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Georgia Department of Early Care and Learning

**Rules for**  
**Group Day Care Home**  
**Guidance Manual**

## **Introduction**

The Group Day Care 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 Group Day Care 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.

## **290-2-1-.12 Physical Environment and Equipment**

**.12(t) In group day care homes first licensed after April 21, 1991, and group day care homes that renovate existing plumbing facilities, a hand washing lavatory with running heated water shall be located adjacent to the diapering area. Flush sinks shall not be used for hand washing. Cleansing procedures in existing facilities shall be approved by the Department.**

### **GUIDANCE**

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

**.12(r)1 If diapers are changed on a diaper-changing surface, the surface shall be smooth, non-porous, and equipped with a guard or rails to prevent falls.**

### **GUIDANCE**

.12(r)1 To prevent the spread of disease and infection the diapering surface should be smooth and non-porous. Ensure that the changing table surface has no cracks, seams, indentations or designs where dirt, germs or bacteria can collect. The surface should be made of a material that is impenetrable by liquids. It is unacceptable for the facility to use tape to repair tears or cracks on the surface. Garbage bags or plastic wrap may not be used to cover the surface because they pose a suffocation hazard for children. The manufacturer's plastic packaging should be removed prior to use. Observe the diapering area to ensure that a guard, rail or other barrier is present to prevent a child from falling or sliding off. A strap that secures the child to the surface is also acceptable. A smooth and non-porous contoured changing mat is acceptable.

## **290-2-1-.11(e) Diapering**

**(e)18(i)(ii) Between each diaper change, unless the child is changed in his own crib, the diaper change surface shall be cleaned with a disinfectant and dried with a single-use disposable towel.**

### **GUIDANCE**

(e)18(i)(ii) Observe or question staff regarding cleaning and disinfecting procedures. When a commercial disinfectant is used, the manufacturer's label should indicate that the product kills bacteria, viruses and parasites, and it should be used according to the instructions on the label. If instructions indicate to allow the surface to remain wet for ten minutes the consultant should provide technical assistance.

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

290-2-1-11 Diapering Cont.

**.11(i)4 Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface.**

GUIDANCE

.11(i)4 Child caregivers shall never leave a child alone on a table or countertop even for an instant. If an emergency arises the caregiver shall put the child on the floor, in a crib or take the child with them. Staff should not move away from the child for any reason while the child is on the table. Diaper change tables should be positioned so that supervision of the classroom can be maintained during the diaper change process.

**(e)20(i)(ii)(iii) The diaper changing area shall be clear of formulas, food, food utensils and food preparation items, and any items a child could reach while being changed which might harm a child.**

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

GUIDANCE

(e)20(i)(ii)(iii) Observe the diapering changing area to ensure that it is clear of infant formula, food, utensils, food preparation items and harmful items such as but not limited to baby powder, ointment, disinfectant, or any item labeled keep out of reach of children.etc.

**(e)19(ii)(I) Personnel shall wash their hands with liquid soap and warm running water immediately before and after each diaper change they perform.**

GUIDANCE

(e)19(ii)(I) Observe the diapering process or question staff to assure that staff are washing their hands with liquid soap and warm running water before and after each diaper change. Handwashing in between consecutive diaper changes will be sufficient to meet the requirements for before and after, as long as the staff does not touch anything other than the child to be diapered. The use of gloves during diapering does not eliminate the need for hand washing.

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

**290-2-1-09 Administrative and Staff Requirements**

**.09(d)4. Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.**

GUIDANCE

.09(d)4. A staff member with diaper changing responsibilities may work in the kitchen area provided that this person is not responsible for changing diapers while also working in the kitchen. It is imperative that appropriate hand-washing procedures be followed at all times, particularly when a staff member must alternate responsibilities. Whenever possible staff should not be assigned both child care diapering and food preparation duties.

## **290-2-1-.14 Food Services and Nutrition**

**.14(o) Food and drinks shall be prepared in an area that is not used for diaper changing.**

### **GUIDANCE**

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

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

## **290-2-1-.11(i) Discipline**

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

### **GUIDANCE**

.11(i)1. Discipline shall include positive guidance, re-direction, and setting clear-cut limits that foster the child's ability to become self-disciplined. Staff should use discipline methods that are age-appropriate, clear and understandable to the child. Disciplinary measures shall be consistent and shall be explained to the child before and at the time of any disciplinary action. The role of the caregiver is to help children develop self-control and appropriate relationships with peers and adults. Caregivers should show children positive alternatives rather than just telling children "no". Observe staff: child interactions to determine if staff use positive discipline techniques and/or observe written policies and procedures for evidence of appropriate guidance and discipline techniques.

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

**11(i)1(i) Personnel shall not:  
Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the center.**

### **GUIDANCE**

11(i)1(i) Children shall be protected from willful injury or sexual exploitation by older persons. Observe staff to child interactions and children's general physical appearance. Make note of any obvious bruises, burns, lacerations or abrasions and discuss with the Director. Make referral to the County Department of Family and Children Services if appropriate. Look for any signs of inappropriate discipline that could result in injury to a child. Consultants should interview children and staff to determine if inappropriate discipline methods are used. Written policies and procedures may also be reviewed for evidence of appropriate guidance and discipline techniques.

- (ii) Inflict corporal/physical punishment upon a child**
- (iii) Shake, jerk, pinch or handle a child roughly**
- (iv) 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**
- (v) Isolate a child in a dark room, closet or unsupervised area**
- (vi) Use mechanical or physical restraints or devices to discipline children.**

**GUIDANCE**

11(i)1(ii)-(vi)The group day care home may use non-punitive disciplinary practices that do not result in physical, emotional or psychological harm to the child. Caregivers shall care for children without resorting to physical punishment or abusive language. Caregivers shall acknowledge and model desired behavior. The use of “time-out” is recommended for children age 3 years or over. Centers should selectively use “time-out” only to enable the child to regain control of themselves. The caregiver shall keep the child within visual contact and should limit the amount of time that the child is placed in time-out to one minute per year of age. The caregiver should take into account the child’s developmental stage, tolerances, and ability to learn from “time-out”. Examples of inappropriate discipline are to place a child facing the wall while in time-out, threatening the child that they will call their mother, father, police, etc., speaking directly to the child in a loud and threatening voice or grabbing the child by the arm or clothing to move the child.

*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>*

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

**GUIDANCE**

11(i)1(vii) 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. When appropriate review the records of any children who require medication for behavior control. Check for proper authorization as indicated.

- (viii) Restrict unreasonably a child from going to the bathroom;**
- (ix) Punish toileting accidents**

**GUIDANCE**

11(i)1(viii),(ix) Children’s individual toileting needs shall be met and respected. Children should not have to wait to go to the bathroom. When a child obviously needs to go and/or expresses a need to go to the bathroom staff shall oblige. Children should not be punished for toileting accidents. Observe if children are allowed to go to the bathroom when a need is expressed, not only during established times. Making a child clean up his/her own toileting accident is considered punishment.

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

**(xi) Force or withhold naps**

**GUIDANCE**

11(i)1(x),(xi) Staff should provide children with the rest and nutrition they require, while respecting individual differences among children. Force-feeding can result in choking or injury and forcing or withholding naps can result in anger, irritability, and/or fatigue. Observe snack/meal times and rest periods for evidence of inappropriate practices. Notice signs of fatigue or restlessness. Interview staff and children regarding the center's practices surrounding meals/snacks and rest periods.

**(xii) Allow children to discipline or humiliate other children**

**GUIDANCE**

11(i)1(xii) Children shall be protected from physical and emotional harm that can result from punitive actions of other children, such as hitting, yelling, criticizing, biting, etc., Staff should never encourage a child to retaliate against another child. When conflict arises among children, it is appropriate and more effective for staff to intervene and help the children use appropriate skills to resolve the conflict. Staff should encourage children to treat each other with respect and model this behavior for the children. Observe the groups for evidence of children attempting to discipline and/or humiliate others, and observe intervention by staff members.

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

**GUIDANCE**

11(i)1(xiii) Children should be protected from the potential physical and emotional harm that can result from improper use of this type of equipment. This type of equipment is not designed for restraining children. Using it for that purpose is punitive and unsafe. Observe circumstances surrounding children being placed in this type equipment. Notice staff interactions with children to detect signs of inappropriate disciplinary action regarding equipment. When observing children in such equipment, look for signs of fatigue, frustration, restlessness, etc. and notice any children trying to escape the equipment.

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

290-2-1-.11(i)1, Discipline Cont.

- (xiv) **Commit any criminal act, as defined under Georgia law which is set forth in O.C.G.A. Sec. 16-1-1 et seq., in the presence of any child enrolled in the center. Authority O.C.G.A. 20-1A-1**

GUIDANCE

11(i)1(xiv) 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.

290-2-1-.11(h) Field Trips

**.11(h)1 The group day care home shall obtain written permission from the parent in advance of the child's participation in any field trip. The field trip notice shall provide details of the trip including:**

- (i) **The name/address of the trip destination**
- (ii) **The date of the trip**
- (iii) **Time of departure, and**
- (iv) **Estimated arrival time back at the group day care home; and**

**2. The written parental approval shall include:**

- (i) **Field trip destination**
- (ii) **Parent's signature, and**
- (iii) **Date of approval**

GUIDANCE

.11(h)1 Purpose is to ensure that the parents know their children's whereabouts during the day, and that they approve of the outing. The rule does not permit the use of a blanket authorization that does not inform parents of the specific details of each field trip. However, the rule does permit a parent to sign one slip approving a number of specific trips, provided the details for each trip are specifically described as indicated in the rule and the permission is obtained in advance of the trips, such as weekly trips to a skating rink, a trip to a movie during summer, etc. When monthly or summer calendars are used with multiple field trips there must be a method to ensure approval for each trip. Review the most recent field trip documentation.

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

**3. A list of children and adults participating in the field trip and an emergency medical information record on each child to include allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the group day care home uses in the area where the home is located and the telephone numbers where the parents can be reached shall be:**

290-2-1-.11(h) Field Trips Cont.

- (i) **Left at the group day care home; and**
- (ii) **Taken on the trip and in the possession of the adult in charge of the trip.**

**GUIDANCE**

.11(h)3.(i),(ii) To ensure that center staff and field trip staff have a list of children and adults participating on the trip. This is important in case of a fire or emergency relocation so that the group day care home staff can account for all children who are currently present. Observe the group day care home's records for the most recent copy of participant list taken on the field and verify that a copy of the list was left at the center. Observe Vehicle Emergency Medical Information Form for each child participating on the most recent field trip. If a child has a chronic medical condition that could result in an emergency (such as asthma, diabetes, seizures), the staff on the field trip should have written instructions including parent emergency contacts, child health information, special needs, and treatment plans.

- 290-2-1.11(h) 4. Each child on a field trip shall have on his/her person:**
- (i) **His or her name; and**
  - (ii) **The group day care homes name, address and telephone number.**

**GUIDANCE**

.11(h)4.(i),(ii) To ensure that children who may be lost on a field trip can be identified and to ensure that emergency personnel can identify a child and access emergency medical information in order to provide necessary treatment. For example in the case of a serious accident the staff may not be conscious and able to identify children for the attending medical personnel. The rule does not require or advise that the name of the child be visible to the public, only that the name be somewhere on the child (inside a pocket, pinned inside a jacket, etc.). Ask staff about identification procedures when children participate in field trips.

**290-2-1-.11(e) Hygiene**

- 16. Children's hands shall be washed with liquid soap and warm running water:**
- (i) **Immediately upon arrival for care, when moving from one child care group to another, and upon re-entering the child care area after outside play;**
  - (ii) **Before and after eating meals and snacks, handling or touching food, or playing in water;**
  - (iii) **After toileting and diapering, playing in sand, touching animals or pets, and contact with bodily fluids such as, but not limited to, mucus, saliva, vomit or blood; and**
  - (iv) **After contamination by any other means.**

*Encouraging and teaching children good hand washing practices must be done in a safe manner. Washing the hands of infants helps reduce the spread of infection, and washing under water is the most effective means to combat germs.*

GUIDANCE

.11(e) 16.(i), (ii) To prevent the spread of infection and to teach children safe and healthy hygiene practices. Caregivers should provide assistance to children as needed depending on their developmental levels. An individual washcloth means one that has been laundered and not shared among children. Disposable wipes, paper towels, or other single-service towels are acceptable. Handwashing compliance shall be determined by observation and/or discussion with staff regarding their practices and procedures. Toileting applies to children who are using a toilet or potty chair.

**19. Personnel shall wash their hands with liquid soap and warm running water immediately:**

- (i) **Upon arrival for the day, when moving from one child care group to another, and upon re-entering the child care area after outside play;**
- (ii) **Before and after diapering each child, dispensing medication, applying topical medications, ointments, creams or lotions, handling and preparing food, eating, drinking, preparing bottles, feeding each child, and assisting children with eating and drinking;**
- (iii) **After toileting or assisting children with toileting, using tobacco products, handling garbage and organic waste, touching animals or pets, and handling bodily fluids, such as, but not limited to, mucus, saliva, vomit or blood; and**
- (iv) **Being contaminated by other means**

GUIDANCE

.11(e)19.(i),(ii),(iii) Handwashing is the simplest and most important basic measure for preventing the spread of infection. Contaminated by other means includes, but is not limited to, wiping a child's nose, cleaning a table, sneezing into the hand. Handwashing should be observed/and or discussed to ensure procedures as indicated on the handwashing chart are followed. The use of hand sanitizer is not an acceptable substitute for these handwashing procedures; however, this may be a TA issue for situations where a sink is not available, such as on the playground or some field trips.

**24. After each use, toilet potty chairs shall be:**

- (i) **Emptied by disposal in a flush toilet, and**
- (ii) **Cleaned with a disinfectant, and stored in the bathroom.**

GUIDANCE

.11(e)24 Potty chairs should be emptied immediately after use, cleaned and sanitized prior to storage or reuse. If a sink is used, the sink shall also be disinfected.

*Sanitary handling of potty chairs is difficult and therefore, their use in child care facilities is not recommended.*

## **290-2-1-.10(b)5(vi) Medications**

**.10(b)5(vi) A description of the information that will be required of the parent before the group day care home will dispense any medication and the parents' acknowledgement that they will provide all of the necessary information. The authorization will include when applicable:**

- (I) Date**
- (II) Full name of the child**
- (III) Name of the medication**
- (IV) Prescription number, if any**
- (V) Dosage**
- (VI) Dates to be given**
- (VII) Time of day medication is to be dispensed**
- (VIII) signature of parent**

### **GUIDANCE**

.10(b)5(vi) (I)-(VIII) Ensures that children receive proper dosage of prescribed and over the counter medications as authorized and instructed by the parent or legal guardian. These details are not required for non-prescription topical medicines such as Desitin, Vaseline, suntan lotion etc., but written parental authorization for their use is required. In situations where a child has a chronic medical condition which requires that a medication remain on the premises such as an Epi-Pen there must also be a signed parental authorization for that medication, In other emergency situations such as a child spiking a high temperature the center may obtain verbal authorization from the parent over the telephone to be followed with a written and signed authorization upon the parents arrival at the group day care home.

## **290-2-1-.11(e)9. Dispensing Medications**

**(e)9. Except for first aid, personnel shall not dispense prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent:**

- (i) Authorizations to dispense medication shall be limited to two (2) weeks, unless otherwise prescribed by a physician.**

### **GUIDANCE**

.11(e)9. (i) A physician's authorization which must be maintained in the child's file can exceed the two-week limitation for a child who has a chronic condition that requires consistent, long term medication. If there is no physicians statement on file the parent must renew the authorization by initiating a new form at the end of the two-week period if necessary to continue the medication. That it is for a chronic condition should be noted on the authorization form signed by the parent. Such an authorization with that notation would remain valid until the parent notifies the center of a change or until the expiration date of the prescription.

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

**.11(e)10. Personnel shall only dispense medications that are provided by the parent and meet the following criteria:**

- (i) The medication shall be in the original labeled container**
- (ii) The medication container shall be labeled with the child's full name, and**
- (iii) Medicines which are no longer dispensed shall be returned to the child's parent immediately**

GUIDANCE

.11(e) 10.(i),(ii),(iii) Prescription and over-the-counter medication should be in the original container and labeled with the child's full name. This rule does not prohibit group day care homes from having over-the-counter medications on hand for emergency situations. There must be procedures in place for their use and staff must be aware of the procedures. These medications must be marked "for center use only" and parental authorization (verbal and written) must be obtained if these medications are dispensed. Sample medications are allowed as long as there is a doctor's statement to indicate the name of the medication, the child's name, dosage, date, number of times per day to administer and the duration that the drug will be administered. All medications must be within the expiration dates. Any medications without a current authorization should be returned to the parent or discarded.

**11(e)12. The group day care home shall maintain a record of all medications dispensed to children by personnel to include: date, time and amount of medication that was administered, any noticeable adverse reactions to the medication noted by the staff and the signature or initials of the person administering the medication.**

GUIDANCE

.11(e)12. This form should reflect that medication was administered as authorized by the parent or legal guardian and should document the reason that the medication was not administered such as child absent, medication not brought by the parent, etc. When medication is administered to a child personnel should monitor the child for any adverse reactions to the medication.

**11(e)13. All prescription and nonprescription medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning, chemicals, supplies and poisons.**

GUIDANCE

.11(e)13 It is not necessary to lock a container that is clearly inaccessible to children, such as a container placed on a high shelf out of children's reach.

**.11(e)14. Medications requiring refrigeration shall be placed in a leak-proof container in a refrigerator that is not accessible to children.**

**GUIDANCE**

.11(e)14A leak proof container means that the container should be covered or enclosed to prevent leakage. The original medication bottle is acceptable provided the cap is tightly secured to prevent leakage. Additional measures may be necessary to make a refrigerator (located in the classroom) inaccessible to children, such as, but not limited to, one of the following”

- Place a lock on the door handle of the refrigerator.
- Wrap a rubber strap or Velcro strip around any small (compact model) refrigerator.
- Place any small refrigerator on counter space that is out of children’s reach and not in the diapering area.

**11(e)11 Non-emergency injections shall only be administered by appropriately licensed persons unless the parent and physician of the child sign a written authorization for the child to self administer the injection.**

**GUIDANCE**

.11 (e) 11 A non-emergency injections is a routine injection, such as that received by a child who is diabetic. The rules and regulations stipulate that only licensed professionals may administer insulin by injection to children in out-of-home care. A variance to this requirement and has developed policies that will allow providers to administer insulin by injection to children in their care. Any medications not self-administered by the child or administered by the parent must be administered by a licensed person.

**290-2-1-.12 Physical Environment and Equipment**

**.12(x) The following shall be kept in a locked area out of the reach of children and separate from food storage areas and used by the staff in such a way as to be inaccessible to the children:**

- 1. All potentially hazardous equipment, such as, but not limited to, lawn and garden tools, repair equipment, maintenance and cleaning equipment, and razors**
- 2. Non-food related products under pressure in aerosol dispensing cans;**
- 3. Flammable materials and liquids;**
- 4. Corrosive materials;**
- 5. Cleaning supplies**
- 6. Insecticides**

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

GUIDANCE

.12(x)1.-6. Children should not have contact with items or substances that are potentially dangerous. Fire hazards and combustible materials should be discarded promptly or stored according to the recommendations by the local fire department. Flammable liquids should be kept in tightly closed or sealed containers, should be stored in quantities approved by the State Fire Marshall or local fire department, and should never be accessible to children. Corrosive agents, bleaches, insecticides, detergents, polishes, products under pressure in aerosol cans, and any substance that may be toxic if ingested, inhaled, or handled should be kept in locked storage, or an area that is clearly accessible 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.

290-2-1-.12(y) Playgrounds

**.12(y)3. Play areas shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier approved by the Department;**

- (i) **Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route**
- (ii) **Fence gates shall be kept closed except when persons are entering or exiting the area**

GUIDANCE

.12(y) (i),(ii) 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.

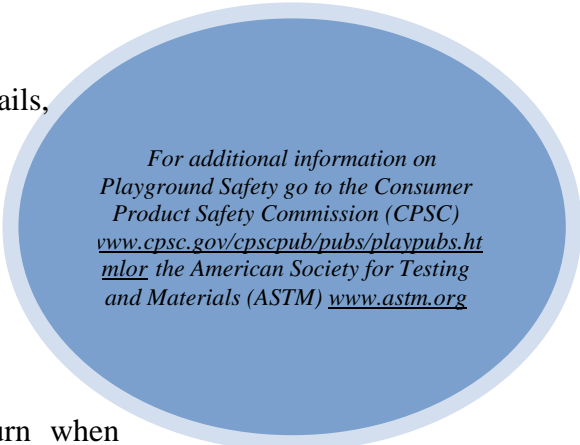
**12(ff) The outdoor play equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age appropriate. For example, toddlers shall not be permitted to swing in swings designed for school-age children. The outdoor equipment shall be free of lead-based paint, sharp corners and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children.**

GUIDANCE

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

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

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



*For additional information on  
Playground Safety go to the Consumer  
Product Safety Commission (CPSC)  
[www.cpsc.gov/cpsc/pub/pubs/playpubs.ht  
ml](http://www.cpsc.gov/cpsc/pub/pubs/playpubs.htm) or the American Society for Testing  
and Materials (ASTM) [www.astm.org](http://www.astm.org)*

**.12(y)7 All outdoor play equipment shall be arranged so as not to obstruct supervision of children.**

**GUIDANCE**

.12(y)7 Playgrounds should be laid out to allow personnel to keep track of children as they move throughout the playground environment. Visual barriers should be minimized as much as possible.

**12(y)8 Climbing and swinging equipment shall be:**

- (i) Anchored, and**
- (ii) Have a resilient surface beneath the equipment. The fall-zone from such equipment must be adequately maintained by the group day care home to assure continuing resiliency.**

**GUIDANCE**

12(y)8(i), (ii) Check climbing and swinging equipment to ensure that it is securely anchored. Some smaller, stable, portable equipment for younger children may not require anchoring. Equipment used for climbing and swinging shall not be placed over, or immediately next to hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment. This type equipment must be placed over a resilient surface which is composed of material that provides a buffer, or shock absorber, that reduces the risk of injury if children accidentally fall from play equipment. Resilient surface materials may

be uniform or loose fill materials. Uniform materials are rubber mats or similar materials held in place by a binder. Test data must be obtained from the manufacturer of such material used, should include ASTM Standard Specifications, and be maintained on file. Examples of loose fill materials include sand, pea gravel, wood chips, bark, mulch, etc. Resilient surface materials should not include sharp jagged edges, splintered wood, large pieces, etc. It is recommended that loose materials be raked frequently to prevent them from becoming compacted and to remove hazardous objects. The “fall zone” from a piece of equipment is the area in which any activity or movement can be expected to take place around the equipment. For example, guidelines for playground safety indicate that the fall zone for a swing set includes the largest arc through which the swing travels, including a child’s extended legs. At least six inches or more of resilient surface is recommended for equipment five feet or greater in height and at least three inches of resilient surface is recommended for equipment less than five feet in height. The adequacy of the resilient surface should be determined by the use of a ruler 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.

**12(y)5 Playgrounds shall be kept:**

- (i) Clean**
- (ii) Free from litter**
- (iii) Free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.**

**GUIDANCE**

12(y)5(i),(ii),(iii) Playgrounds should be clean and protect children from potential injury. The playground should be free of hazards including but not limited to the following:

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

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

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

290-2-1-.09(f) Grouping of Children and Staff:child Ratios

**.09(f) the group day care home must establish groupings of children for care which comply with the staffing ratios and requirements set forth below. Staff, such as the director or service workers (food, maintenance, and clerical staff, etc), shall be counted in the staff:child ratio only during the time that they are giving full attention to the direct supervision of the children. Service staff routinely acting as child care workers shall meet the qualifications of the respective caregivers.**

**.09(f)3 the group day care home must establish groupings of children for care and maintain staff: child ratios as follows:**

<u>Ages of Children</u>	<u>Staff: Child Ratio</u>
Infants less than one (1) year old or children under eighteen (18) months who are not walking	1:6
One (1) year olds who are walking	1:8
Two (2) year olds	1:10
Three (3) year olds	1:15
Four (4) year olds	1:18
Five (5) year olds	1:18
Six (6) years and older	1:18

**GUIDANCE**

.09(f)3 Ratios are typically determined by counting the number of children and staff in a classroom and asking the ages of the children present. One or more children per staff over the maximum allowed by this rule would result in a determination of noncompliance. Ratios may also be determined by a review of daily attendance records for children and staff. This is particularly useful when conducting investigations regarding incidents that occurred previously. Group size and staff: child ratios are strong indicators of the quality of group day care homes and promote the health, safety and positive development of children in care. Sufficient staff should be available to provide children with supervision, frequent personal contact, meaningful learning activities, and immediate care as needed. Caregivers are more satisfied with their jobs and tend to be more nurturing toward children when staff: child ratios are lower.

**290-2-1-.09(f)4. In determining the staff:child ratios for mixed-age groupings:**

- (i) **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;**
- (ii) **Where all of the children in any group are three (3) years and older, the age of the majority of the children in the group shall determine the staff:child ratios.**

**GUIDANCE**

.09(f)4. When it has been determined that mixed age groups exist, the consultant must obtain the specific number of children in each age group and the staff in the classroom. When the ages of children are in question, records may be pulled to verify birthdates.

**290-2-1.09(f)2. Children shall be supervised at all times.**

**GUIDANCE**

.09(f)2 Supervision means that the appropriate number of staff persons are physically present in the area where children are being cared for and are providing watchful oversight to the children, chaperons and students in training. The persons supervising in the child care area must be alert, able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the chaperons and students in training, and provide timely attention to the children's actions and needs. To protect the health and safety of children and ensure that they receive appropriate care at all times. Staff should be attentive to the extent that they can intervene if necessary to prevent children from harm and be responsive to children. Observe supervision of children in all areas where children are present. Notice particularly if children are wandering with no adult in sight, or if staff is leaving classrooms or groups unattended. Observe activities inside and out to ensure that children are not engaged in harmful or inappropriate play. An example of inadequate supervision would be a staff person is physically present in the classroom while children are engaged in inappropriate activities such as climbing on shelves, hitting, fighting, or other chaotic activities and there is no intervention to stop the inappropriate behavior to protect the children.

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

**290-2-1-.11 Swimming and Wading Pools**

**.11(i)15.(i) All swimming and wading pools shall be inaccessible to children except during supervised activities.**

**GUIDANCE**

.11(i)15.(i) A swimming pool should be made inaccessible by a fence with a locked gate. Fencing material shall be secured to all poles with no gaps at the base of the fence that would allow a child to enter the pool area. Consultants should check the lock to ensure that the lock is in place, locked and the gate may not be pushed open when pressure is

applied. All wading pools should be emptied and stored in an area inaccessible to children immediately after use.

**.09(g) Whenever the group day care home participates in water-related activities, such as swimming, fishing, boating or wading, the person supervising the children for water-related activities must meet the following training requirements, whether or not these persons are employed by the group day care home. The group day care home shall provide for the following special staff ratio during water-related activity:**

**.09(g)1. There shall be a minimum of one (1) group day care home staff member on duty directly supervising the children at all times when one (1) or more children are engaged in water-related activities. Where the water is over two (2) feet deep, either the group day care home staff member or the employee provided by the water facility to supervise the use of the facility by the children should have the following:**

- (i) Current evidence of having completed successfully a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard setting agency for water safety instruction. This advanced life saving training is only required if the children will be in water that is over two(2) feet in depth.**

**.09(g)2(i) For water related activity in water over two (2) feet in depth, the group day care home staff shall provide continuous supervision of children in accordance with the following:**

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

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

#### GUIDANCE

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

Supervision of children in water over two feet: In order to determine adequate supervision of children, required ratios for children less than two (2) years of age must be maintained regardless of the child's ability to swim. Ratios are determined by the number of children in the pool area. Children may not be divided into groups and assigned to individual staff for the purpose of determining the ratios.

For children four years and older ratio requirements are determined by the child's ability to swim the distance of 15 yards unassisted. Evidence of the child's swimming ability must be documented and maintained on file at the center.

Check the records of children four years and older for certificates and cards from an organization recognized for water safety instruction such as the American Red Cross, YMCA, YWCA, or written documentation by a teacher stating that the child has passed a 15 yard swimming test. Either a group day care home staff member or an employee provided by the water facility, such as a lifeguard at the public pool, must have the required lifeguard training. The center must have written verification of training on file which may be a copy of the staff members lifeguard certificate or a letter of verification from an agency such as the recreation department. If a facility employees a lifeguard, he/she may be counted in the ratios as long as they meet all the staffing requirements. Lifeguards on duty at public pools may not be counted in the staff: child ratio.

**.09(g)2.(ii) For water-related activities in water less than two (2) feet deep throughout, such as a wading pool, continuous supervision must be provided in accordance with the staff:child ratio set forth in Rule 290-2-1-.09(f)3.**

#### GUIDANCE

.09(g)2.(ii) Supervision of children in water less than two feet: Staff must closely supervise children of all ages during water-related activities and ratios must be maintained at all times.

**.09(g)2.(iii) At least one (1) additional staff member above the required staff: child ratios for any water-related activities set forth in paragraphs (i) and(ii) shall be available to rotate among the groups as needed when any of the following circumstances are present:**

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

GUIDANCE

.09(g)2(I)-(IV) Additional Supervision: At times an additional staff member will be required in order to adequately supervision children engaged in water related activities. These circumstances include if the majority of children appear to be fearful of the water, the majority of the children in a group cannot swim the distance of 15 yards unassisted, or cannot touch the bottom of the water without submerging their heads, \*or the facility is overcrowded, or children with special needs.

\* For a public pool the capacity is determined by the health department and should be posted at the pool. Children should not remain in a pool that has exceeded its posted capacity.

**.11(i)3.(iii) No child shall participate in a swimming activity or any activity away from the group day care home without the parent(s) written permission.**

GUIDANCE

.11(i)3.(iii) This requires that parents give written authorization prior to their child's participation in any swimming, wading pool activities at the group day care home or any swimming or wading activity away from the group day care home. Parental permission is also needed for fishing or boating activities. See rules pertaining to field trips in sections **290-2-.11(h)2, .11(h)3.(i & ii), .11(h)3.(i & ii) and .11(h)4(I & ii).**

**290-2-1-.11(i)20. Transportation.**

**.11(i)20. Vehicles used for transporting children shall be maintained in accordance with these standards established by the Department:**

- (i) **Each vehicle shall have a satisfactory annual safety check of: tires, headlights, horn, taillights, brakes, suspension, exhaust system, steering, windshields and windshield wipers.**
  - (I) **Inspection reports shall include the name of the person performing the safety check and the date that the inspection was performed.**
- (ii) **A copy of a standard inspection report (Form #699) or its equivalent provided by the Department shall be maintained in the group day care home the vehicle.**

GUIDANCE

.11(i)20(i) & (ii) Vehicle Safety. Check the group day care homes records for an annual vehicle safety inspection or an equivalent inspection that list all the required safety aspects. The form should be signed by the person conducting the check.

**.11(i)20(iii) The interior of each transportation vehicle shall be:**

- (II) **Clean**
- (III) **Free of hazardous objects or other non-essential items which could impede the children's access or egress from the vehicle or cause injury if the items were thrown about the vehicle as a result of a collision.**
- (IV) **In safe repair**

GUIDANCE

.11(i)20(iii)(II),(III),(IV) Interior: Observe conditions as indicated in the rule to ensure cleanliness and good repair. Look for evidence of any hazardous objects or other conditions including but not limited to, torn seat, toys left on the floor, tools, exposed wires, oil cans, antifreeze, etc

**.11(i)23. Any vehicle used by the group day care home to transport children shall have vehicle seats which are securely fastened to the body of the vehicle.**

GUIDANCE

.11(i) 23.Vehicle Seats: Observe conditions as indicated in the rule to ensure that seats are securely fastened to the body of the vehicle. This may be accomplished by walking the length of the vehicle and applying pressure to each seat to determine that the seat is securely fastened.

**.11(i) 24. All children transported in a vehicle provided by or used by the center shall be secured in a child passenger restraining system or seat safety belt in accordance with state and federal laws and regulations. The child passenger restraining system and seat safety belts must be installed and used in accordance with the manufacturer's directions for such system and used in accordance with the manufacturer's directions with respect to restraining, seating or positioning the child being transported in the vehicle.**

*Refer to Georgia's child safety seat law at [www.gohs.state.ga.us/safety\\_seat\\_law](http://www.gohs.state.ga.us/safety_seat_law)*

GUIDANCE

.11(i) 24. 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.

**.11(i) 25 There shall be no more than three (3) person in the front seat of the transporting vehicle, including the driver. No child under the age of four (4) shall be permitted to ride in the front seat of the vehicle.**

GUIDANCE

.11(i)25 Front Seat: Observe children being transported, ask director and or driver about the placement of children in the vehicle and review transportation records.

**.11(i) 26 No vehicle used by the group day care home in transporting children shall exceed the manufacturer's rated seating capacity for the vehicle. The group day care home shall maintain on file proof of the manufacturer's rated seating capacity for each vehicle the group day care home uses.**

**GUIDANCE**

.11(i) 26 The group day care home shall maintain on file proof of the manufacturer's rated seating capacity for each vehicle the center uses. Check files for evidence of the manufacturer's rated seating capacity, i.e., insurance records, owner's manual, dealer's written statement. Whenever possible observe children on vehicles to ensure the capacity of the vehicle is not exceeded. If the center cannot locate the written manufactured rated seating capacity, this information may be found at either the manufacturer's website or others such as, [www.edmunds.com](http://www.edmunds.com).

**.09(h)1. Either the driver or another staff person present on the vehicle must have current evidence of successful completion of biennial training in CPR and triennial training in first aid offered by certified or licensed health care professionals and which dealt with the provision of emergency care to infants and children.**

**GUIDANCE**

.09(h)1. CPR & First Aid: Ensures that a person with CPR/first aid training is available in case of an emergency while children are being transported. The rule clearly state the requirement for CPR training to be completed every two years and first aid training every three years and defines that current evidence of training shall be documented in the staff's file. Consultants should observe the certificate/card issue date to determine if the training is valid and current. If the CPR training was completed less than two years ago and the first aid training less than three years ago, it is valid, regardless of the expiration date on the card or certificate. If the CPR training is more than two years old and/or the first aid training more than three years old, the provider is out of compliance. This reflects the way the rules are currently written. We have jurisdiction to enforce our rules. Our rules are minimum guidelines. Providers may choose higher quality and take training more often.

**2. When transporting children, the group day care home shall provide:**

- (i) A minimum of two (2) staff members (the driver and non-driver in the following situations:**
  - (I) When transporting three (3) or more children under three (3) years of age**
  - (II) When seven (7) or more children under five (5) years of age occupy vehicle**
  - (III) When eighteen (18) or more children five (5) years of age or older occupy the vehicle.**
- (ii) A third employee, who is at least eighteen (18) years of age shall be provided in the vehicle when transporting children in the following situations:**

- (I) When more than eight (8) children under three (3) years of age occupy the vehicle.**

**GUIDANCE**

.09(h)2. Additional Staff: To ensure adequate staff are available to supervise and protect children during transportation, particularly in case of an emergency. A third staff person is required on the vehicle when more than eight (8) children under three (3) occupy the vehicle with other children.

**10(b)8. Parental Authorization must be obtained in writing if the group day care home is to provide routine transportation to or from school, home or group day care home. The child's parents must authorize the transportation and specify the following:**

- (i) Routine pick-up location,**
- (ii) Routine pick-up time**
- (iii) Routine delivery location**
- (iv) Routine delivery time**
- (v) The 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**

**GUIDANCE**

10(b)8 Parental Authorization: To ensure that parental permission is on file that provides clear instructions regarding transportation and the release of a child to authorized persons. Review the parental transportation agreements for completeness and comparison to the group day care home's written transportation plan.

**11(i)18 The group day care home shall develop a written transportation plan to ensure that children who are using transportation contracted for or provided by the group day care home are accounted for in all situations.**

- (i) The transportation plan shall contain a checklist for accounting for the loading and unloading of children at any location.**
- (ii) All transportation checklists shall contain the signature or the person conducting the check.**
- (iii) All transportation checklists shall be turned over to the person in charge of the group day care home immediately upon arrival of the children at the group day care home.**
- (iv) Following delivery of children to homes/designated destinations, either an oral or written report shall be submitted to the person in charge of the group day care home.**
- (v) Transportation checklist shall be maintained as part of the records of the group day care home for one (1) year.**
- (vi) At the completion of every trip, each vehicle shall be checked to assure that no child is left on the vehicle.**

- (vii) Immediate action shall be taken to locate children missing from the transporting vehicle, the field trip site, the group day care home or the children's homes if the group day care was responsible for transporting the children to their homes and the children were not delivered to the physical possession of the parents or other designated adults.**

GUIDANCE

.11(i)18.(i-vii) Transportation Plan: The transportation plan ensures that children are transported in accordance with the parental agreement and ensures that children are not lost, injured, or left behind at other locations or on the vehicle and that emergency personnel can attend to the child's medical needs in case of an illness or injury. Review center records to ensure that center and passenger information is complete; all children transported were checked on and off the vehicle as indicated by staff's mark on the transportation plan and the staff's signature indicating that the vehicle was visually inspected to ensure that no child remained on the vehicle. Evaluate the centers procedures for transfer of the transportation checklist to the person in charge. To ensure proper child protection and supervision, review transportation plan, observe proper supervision of children in vehicles when possible, and ask the director and/or driver about implementation of this rule. In cases of complaint investigations with allegations that children were left unattended may also interview children to determine if staff left them unattended on the vehicle. To ensure proper supervision and protection of children transported by the center, particularly to ensure that children are not lost or placed in the hands of unauthorized persons the center should have a policy for situations when the authorized person is not present or available to receive the child.

**11(i)19 The transportation plan record shall require that 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 daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the home uses in the area where the home is located and the telephone numbers where the parents can be reached.**

GUIDANCE

11(i)19 Emergency Medical Information: To facilitate the handling of emergencies when children are being transported. Emergency medical information must be maintained on the vehicle for each child transported. Review emergency medical information for completeness and compare to the center's transportation plan to ensure that each child transported has emergency information on the vehicle during the time children are being transported.

**11(i) 21 Operating Requirements. The motor shall be turned off, the brake set and the keys removed whenever the driver leaves the vehicle.**

**11(i)22 Transporting vehicles shall be parked or stopped so that no child will have to cross the street in order to:**

- (i) Meet the vehicle**

**(ii) Arrive at a destination.**

**GUIDANCE**

11(i)21 & 22(i),(ii) To provide safety precautions that prevent children and other unauthorized persons from attempting to operate a vehicle and to ensure that children are safely loaded and unloaded and are not exposed to the danger of street traffic. Observe vehicle(s) and ask the director/driver about the implementation of the safety precautions specified in the rule.

**291-2-1-19 Infant-Sleeping Safety Requirements**

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

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

**GUIDANCE**

To reduce the occurrence of Sudden Infant Death Syndrome (SIDS) SIDS is the sudden, unexpected death of an apparently healthy infant that remains unexplained. Most SIDS deaths occur when a baby is between 2 and 4 months old and 90% of all SIDS deaths occur before 6 months of age. Center staff may not swaddle a child with a blanket. A swaddling gown may be used. The parent should provide the swaddling gown along with written permission and instructions as to how to use the swaddling gown. If an alternate sleep position or positioning device is used in or under the crib the consultant should ask to see the physician's authorization. If an infant is observed sleeping on his or her

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stomach the consultant should ask the staff if the child is able to roll over on their own. In addition, ask the staff how they lay the infant down for sleep in order to determine compliance. Crib mattresses must be tight fitting without gaps, and must be firm. If pressure is applied to a crib mattress, and the indentation remains, the mattress is not firm enough. Children who fall asleep in equipment such as swings, bouncers or car seats, or fall asleep while on the floor must be transferred to an appropriate crib. If light weight blankets are used, the child must be positioned at the foot of the crib and the blanket must be tucked in on three sides. Should the blanket become un-tucked during sleep, it must either be removed, or re-tucked. Wearable blankets, 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.