to participate in these type water activities. If the activity takes place away from the home the agreement should include the specifics about the field trip to include the date of the trip, time, location of the destination and permission to transport the child to the location. Parental permission is also needed if children participate in fishing or boating activities while in the care of the home provider.

Transportation

290-2-3-.11(2)(j) Transportation. If children are transported in a vehicle by the Provider or a Home's employee, the driver shall have a current driver's license and children shall be restrained by either individual seat belts or appropriate child restraints in accordance with current state and federal laws and regulations.

GUIDANCE

Ask the provider if they transport children. If it is established that the provider does transport children observe the provider's or designated employee's driver's license.

Child Passenger Restraints. A child shall be transported only if the child is fastened in an approved developmentally appropriate safety seat, seat belt or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturer's instructions for the car seat and the motor vehicle. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags in the back seat. Observe child's safety seat to ensure it meets the requirements. Observe the vehicle to ensure that the vehicle used for transportation has sufficient seat belts.

290-2-3-.11(2)(k) No child shall be left unattended in a motor vehicle.

GUIDANCE

Discuss supervision of children during transportation and ensure that the provider does not leave the children unattended in the vehicle at any time in order to conduct personal business or run into the grocery store, etc.

290-2-3-.11(2)(l) If children are transported, written authorization for the child to receive emergency medical treatment when the Parent is not available, as required by 2900-2-3-.08(1)(d), shall be maintained in the vehicle.

290-2-3-.08(1)(d) Written authorization for the Child to receive emergency medical treatment when the Parent is not available.

Transportation continued

GUIDANCE

Emergency Medical Information. To facilitate the handling of emergencies when children are injured and require medical attention and the parent, guardian or emergency contact cannot be reached, emergency medical information must be taken on the vehicle for each child transported.

Review emergency medical information to ensure that each child cared for has this information on file. Ask the provider about transportation procedures and ensure that the provider takes the child's emergency information when transportation occurs.

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