

Change of Ownership Applicant's Licensing Guide for Child Care Learning Centers



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Introduction

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Steps For Successful Application

1. The owner must complete and submit the online licensing application for Child Care Learning Centers and become familiar with appropriate rules and regulations for the type of facility that will be operating. The application should be completed online via the Owners DECAL Koala account. Owners may set up a DECAL Koala account at <https://www.decalkoala.com/Default>
2. Determine what local and state agencies have jurisdiction for the facility and become familiar with their requirements. Examples are agencies that have jurisdiction for fire, zoning, building, and health regulations and requirements that will apply to the facility. Begin securing the appropriate approvals needed for the facility from these agencies.
3. Prepare the facility for compliance with the rules and regulations and submit the completed application online to the Application Services Unit (ASU).
4. Upload and submit the completed Affidavit and secure and verifiable documentation (front and back if there is anything on the back of the back of the document) verifying status for Child Care Learning Center. This should be completed by the owner of the business or the person legally responsible for the business. This should be signed and notarized then uploaded to the online application. This should be completed by the owner of the business or the person legally responsible for the business.
 - a. The secure and verifiable documentation is U.S. issued passport or passport card, U.S. military ID, or U.S. issued driver's license.
5. Upload and submit detailed and readable copy of the floor plan checklist, floor plan(s), site plan checklist, site plans, operational plan(s) checklist, and playground checklist of the facility. The floor plan should show all rooms of the facility and ages that will be housed in each room. The site plan should show the property of the location and the building(s) and playground(s) of the property. Each checklist should be very detailed and should provide all the information requested.
6. If the ownership of your facility is under a Corporation (Inc.) or a Limited Liability Company (LLC), you will need to upload and submit the following documentation: a certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable. If the ownership is a partnership include the partnership agreement, when applicable. Also for corporations, all information listed on the application regarding your corporation should match the information listed with Secretary of State. This can be verified at www.sos.ga.gov
7. If you do not own the property/building where the facility will be located, a lease agreement must be uploaded and submitted with the online application. If you own the building where the facility will be located, proof of ownership such as a tax bill or tax assessment must be uploaded and submitted. Bright from the Start: Georgia Department of Early Care and Learning Page - 6 Revised 9/2023
8. Written zoning approval from the county/city A certificate of completion from a

Licensure Orientation Meeting must be submitted with the application. A copy is acceptable.

9. Other documentation to upload and submit includes:
 - A certificate of completion of a 40-hour Director's training course that has been approved by DECAL. The Director responsible for the day-to-day operation of the center shall complete the training.
 - Director's Education Credentials and 10-Year Employment History
 - Director's CPR and First Aid Card/Training
 - Results of satisfactory comprehensive criminal record checks for all staff should be displayed in KOALA. Get information and instructions at:
<http://www.dec.state.ga.us/CCS/CriminalRecordsCheck.aspx>
 - Confirmation of public sewage and public water, or an approval letter from the local health department indicating safe drinking water and an approval for septic tank usage for the capacity of the facility.
 - Final Certificate of Occupancy Inspection from the agency who has jurisdiction for fire approval.
 - Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for building approval and occupancy, or a letter stating no building inspection approval is required for occupancy.
 - Completed vehicle inspection, vehicle registration and insurance, director, and staff transportation training (only if transportation will be provided)
 - Completed Initial Licensing Study Staff Profile form for facility staff.
 - Lead Teacher Credentials.
 - CPR and First Aid cards/training (for all staff who have CPR and First Aid certification).
10. After approval of Application, the ASU consultant will be in touch to review the Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations. If the facility is approved during the on-site inspection, a Permission to Operate will be granted and operation can begin. The annual licensing fee must be paid within 30 days in order to receive a licensing certificate. License fee payments can be made at www.dec.state.ga.us once the center's account is created.

APPLICATION DEFINITIONS

Child Care Learning Center:

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

Note: If you plan to operate a Family Child Care Learning Home (FCCLH) in a private residence to serve three (3) to six (6) children not related to you, you **do not** need to obtain a license through the process described in this manual. You **do** need to contact DECAL Child Care Services to obtain the necessary registration materials.

License Fees

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

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

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

License Fees are non-refundable.

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

NOTE: Fees are due at the time the Permit is issued.

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Change of Ownership Application Checklist

Applicant's Name: _____

Facility Name: _____ County: _____

Include each of the following in your completed online application

Owner/Applicant Information	
	Affidavit & Verifiable Identification (copy of front and back)
	Comprehensive Record Check Acknowledgement
	Completed Buyer/Seller Agreement Form (must be notarized)
	Copy of Purchase Agreement or copy of Lease Agreement
	Signed copy of Disclosure Form
	Active and Compliance registration status with the Secretary of State www.sos.ga.gov/corporations
	Corporation/LLC Documentation: <ul style="list-style-type: none"> • If the ownership of your facility is under a Corporation (Inc.), you will need to upload and submit the following documentation: certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable. • If the ownership of your facility is under a Limited Liability Company (LLC), you will need to upload and submit the following documentation: Operating agreements, when applicable. • If the ownership is a partnership include the partnership agreement, when applicable. Also, for corporations, all information listed on the application regarding your corporation should match the information listed with the Secretary of State. This can be verified at www.sos.ga.gov/corporations
Center or Facility Information	
	Proof of building ownership or lease agreement
	Homeowner Association Letter (if applicable)
	Floor Plan(s) and Checklist
	Site Plan and Checklist
	Operation Plan Checklist
	Fingerprint Results visible in KOALA for Director and staff *NOTE: ALL staff must have comprehensive satisfactory criminal records check completed prior to the Initial Licensing Study (ILS)
	Completed Staff Profile Sheet
	Copy of Lead Teacher Credentials (TCC, CDA, AA, BA, Diploma Transcripts, Professional Learning Plan, etc.)
	Copy of CPR and First Aid for staff
	Copy of Director Credentials (TCC, CDA, AA, BA, Diploma Transcripts, etc.), 40 Hour Director Training, CPR and First Aid, and 10-Year Work History.
	Completed vehicle inspection, vehicle registration, insurance card, director, and bus staff transportation training (This is only required if the facility will offer transportation service).
	Documentation of Food Service Permit and Caterer's Permit (If using an outside source to cater your meals) (If applicable)
Approvals	
	Copy of Zoning Approval from agency with jurisdiction or letter stating no zoning required (Must be dated within the past 12 months)
	Fire Inspection (dated within past 12 months)
	Building Inspector's Report or Certificate of Occupancy or Letter stating you have met the building codes for your city or county or Letter stating that your city or county does not have building codes.
	Confirmation of city/county water/sewer (copy of bill)
	Confirmation of septic or well (Environmental Health Letter) (only if applicable)

COO Statement of Understanding

Facility Name : _____

Owner/Director Name: _____

Date : _____

Initials: _____ Reviewed licensing law and procedures

Initials: _____ Reviewed fingerprinting and employee criminal records check requirements

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

Signature: _____

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

Signature: _____

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

Signature: _____

I understand that I may not operate a child care learning center until after the program has been issued permission to operate.

Signature: _____

Record Check Acknowledgement

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

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

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

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

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

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

Director's Signature

Date

Director's Name (print legibly)

Name of Facility (print legibly)

Address of Facility

City, State, and Zip Code



STAFF PROFILE

NAME OF CENTER _____

ADDRESS _____ CITY & ZIP _____ COUNTY _____

TELEPHONE NUMBER _____ DIRECTOR _____ TOTAL # STAFF _____

DAYS/HOURS OF OPERATION _____

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



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

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

License Number: _____

Facility Name: _____

Facility Address: _____

Facility Owner: _____

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

[printed name of person]

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

- 1) _____ I am a United States citizen 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver’s license, passport, military ID or other document as listed below.**
- 2) _____ I am a legal permanent resident of the United States, 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver’s license, passport, military ID or other document as listed below.**
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a legible front and back copy of secure and verifiable document from the list below that includes your alien number.**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____ . (Required)

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

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

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

Signature of Applicant

Printed Name of Applicant

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

Contact Phone Number _____ E-mail Address _____

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

My Commission Expires: _____

NOTARY PUBLIC

Frequently Asked Questions for Lawful Presence Verification

1. Why do I have to complete the Affidavit for Lawful Presence Verification?

Effective January 1, 2012, Georgia law (O.C.G.A. Section 50-36-1) requires all applicants for a public benefit to verify their lawful presence in the United States before receiving the benefit. A Bright from the Start license or registration is a public benefit issued to the owner of a child care facility each year. Therefore, Bright from the Start must have the required verification documents before the annual license will be issued. An applicant is required to submit a completed and notarized “Affidavit and a copy of a secure and verifiable document or affirm that these documents were previously submitted. You cannot pay your license fee or receive your new license each year **until the Affidavit or Affirmation for Lawful Presence Verification has been completed, whichever is applicable.**

2. Am I required to submit an Affidavit for Lawful Presence Verification every year?

Those owners who were previously verified as U.S. citizens does not have to re-submit lawful presence verification. Their previous verification of U.S. citizenship continues to meet the requirements of the law. Child care learning center applicants must affirm each year that the lawful presence documents were submitted if the owner is the same.

Those owners who previously submitted the lawful presence documents and are not U.S. citizens are required to submit the lawful presence documents every year. An Affidavit form is e-mailed on November 1st each year to owners who were previously submitted the documents as a legal permanent resident, qualified alien or non-immigrant.

3. What is an Affirmation for Lawful Presence Verification?

Completing an Affirmation is the process of confirming whether or not the owner previously submitted the documents and was verified as a U.S. citizen by Bright from the Start. Those owners who have previously been verified as U.S. citizens are required to complete the Affirmation at www.decalkoala.com annually as part of the license fee payment process.

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

An Affidavit form, pre-printed with your facility information, will be automatically e-mailed to those owners who are not U.S. citizens each year on November 1st. Those owners who are U.S. citizens will complete an Affirmation at www.decalkoala.com . If the Affirmation indicates the applicant is a different person than last year who has not previously completed an Affidavit for Lawful Presence Verification (Option 4), a pre-printed Affidavit form will be e-mailed to the center.

5. What qualifies as a “secure and verifiable document”?

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

- U.S. issued passport or passport card
- U.S. military ID
- U.S. issued driver’s license

An entire list of acceptable documents can be found below

6. Am I required to send an original document of one of the “secure and verifiable documents” on the Attorney General’s list?

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

7. Where do I send the Affidavit for Lawful Presence Verification and the secure and verifiable document?

The notarized Affidavit and copies of the front and back of the secure and verifiable document may be faxed to 404-463-7262 scanned and e-mailed to ccsaffidavit@dec.al.ga.gov . Fax and e-mail are preferred and will allow the shortest processing time. If necessary, you may mail them to:

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

Do not submit the FAO's, instructions or list of secure and verifiable documents. These were sent to assist you.

8. What should I do if the owner listed on the Affidavit form is incorrect?

The owner information printed on the Affidavit is the information we have on file for this facility. If this information is incorrect, please contact your licensing consultant immediately.

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

Yes. The notary will list the appropriate state in the space provided.

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

Either the stamp or the seal may be used to notarize the Affidavit form. A form without a stamp or a seal will be returned.

11. I already sent these forms to another department or division. Do I have to submit them again?

Yes, the law requires the department to obtain the forms for each benefit that will be issued.

Contact ccsaffidavit@dec.al.ga.gov for assistance with the Affidavit or Affirmation for Verification of Lawful Presence.

Formal Partnership Requirements



Formal Partnership Requirements

1. A license can only be issued to one individual and cannot be shared.

- For example, if John Smith and Susan Jones apply for a Child Care Learning Center license to operate ABC Day Care, we can only grant a license to John Smith OR Susan Jones to operate ABC Day Care at a specific location. If Mr. Smith elects to be the license holder, the license would be held by John Smith d/b/a ABC Day Care. He would be listed as an individual owner.

2. If two individuals wish to apply for a license as a partnership, the applicant(s) will be required to provide the Department with a Partnership Agreement. A Partnership Agreement is a legal document. Partnerships do not have to register with the Georgia Secretary of State, but they are required to have a partnership agreement, business name and Employer ID Number. A partnership agreement would include a business name. The license could then be granted to the partnership.

- For example, John Smith and Susan Jones form Smith Jones Partnership. Smith Jones Partnership wants to open a child care learning center called ABC Day Care. We could issue a license to Smith Jones Partnership d/b/a ABC Day Care if Smith Jones Partnership includes a copy of their partnership agreement with the application. Partnerships would not be required to have a registered agent.

3. A partnership agreement does not have to be done by an attorney. There are free forms online. If the partnership is the last names of the partners, the department can accept anything they choose to draw up. However, if they are using a fictitious name for the partnership name, they need to register that fictitious name as a trade name. They would need to provide us with proof that this has been done.

- Using the examples from last time: John Smith and Susan Jones form Smith Jones Partnership. In order for us to grant a license to Smith Jones Partnership, all we need to see is a document with the title "Partnership Agreement" that is signed by Mr. Smith and Ms. Jones. They could write it themselves.
- However, if John Smith and Susan Jones form Kid Care Partnership, we can only grant a license to Kid Care Partnership if we have 1) a document with the title "Partnership Agreement" signed by Mr. Smith and Ms. Jones (it can be written by Mr. Smith and Ms. Jones), and 2) proof that Mr. Jones or Ms. Smith registered the trade name Kid Care Partnership with the state of GA. This is done by completing a filing with the appropriate county superior court clerk and paying a fee. If we receive an application from Kid Care Partnership, we would respond by asking for the partnership agreement and proof of registration of the trade name.

Comprehensive Background Checks

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Background Check Guidelines

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires comprehensive satisfactory criminal records checks on Directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or Director of a child care facility. As part of the comprehensive background check process required to obtain a valid license, the Director and all employees must also receive a satisfactory comprehensive fingerprint criminal record check clearance from DECAL within the preceding twelve months. The background check must be conducted through DECAL. Get instructions and forms at <http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

Who must have a background check and be fingerprinted?

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

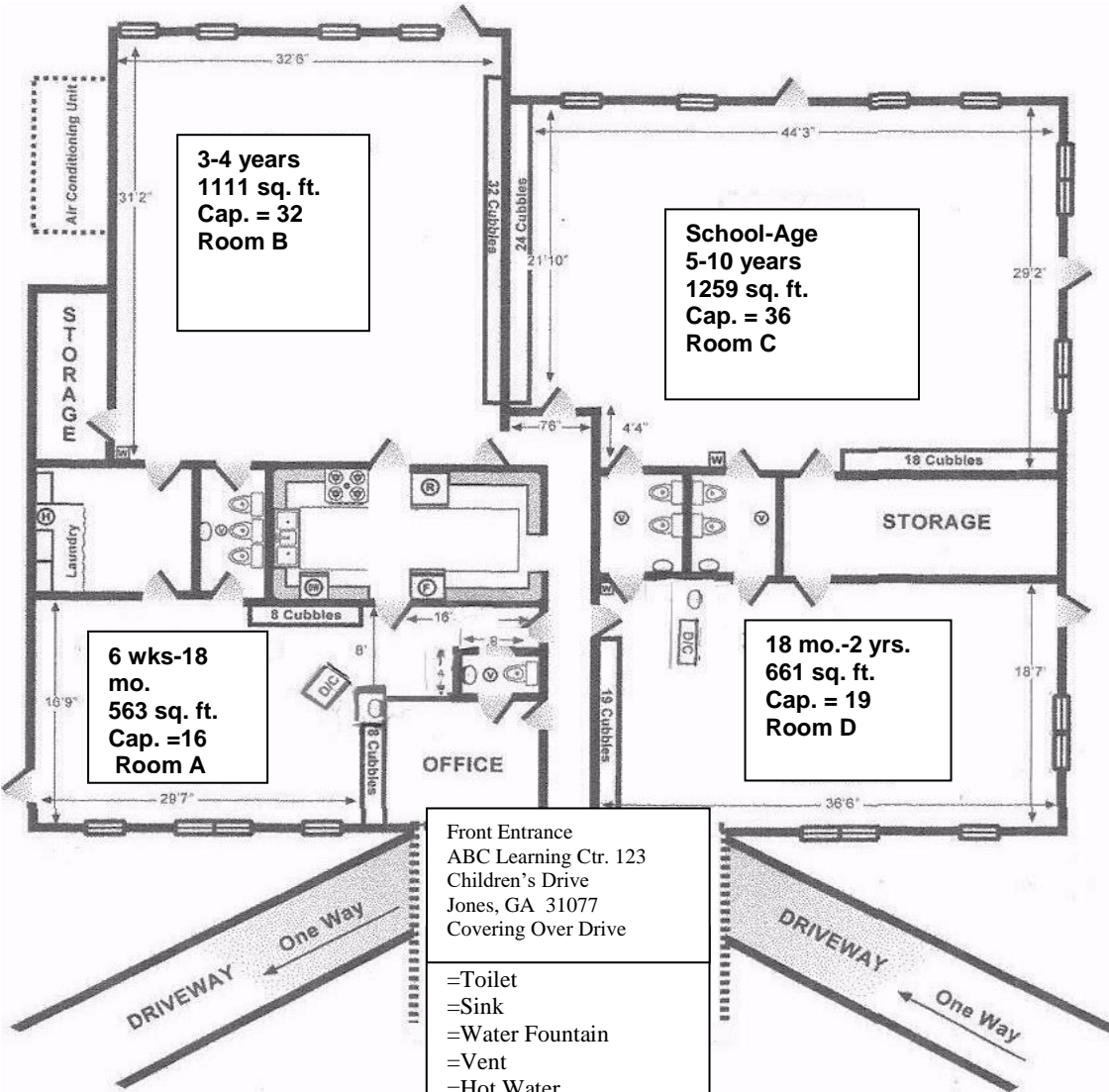
Director is defined as the chief administrative or executive officer of a facility. This person is responsible for the daily on-premises supervision, operation, and maintenance of the facility. Georgia law requires that a criminal records check clearance for an employee or Director be on file before the person begins employment. This clearance must be on file for the Director before the center can be initially licensed.

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

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Sample Floor Plan



General

Ceiling Height = 8'

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

Windows

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

Kitchen

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

Legend



Licensed Capacity Requirements

Licensed Capacity Requirements are designed to ensure that the indoor environment provides adequate space for growth and development through exploration, freedom of movement, etc. According to the American Academy of Pediatrics, crowding reduces the ability to control the spread of infection and has a negative effect on children's activities and state of mind. Inadequate space can lead to aggressive, destructive, unfocused behavior.

To determine the licensed capacity of each child care room:

- Measure the length and width of a room from inside wall to inside wall. (Use the conversion chart below to convert inches to decimals.)

To determine the square footage of each room and the total licensed capacity of the center:

- Multiply the length times the width to get the total square footage of the room/area.
- Space occupied by closets, door inserts, bathrooms and wall protrusions will not be counted to determine the licensed capacity of a room. These areas will be deducted from the total square footage of the room to get a measurement of usable floor space.
- Show the measurements of these areas on your floor plan.

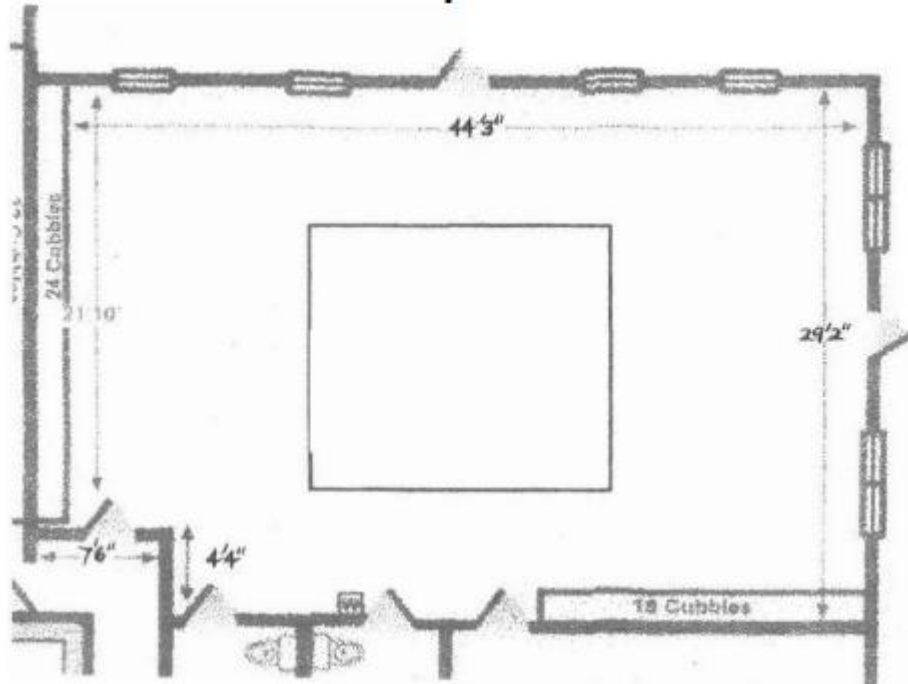
To determine the capacity of the room, divide the useable floor space by 35 square feet.

- Express the figure as a whole number by rounding decimals of .50 and above up, and those of .49 and below down.
- After measuring all rooms used by children, add the capacity of each room together to get the total licensed capacity for the center.
- Kitchens, bathrooms, closets, halls, storage areas or rooms, offices, rooms designated for staff use and other single use areas shall be excluded in determining usable space.

CONVERSION TABLE (inches to decimals)

1 INCH=.08	7 INCHES=.58
2 INCHES=.17	8 INCHES=.67
3 INCHES=.25	9 INCHES=.75
4 INCHES=.33	10 INCHES=.83
5 INCHES=.42	11 INCHES=.92
6 INCHES=.50	

Example



ROOM SPACE

29'2" x 44'3"

(2" = .17) (3" = .25)

29.17 x 44.25 = 1290.7 (ROUND UP) = 1291 SQUARE FEET

Less the entrance protrusion:

7'6" X 4'4"

(6" = .50) (4" = .33)

7.50 X 4.33 = 32.4 (ROUND DOWN) = 32

(6 = .50) (4 = .33) 1291

1291 - 32 = 1259 SQ. FT.

1259 DIVIDED BY 35 = 35.9 (ROUND UP) = 36 CHILDREN

Window Space Requirements

For Centers Without Central Heat & Air

The requirements in this section apply only to facilities that do not have a central air conditioning unit or individual room air conditioner units.

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

- When central heat and air is not provided, total window space per room must be 5% of the useable floor space.
- Multiply useable floor space by .05 to determine required window space.
- At least 50% of required window space must be screened and operable.
- To determine the total square footage of the window space, multiply the length of the window times (X) the width of the window.
- Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

For Centers Having No Vent Fans Over The Diapering Surfaces

The requirements in this section apply only to facilities that do not have a vent fan over the diapering surfaces.

- Operable window space must equal 2.5% of the useable floor space.
 - For example, a room in a center that has 1,259 square feet of usable floor space and will house diapered children with no vented exhaust fan present must have $[1,259 \times 2.5\%]$ 31 square feet of screened and operable window space.
- To measure screened and operable window space:
 - Open the window to the maximum opening position.
 - Measure the screened open area.
 - For example, $2'2'' \times 2'0'' = 4.3$ (round down) = 4 square feet of screened and operable space for the window.
- Based on that calculation, if the room needs 31 square feet of screened and operable space, then you would need $[31 \div 4]$ 8 screened and operable windows.
- Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

Staff:Child Ratios

Child Care Learning Center

Rule 591-1-1.32(1)

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

Mixed-Age Groups For Child Care Learning Centers

In mixed-age groups, the required staff:child ratios shall be based on the age of the youngest group of children that makes up more than twenty percent (20%) of the total number of children in the mixed-age group.

Children may be combined in mixed-age groups as follows:

For Centers with a licensed capacity of 19 or more children:

Infants and children younger than three (3) years of age cannot be mixed with children three (3) years of age and older except as set forth below:

- During the first hour of the center's operation and the last hour of operation, infants and children younger than three (3) years may be grouped with older children as long as staff:child ratios and group size are met based on the age of the youngest child in the group.
- Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the agreement of the older child's parent(s) and is developmentally appropriate for the child.

For Centers with a licensed capacity of 18 or fewer children:

Children of different ages may be mixed together in one room as long as the following staff:child ratio requirements are met:

- The age of the youngest child present under three (3) years of age shall determine the staff:child ratio for the group in which the child(ren) under three (3) years of age are cared for.
- Where all of the children in any group are three (3) years of age or older, the age of the majority of the children in the group shall determine the staff:child ratio.

Diaper Changing Areas

The diapering station and diaper changing tables should be positioned facing the classroom so that staff members can see the whole classroom as they diaper to allow for adequate supervision of the children in the classroom. If diapering tables do not face the room a written supervision plan for extra staff will be required. The diaper changing sink should be within arm's length of the diaper changing table.

The rules require the diaper changing surface must:

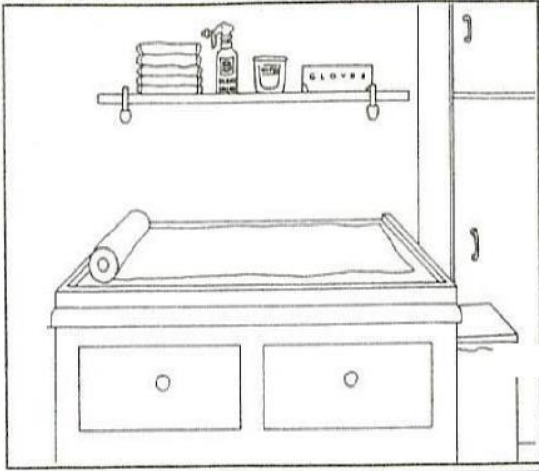
- be located in child care rooms.
- be non-porous and easily cleaned.
- be large enough to contain the child being diapered.
- have guards (straps) or rails on sides to protect the child from falling.

The diaper changing area must:

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

DIAPERING PROCEDURES

STEP 1



Prepare for Diapering Before Bringing Child to the Table

- Change the table paper (if used) to cover the table from the child's shoulders to feet (in case it becomes soiled and must be folded over to create a clean surface during the change).
- Obtain enough wipes for the diaper change (including cleaning the child's bottom and the child's and teacher's hands after taking the soiled diaper away from the child's skin).
- Get a clean diaper, plastic bag for soiled clothes and clean clothes (if soiled clothing is anticipated).
- Gather your non-porous gloves (if they will be used), and a dab of diaper cream on a disposable paper towel, if cream is being used.

Supplies should be removed from their containers and placed near, but not directly on, the diapering surface before starting the diaper change.

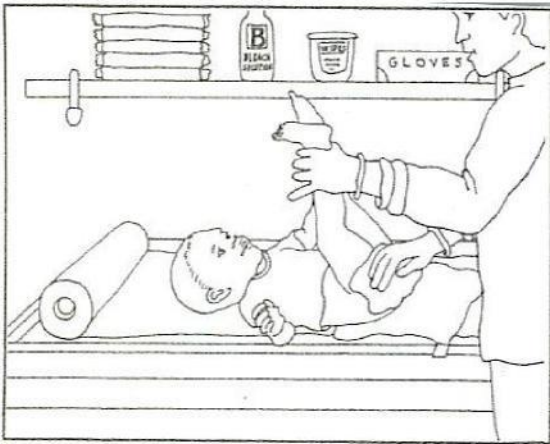
STEP 2



Avoid Contact with Soiled Items and Always Keep a Hand on the Child

- Wash your hands with liquid soap and warm running water.
- Place the child on diapering table. Remove clothing to access diaper. If soiled, place clothes into a plastic bag.
- Remove soiled diaper and place into a lined, hands-free trash container. (To limit odor, seal in a plastic bag before placing into trash container.)

STEP 3

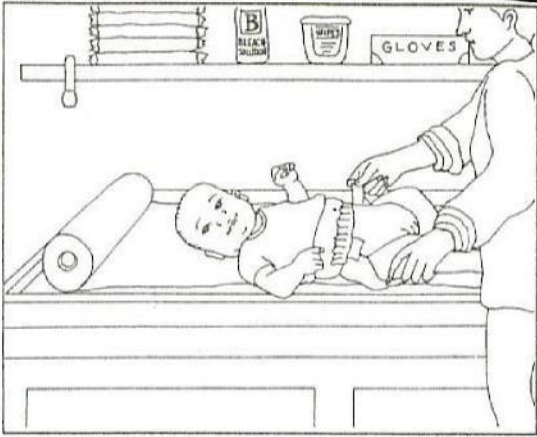


Clean the Child's Diaper Area

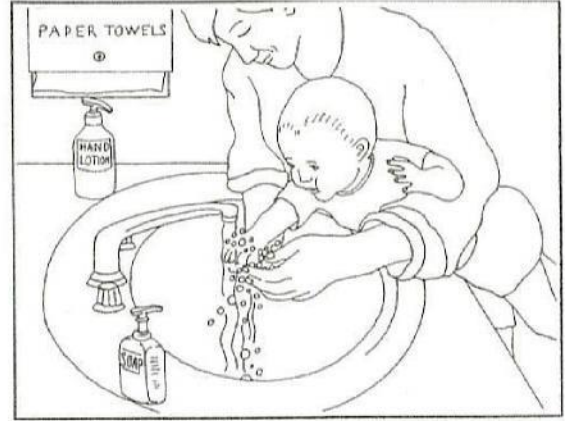
- Use wipes to clean child's bottom from front to back.
- Use a wipe to remove soil from adult's hands.
- Use another wipe to remove soil from child's hands.
- Throw soiled wipes into lined, hands-free trash container.

STEP 4

Put on a Clean Diaper and Wash Child's Hands

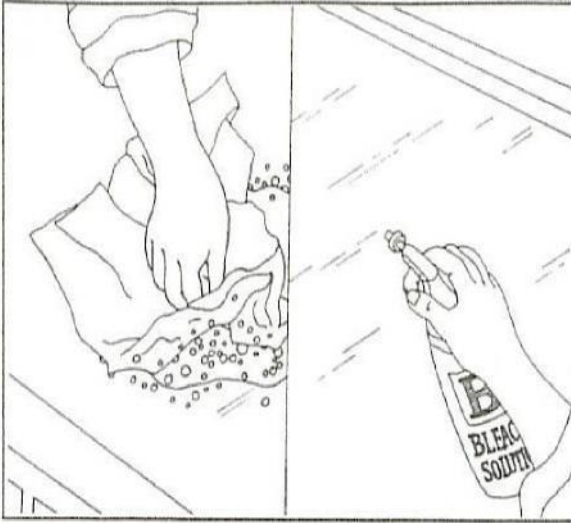


- Put on a clean diaper and redress child.



Place the child at the sink and wash hands following the proper hand washing procedure.

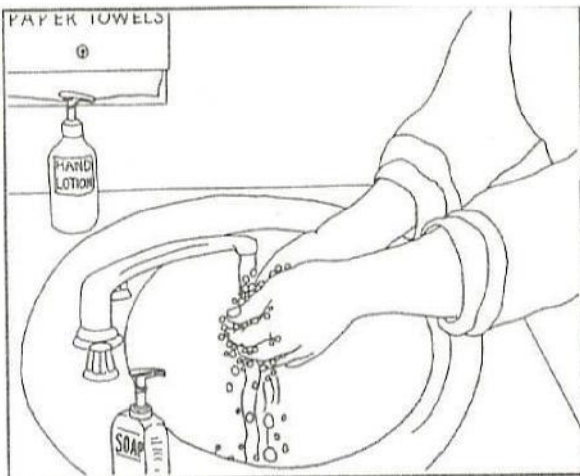
STEP 5



Clean and Disinfect the Diapering Area

- Clean any visible soil from the diapering table. Spray the diapering surface with bleach-water solution and wait more than 10 seconds before wiping with a disposable towel or allow to air dry.
- The recommended practice is to wait for 2 minutes to allow the solution to kill germs. However, if there is a delay of more than 10 seconds before the solution is wiped from the surface, this is considered adequate. **The surface cannot be sprayed and immediately wiped.**
- The diapering surface must be sanitized after each diaper change with a bleach-water or other approved sanitizing solution.

STEP 6



Wash Your Hands and Record in the Child's Daily Log

- Adult washes hands using the proper hand washing procedure without contaminating any other surfaces.

Additional precautions

All surfaces must be able to be sanitized- e.g., no quilted pads or safety straps, no containers that are stored on the diapering surface.

Toys that are played with or objects that are touched while children's diapers are changed must be put aside to be sanitized.

Storage Space/Bathrooms

Children's Storage

- Play equipment requiring little adult supervision must be on low open shelves in the classroom.
- Individual storage spaces for children's personal belongings (i.e., coats, bookbags, etc.) must be accessible (within reach) of children (1 year of age and older). Storage spaces should be large enough to accommodate the size of the child's belongings.
- Diaper bags must be stored out of reach of children and should be accessible to the diaper changing area.
- Sleeping equipment (i.e., mats, cots) can be stored in the classroom, but must be stored to prevent children's access and to allow maximum use of the play space.

Teacher's Supplies

- Teachers' supplies must be kept out of reach of children. (Examples: Teachers' purses, White-out, adult scissors, staplers, bulletin board pins, aerosol cans, etc.)

Hazardous Items

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

Bathrooms

- Bathrooms must be fully enclosed.
- Bathrooms must have proper ventilation either through a screened and operable window or a functioning exhaust fan.
- Installed toilets or lavatories of adult height that would be used by children in any room of your facility, you must provide steps or a platform.
- The building should be designed to allow for supervision of children during toileting. Bathrooms must be in or adjacent to classrooms for children 2 years of age. This means a shared wall or immediately across from the classroom door with a direct line of sight.
- For children 3 years of age and older, bathrooms must be no more than 40 feet from the classroom door
- A written supervision plan must be on file whenever bathrooms are not located in the classrooms.
- Toilet facilities for four-year-old children and older children must be screened for privacy (for example: partitions or dividers between toilets).
- Supplies should be within children's reach (i.e. tissue should be within the child's reach when seated on the toilet. Liquid soap and paper towels should be within the child's reach at the sink.)
 - The use of a stool or platform is permissible for the child to reach the sink and all supplies.
- Refer to your copy of the Child Care Learning Center rule book for the required number of sinks/toilets.
- Note that all applications received after December 22, 2009, are required to meet revised Rule 591-1-1-.06(1) for the correct number of toilets.
- Two potty chairs are no longer allowed as a substitute for an additional toilet.

Kitchen/Laundry/Building Safety & Repair

Kitchen

- If you plan to use non-disposable eating and drinking utensils, kitchens must have proper dishwashing facilities.
- This includes either a three (3)-compartment sink or a two (2)-compartment sink with a dishwasher that meets sanitizing criteria.
- An approved dishwasher has a sani-cycle or maintains rinse water of 150 degrees.
- If you have difficulty locating a suitable dishwasher, you may consider installing a booster heater, a separate hot water heater, or using an approved sanitizing agent.
- Refrigerator must be 40 degrees or lower and the freezer must be 0 degrees.
- Areas for food preparation must be non-porous, easily cleaned and have no unsealed cracks or seams.
- Areas for storage of food, eating utensils and cookware must be provided.
- If your facility plans to have catered food, the caterer must have a Food Service Permit and a current inspection report and provide you with current copies of both documents to maintain in your records.

Laundry

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

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

Building Safety and Repair

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

Floor Plan Checklist

For Child Care Learning Centers (CCLCs) with 7 or more children

Applicant(s) Name(s) _____

Contact Person _____

Address _____

Telephone Number(s) _____

Facility Name _____

Address _____

Telephone Number(s) _____

Instructions:

When preparing a drawing of your floor plan, be certain that all items are shown on your plans and/or in the appropriate section of the checklist.

- Submit a copy of a building floor plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8¹/₂" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. An evaluated copy will be returned to you.
- Submit a copy of this completed Floor Plan Checklist.
- Applicant Services Unit will use the checklist to evaluate the plan using this key:
 - M - Met
 - NM - Not Met
 - NA - Not Applicable
 - D - Discussion
 - ? - Question/Further clarification needed
 - CCLC = Rules and Regulations for Child Care Learning Centers

Floor Plan Checklist

Office Use Only	Office Use Only	Office Use Only	<ul style="list-style-type: none"> • Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing. • Answer questions noted on each item. • Do not skip any item on this checklist. Write N/A if it does not apply.
Review Date	Review Date	Review Date	
			1. ☐ Label each child care room with a letter and specify the age group to be housed in each room. (i.e., Room A- 6 weeks to 12 months) Please draw the entrance to the facility. (Account for all ages that will be served)
			2. Are there any partial walls (those not floor to ceiling)? ____Yes ____No ☐ If yes, please draw partial walls with a broken line (----). Give dimensions (height and length) of these walls. Write N/A if there are no partial walls.
			3. ☐ Draw the location of all doors (interior and exterior).
			4. ☐ Draw in the measurements of each child care room. ☐ Calculate and show the total square footage in each room. Measurements are determined baseboard to baseboard. ☐ Measurements must also be shown for deductions in the room such as restrooms, closets, wall partition(s), wall inserts, heaters with protective barriers, etc.). Use the directions in the Applicant’s Guide. (Example: 16’2” x 9’7” = 155 sq. ft.) CCLC #591-1-1-.19(1)
			5. Are there any parts of the building or residence that will not be used for the child care program? ____Yes ____No ☐ If yes, explain the use of the other areas and draw in on your plan. Child Care Learning Centers attached to a private residence should show child care room(s) in relation to the private residence. ☐ Church or school centers should show child care rooms in relation to other rooms within the building and in relation to other buildings/offices on the grounds. If none, write N/A.
			6. ☐ Draw the location of each bathroom in relation to the child care areas. The rules require that children’s bathrooms be adjacent to the child care rooms. ☐ Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom, i.e., door is in classroom). Note: Bathrooms for children aged 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or less from classroom door.
			7. Are bathrooms fully enclosed? ____Yes ____No NOTE: Bathrooms must be fully enclosed (i.e., no partial walls and no half doors).
			8. Will the program operate in a private residence? ____Yes ____No

Floor Plan Checklist

Office Use Only	Office Use Only	Office Use Only	<ul style="list-style-type: none"> • Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing. • Answer questions noted on each item • Do not skip any item on this checklist. Write N/A if it does not apply.
			<p>9. ☐ Draw the location of each bathroom in relation to the child care areas. The rules require that children’s bathrooms be adjacent to the child care rooms.</p> <p>☐ Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom- i.e., door is in classroom). Note: Bathrooms for children aged 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or less from classroom door.</p>
			10. Do the sinks for children have warm, running water? ____Yes ____No
			<p>11. Are the toilets and sinks child-sized? ____Yes ____No</p> <p>If not, explain your plan to make them accessible to children. (Example: stools/platforms)</p>
			<p>12. If you do not have central heat and air, draw the location of all windows.</p> <p>☐ Give the measurements for the screened area of the window. If you do have central heat/air, write N/A.</p>
			13. Are there any windows with glass 24” or less from the floor? ____Yes ____No
			<p>14. Are there any full-length glass doors in the building? ____Yes ____No</p> <p>If yes, do those windows/doors have an etching/label indicating they are “tempered/safety glass”? ____Yes ____No</p> <p>☐ If not, indicate the method used to provide a protective barrier over the windows/doors. (Example: plastic lattice, Plexiglas)</p>
			<p>15. ☐ Draw the location of the hot water heater(s).</p> <p>If accessible to children, describe the barrier that will be used. (Example: In a latched closet, or cabinet with a latch)</p>
			<p>16. ☐ Draw the location of laundry areas. If accessible to children, describe the barrier that will be used. (Example: Latch/ lock on door)</p> <p>If no laundry area is on site, describe your plan for laundry.)</p>
			<p>17. ☐ Draw the location of the diaper changing area in each room housing children 2 years of age and younger. Regulations state that children’s diapers or disposable pull-ups may be changed in their own crib, or on a non-porous diapering surface with guards or rails.</p> <p>☐ Describe which surface you will use and indicate what type of safety barrier you will have to prevent falls.</p> <p>Note: It is recommended that diapering tables be positioned so that staff can see the classroom while diapering.</p>

Floor Plan Checklist

Office Use Only	Office Use Only	Office Use Only	<ul style="list-style-type: none"> Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing. Answer questions noted on each item Do not skip any item on this checklist. Write N/A if it does not apply.
			18. Do your diaper changing tables face a wall? ___Yes ___No <input type="checkbox"/> If yes, please provide a written supervision plan which requires additional staff to be present in the classroom during diaper changing activities.
			19. A sink is required next to each diapering area for hand washing. <input type="checkbox"/> Draw the location of the diapering sink on the plan. The diapering sink must be in the classroom and not inside the bathroom.
			20. Do the diapering sinks have running heated water? ___Yes ___No
			21. Are the diapering sinks with arm’s reach from the diapering surface? ___Yes ___No
			22. Are there any child care areas situated in a basement? ___Yes ___No
			23. <input type="checkbox"/> Draw the location of the kitchen and label the kitchen sink and all major appliances. (Example: Stove, microwave, refrigerator).
			24. What method of dishwashing will you use? (check one) ___ Triple basin sink ___ Two basin sink and dishwasher with Sani-cycle or capability of maintaining a rinse water temperature of 150 degrees Fahrenheit ___ Two basin sink and use of all disposable service items for children’s use, such as dishes, cups/glasses, utensils
			25. Are any ceiling heights less than 7 feet? ___Yes ___No <input type="checkbox"/> If yes, specify which rooms and indicate the height.
			26. What type of heating system (i.e., central, space heater, or floor furnace) is used? If floor furnace or space heater, please show on plan where are units located. <input type="checkbox"/> Describe the barriers that will be used to prohibit the children’s accessibility (Barriers should not get hot to the touch.)
			27. Regulations require ventilation in diapering rooms, bathrooms, and kitchen. This can be provided by functioning exhaust fans and a duct system, or by operable, screened windows. <input type="checkbox"/> Describe below the type of ventilation to be provided in each area. <input type="checkbox"/> If windows are used in the diapering areas, please give the number of windows and measurements of the operable, screened portion of each window. (Example: 3 windows @ 24” x 22” each) <ol style="list-style-type: none"> 1. Diaper rooms: Exhaust fan or windows? 2. Bathrooms: Exhaust fan or windows?

Floor Plan Checklist

Office Use Only	Office Use Only	Office Use Only	<ul style="list-style-type: none"> • Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing. • Answer questions noted on each item • Do not skip any item on this checklist. Write N/A if it does not apply.
			<p>28. Do you have any water fountains in the building? ____Yes ____No <input type="checkbox"/> If yes, list the manufacturer’s name and the model # of the water fountains below. <input type="checkbox"/> If no, please describe how you will offer water to children. Example: water pitcher and disposable cups.</p>
			<p>29. What type of cooling system (i.e., central, window unit) is used? <input type="checkbox"/> If window unit or fans, please draw on plans where these are located. <input type="checkbox"/> Describe the barriers that will be used to prohibit the children’s accessibility. Note: Children should not be able to touch control knobs.</p>
			<p>30. <input type="checkbox"/> Describe the type of materials used for: A. Floors (Example: Carpet/tile)</p>
			<p>31. <input type="checkbox"/> Describe the individual storage areas/cubbies for each child’s possessions and draw their location in each room. Children’s individual storage for outer garments and personal possessions must be within children’s reach. Diaper bags must be stored out of children’s reach. The number of storage bins/cubbies must match the capacity of each room.</p>
			<p>32. Where will you store hazardous/bulk/seasonal supplies? They must be inaccessible to children in a locked or latched storage area. <input type="checkbox"/> Draw on the floor plan if in the building.</p>
			<p>33. <input type="checkbox"/> Describe below your plan for food service Example: Cooking done on-site, parent provided, catered).</p>
			<p>34. If food is provided by a source other than the center, the food must come from a facility with a food service permit and current food inspection score. <input type="checkbox"/> Give the name of the food service facility.</p>
			<p>35. What type of counter surface, such as Formica, stainless steel, etc., will be used for food preparation?</p>
			<p>36. Where will supplies of food be stored? <input type="checkbox"/> Draw on plan - shelves or pantry</p>
			<p>37. Where will food service equipment, such as pots and pans, be stored?</p>
			<p>38. <input type="checkbox"/> Describe type of protective shield or guard on kitchen lights and stove hood light(s) that prevents glass from falling into food if a bulb breaks.</p>

Office Use Only	Office Use Only	Office Use Only	<ul style="list-style-type: none"> • Please draw clearly and indicate the following information marked with a “□” on your floor plan drawing. • Answer questions noted on each item • Do not skip any item on this checklist. Write N/A if it does not apply.
			<p>39. Indicate the source of water supply: ___ County ___ City Note: If not on city or county water, applicants are required to submit written approval from county health department officials with Part B of their application. If county officials will not give written approval, follow their instructions to obtain approval from the agency with jurisdiction over the well, such as the Environmental Protection Agency or Division.</p>
			<p>40. Indicate the source of sewage disposal: ___ County ___ City ___ Septic Tank <input type="checkbox"/> If a septic tank is used, applicants must submit written approval from the local county health department officials with Part B of their application. <input type="checkbox"/> Ask the health official to document the number of children the septic tank will accommodate.</p>

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:

Approval is based on submission of written materials; final approval will be based on the on-site inspection.

FLOOR PLAN APPROVED

FLOOR PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

FLOOR PLAN NOT APPROVED- Address all items marked “NM” or “?” and return revised plan with this ORIGINAL checklist for review.

COMMENTS:

REVIEWED BY:	DATE
REVIEWED BY:	DATE
REVIEWED BY:	DATE

Site Requirements

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Site Plan Checklist

Facility Type: Child Care Learning Center (CCLC) (7 or more children)

Applicant(s) Name _____
Contact Person _____
Address _____
Telephone Number(s) _____
Facility Name _____
Address _____
Telephone Number(s) _____

Instructions:

When preparing a drawing of your site plan, be certain that all items are shown on your plans and/or in the appropriate section of this checklist.

1. Submit a copy of a site plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8¹/₂" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. A copy will be returned to you.
2. Submit a copy of this completed Site Plan Checklist.
3. Applicant Services Unit will use the checklist to evaluate your plan using the following key:
 - **M** – Met
 - **NM** – Not Met
 - **NA** – Not Applicable
 - **D** – Discussion
 - **?** – Question/Further clarification needed

Site Plan Checklist

Office Use Only	Office Use Only	Office Use Only	Instructions: • Please draw/clearly indicate the following information marked with a <input type="checkbox"/> on your floor plan drawing. • Answer questions noted on each item. • Do not skip any item on this checklist. Write N/A if it does not apply.
Review Date	Review Date	Review Date	
			<input type="checkbox"/> Draw the location of parking for parents and staff. Assure that there is enough to accommodate staff vehicles and the peak arrival and departure times for the safe pick-up and delivery of children.
			<input type="checkbox"/> Draw the measurements of each playground and the age range of children that will use each playground. (Ex. 120 feet x 90 feet= 10,800 sq. feet) If more than one playground is planned, show each playground, and designate each with a letter. Note: Facilities are not required to have separate play areas for all age groups. Refer to Applicant's Guide for additional information. Give dimensions of any heating/cooling equipment areas on the playground. These should be fenced off from children's access. Note: For child care learning centers with a capacity of 19 or more children, the total playground capacity must accommodate at least 1/3 of the center's overall capacity. For child care learning centers with a capacity of 7 to 18 children, the playground capacity must match or exceed the center's overall capacity.
			Are there any buildings or storage areas on the playground? ____Yes ____No <input type="checkbox"/> If yes, please draw the location on the plan and give measurements of the building. Are these buildings able to be locked? ____Yes ____No Is access blocked both beneath and behind the buildings? ____Yes ____No
			Is there a swimming pool (in ground or above ground) on site? ____Yes ____No <input type="checkbox"/> If yes, please draw the location on the plan and describe below the method used to make it inaccessible to children when not in use. (Example: Locked fence)
			<input type="checkbox"/> Draw the location of the playground in relationship to the building, and show the route children will use to safely reach the playground from each room. Note: In CCLCs with a capacity of 19 or more children, children less than 3 years old may not pass through older children's rooms to reach the playground, nor may children ages 3 and older pass through the rooms of younger children.
			<input type="checkbox"/> Draw the location of the playground equipment (climbers, swings, sandboxes, slides, etc.). A variety of age-appropriate equipment for all children served must be provided.
			<input type="checkbox"/> Draw the location of fencing and the gates used to protect children from traffic and other hazards. Rules require the fence to be at least four feet in height. Fence must be constructed with non-hazardous material and must have no gaps between rails or posts that measure larger than 3 1/2 inches. Type of fence? _____ Height of fence? _____
			Describe the type of ground covering that will be on the completed playground. (Examples: grass & mulch) Is there any concrete or asphalt beneath the grass/ground cover on your playground? _____Yes ____No <input type="checkbox"/> Draw any paved or concrete surface areas on the plan. Show the measurements of paved or concrete surfaces. Note: Rules require hard surface to be limited to no more than 1/4 of the total outdoor play area.
			Shade will be provided on each playground by: _____ Shade can be provided by trees, awnings, covered sandboxes, etc. Shade provided by the building cannot be the only shade.

		<p>State below the type and depth of resilient surface used beneath and in fall zones of swings and climbing equipment (i.e., sand, wood chips).</p> <p>Note: The required depth beneath and in the fall zone for equipment less than 5 feet high must be at least 3 inches. For equipment 5 feet and higher, the required depth is at least 6 inches. Barriers may be needed to maintain the proper depth.</p> <p>Refer to the Applicant's Guide for distances required for fall zones, for resilient surface materials, and for depth requirements.</p> <p>Type _____ Depth _____</p>
		<p>Climbers and swings must be anchored. Describe below how you will do this, such as concrete footings.</p> <p>Note: Anchoring material must be securely covered.</p>
		<p>Is the gas meter and/or heating and cooling equipment located on the playground? ___ Yes ___ No</p> <p><input type="checkbox"/> If yes, please indicate the protective barrier to prevent children's access and draw the location of the equipment and barrier on your plan.</p> <p>Note: This barrier must be at least 4 feet high.</p>
		<p>Describe your specific plan for keeping the playground safe and the depth of the resilient surfacing material maintained. See Applicant's Guide for information about Playground Maintenance. (Plan for daily maintenance like measuring resilient surface and long-term work like grass cutting, adding resilient surface, painting equipment, etc.) A sample playground checklist form is found in the resource section.</p>

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:
 Approval is based on submission of written materials; final approval will be based on the on-site inspection.

SITE PLAN APPROVED

SITE PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

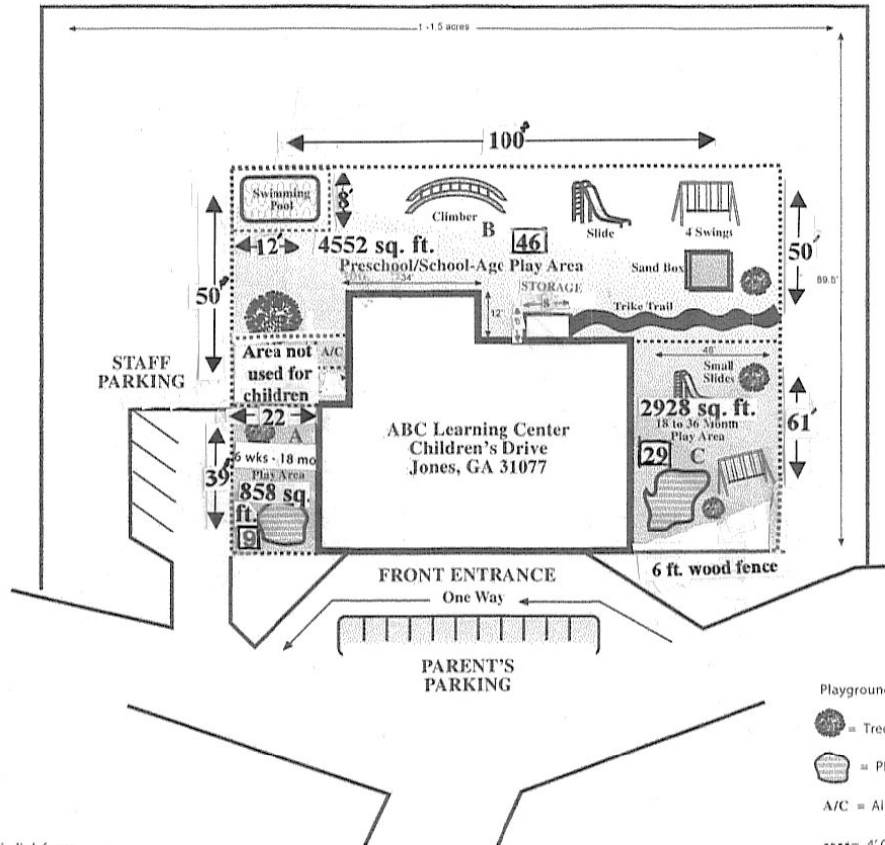
SITE PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review.

COMMENTS: _____

REVIEWED BY: _____ **DATE:** _____
REVIEWED BY: _____ **DATE:** _____
REVIEWED BY: _____ **DATE:** _____

Sample Site Plan

SAMPLE SITE PLAN



Paved riding area is 12' x 10'.
Swimming Pool is surrounded by a 6' high chain link fence.

Playground surface is grass and sand.

= Trees for shade

= Play Area

A/C = Air Conditioner Unit

..... = 4' Chain Link Fence

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

Playground Area Rules

The playground, just like the interior space, has specific requirements. The first requirement is that it should be adjacent to the facility (indicate location on your site plan). If not, a safe route to the playground must be approved by Bright from the Start: Georgia Department of Early Care and Learning. Children should not cross driveways or parking lots to reach their playground. Children less than 3 years of age may not pass through the rooms of older children to reach the playground. Children 3 years of age and older may not pass-through younger children's rooms to reach the playground. The entrance to the center cannot be through the playground unless that passageway is fenced separately from the playground space.

Playground Size

Here are rules for calculating useable playground space:

- Child care learning centers are required to have 100 square feet of usable play space per child for each group using the play area at any one time.
- Child care learning centers with a capacity of 19 or more children must have enough playground space to accommodate at least 1/3 of the center's total licensed capacity.
- Child care learning centers with a capacity of 7 to 18 children must have enough playground space to accommodate the facility's total licensed capacity at one time.
- Document the exact dimensions of the playground in feet and inches on your plans.
- To obtain the square footage, multiply the length times the width of the playground. To determine the capacity, divide the total square footage by 100.
- If the playground is not uniformly shaped (i.e., square or rectangular), please measure it in segments.
- Remember to deduct any areas that subtract from useable space such as areas for storage buildings, swimming pools, and heating or cooling units.
- If the playground is divided into individual sections to accommodate individual age groups, each fenced area must comply with the rules.

Note: Please consider supervision when designing outdoor play areas. Children are not visible, and cannot be adequately supervised, on a playground that has hidden areas or on one that wraps around a portion of the building.

Ground Covering

- Choose from a variety of surfaces such as grass, wood chips, sand, etc.
- Hard surfaces, such as pavement or gravel cannot exceed $\frac{1}{4}$ of the total outside surface. Therefore, your playground may not be constructed over concrete or asphalt without first removing this hard surface.
- Play area must not contain any hazards, such as, but not limited to:
 - Uneven turf
 - Holes
 - Exposed tree roots
 - Sharp rocks
 - Briars/thorny plants
 - Mushrooms
 - Active red ant beds

Shade

- Shade may be provided by:
 - Trees
 - Equipment with shade coverings
 - Man-made structures (i.e. gazebos/canopies)
- Shade provided by your building cannot be the only source.
- Shade must be provided within each individually fenced area.

Fencing

- Provide at least a four (4)-foot-high fence around the play area.
- Material must be non-hazardous without any protruding metal or wires.
- The following are approved fencing materials, if they are at least four (4) feet tall:
 - Chain Link with closed, bent wire- no sharp points exposed along the top
 - Wooden with no gaps between boards, no splinters
 - PVC/plastic picket fence with less than 3 ½ inch-gaps between pickets
 - Wrought Iron with less than 3 ½ inch-gaps between rails
- Materials not approved:
 - Barbed wire
 - Chicken wire
 - Farm wire (rectangular openings)
 - Lattice (plastic or wood)
- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.
- Any bolt used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.
- All screws around the entrance gate or divider fences can present a problem on either side.
- Any barrier other than fencing must be approved by the DECAL.
- Location of gas meter and/or heating and cooling equipment must be marked on site plan.
- The type of barrier/fence used to prevent children from coming in contact with this equipment must be noted on the site plan.

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

Play Equipment and Surfaces

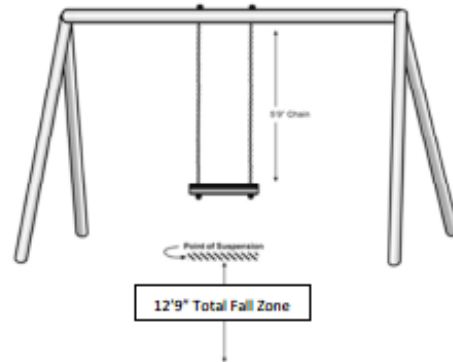
- Provide enough outdoor play equipment that is age appropriate to offer a variety of activities.
- Equipment must be in safe operating condition with no rusted, broken or missing parts and no protruding nails or screws.
- Tires used for play must have holes bored in them so water drains out.
- Specific requirements for swings and climbing equipment include:
 - Must be anchored securely in the ground.
 - Chain hooks on swings must be clamped tight.
 - Slides should be installed in shaded areas.
- Require a resilient or bouncy surface such as wood chips, sand, mulch, or pea gravel underneath and in the fall zone.
- Height of the equipment determines the depth of the resilient surface.
- Six (6) inches of resilient surface is required underneath and within the fall zone of equipment five (5) feet or higher.
- If less than five (5) feet, the required depth of the resilient surface is three (3) inches.
- Borders may be needed to maintain loose fill materials at the proper depth.
- Any border, such as timbers or PVC pipes, built to contain the resilient surface must be installed outside of the fall zone.
- If synthetic material is used, contact the Applicant Services Unit for approval of the material prior to installation. You will be required to provide testing specifications on the product you plan to install.
- It is important to develop a system to check the playground equipment and measure resilient surface regularly to assure that both are maintained adequately.
- Safety or encroachment zones of at least six (6) feet should also be created between pieces of equipment as well as between the equipment and fencing.

For information concerning fall zones and resilient surfacing, visit the Consumer Product Safety Commission Website at www.cpsc.gov/PageFiles/122149/325.pdf

Playground Requirements & Best Practices

Fall Zones

- Use zones (also called “fall zones”) should surround equipment by six feet on all sides in general.
- For swings, measure the length of the swing chain and add seven (7) feet. This is the use zone needed in front and behind swings (ex. chain length is 5’9” ; add 7 feet; total fall zone needed in front and behind swings needs to be 12’9”).



- Use zones of stationary equipment may overlap if the equipment is six (6) feet apart and 30 inches high or less. If more than 30 inches high, overlap is allowed only if equipment is nine (9) feet apart.
- Slides greater than six (6) feet high require an exit use zone equal to their height up to eight (8) feet. Use zones around slides extend 4 feet from the back and sides of the climbing structure and 5 feet from the front and the sides of the bottom of the slide.



- For more information, please see the U.S. Consumer Product Safety Commission Public Playground Safety Handbook (Publication #325, November 2010) available at www.cpsc.gov

Resilient Surfacing

Height of Equipment	Depth of Surfacing Needed	Best Practices
Less than 3 feet	None, but on soft surface	9 inches if over 18 inches tall
3 feet – 5 feet	3 inches	At least 9 inches
Higher than 5 feet	6 inches	At least 9 inches

Department of Early Care and Learning

Playground Maintenance Checklist

Office Use Only	Office Use Only	Office Use Only	Instructions: <ul style="list-style-type: none"> • Check the entire playground at least once each week. • Train all personnel to be alert to playground hazards and report them promptly. • Avoid the use of hazardous equipment until repaired.
Date Checked	Repair or Removal Needed	Date Repaired or Removed	
			Are there at least six to ten inches of deep resilient ground cover (sand, pea gravel, wood chips, etc.) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?
			Is the entire outside play area free of hazard, such as: <ul style="list-style-type: none"> • Poisonous plants • Glass • Trip hazards • Uneven turf • Exposed bricks/cinder blocks • Exposed concrete edges • Open grating • Slippery areas • Dead tree limbs • Briars/thorny plants • Exposed tree roots/rocks • Accessible sharp fence wire • Accessible woods • Inadequate clearance between equipment • Poor drainage areas
			Are there openings that could trap a child's head? (Gaps should be less than 3½ inches or greater than 9 inches.)
			Are timbers rotting, splitting, termite infested, excessively worn, or splintering?
			Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)
			Are there protrusions on any equipment that can catch clothing?
			Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?
			Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?
			Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?

Playground Maintenance Checklist

Office Use Only	Office Use Only	Office Use Only	Instructions: <ul style="list-style-type: none"> • Check the entire playground at least once each week. • Train all personnel to be alert to playground hazards and report them promptly.
Date Checked	Repair or Removal Needed	Date Repaired or Removed	
			<p>Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?</p> <p>Are there outdoor equipment hazards such as:</p> <ul style="list-style-type: none"> • Exposed nails/screws/nuts/bolts/pipes • Splintered/deteriorated wood • Open/deformed “S” or “C” hooks/ rings/links, etc. • Crush/pinch points • Areas of entrapment • Unprotected protrusions • Broken/missing steps/rungs/hand rails/handles/slides/ladders • Sharp edges • Broken seats/parts/equipment • Obstructions on slides • Equipment off track/unsecured to fulcrum • Frayed/broken ropes • Chipped/peeling paint • Worn swing hangers/chains • Broken supports/anchors
			<p>Is the fence at least 4 feet high and in good repair? Can gates be secured? Any 4-inch gaps a child could squeeze through? Any sharp wires that could cut or scratch a child?</p>
			<p>Do trees, grass, and shrubs need care/trimming?</p>

Signature Of Person Conducting the Playground Check

Date

Plans, Policies, Procedures, & Checklists

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Definitions

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

- Personnel Policies/Handbook: This is the handbook given to your staff and should cover all information in your policies and procedures as well as all requirements for your staff.
- Policies and Procedures/Parent Handbook: This covers all information that your parents need to know about the day-to-day operation of the center and should be organized in an easily readable format that parents can turn to for answers about the type of services you will provide.
- Schedules: Each classroom is required to have posted a daily schedule of age-appropriate activities that children are involved in at the center.
- Menus: Menus are a required posted item and a sample menu for your center must be submitted.
- Emergency Plans: Your policies and procedures may state that emergency plans have been developed and are posted for parent viewing. Plans that must be submitted are your step-by-step plans for each of the emergency situations listed in your operation plan checklist.
- Transportation Plan: Written plan required for routine transportation or field trips.
- Operation Plan Checklist: Please include your checklist in its entirety when submitting your operation plan.
- Forms: Sample forms have been provided for many of the items required. Any forms that you will be using other than sample forms provided by DECAL must be submitted for review.

Guidelines for Creating Policies and Procedures

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

****This list may also be used to create your parent handbook. ****

To create your center Policies and Procedures, include the following information plus all items required in the Operation Plan Checklist:

__ 1. Ages of Children Served

__ 2. Months of Operation

__ 3. Days of Operation

__ 4. Hours of Operation

__ 5. Dates center is closed, such as holidays, inclement weather, vacation closing, etc.

__ 6. Admission requirements including parental responsibilities for supplying and maintaining accurate required record information and escorting child to and from the center.

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

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

__ 9. Guidance and discipline techniques, to include a statement of the general philosophy of classroom management, statement of discipline techniques to be used and statement of disallowed discipline techniques as described in the Rules and Regulations.

__ 10. Handling emergency medical care including place(s) the children will be taken for emergency medical care, identification of the facility's primary medical resource and method used to transport the child to this location,

__ 11. Description of information required before administering medication and recording noticeable adverse reactions to the medication, such as limited to no more than two weeks, physician authorization required, times medication will be administered, how long authorization is in effect, and procedure for delivery and pick up off the medicine. Also, instructions for recording noticeable adverse reactions to the medication.

__ 12. Instructions for notifying parents of child's illness, injury, exposure to a notifiable communicable disease, statement of parents' responsibility to inform center of a communicable disease, exclusion of sick child with 101 degrees or higher oral temperature and any other symptom such as diarrhea, sore throat, etc. Describe the way you will notify parents of these conditions.

__ 13. Policies on exclusion of children with communicable disease as defined in the chart of communicable disease and their recommendation for re-admission. The chart should be posted in the center.

__ 14. Policies for protection of children inside the facility in the event of severe weather and lockdown procedures if a threatening situation should occur, and evacuation of the building in the event of fire, gas leak, bomb, and physical plant problems. Must describe steps to protect children while in the center or the vehicle, which should also be posted in the center. Describe procedures to evacuate infants, toddlers, and children with disabilities or chronic medical conditions; explain procedures to communicate with families and to reunite children with families if unable to return to the center. Templates are available at <http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

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

__ 16. Descriptions of food services, meals and snacks served; provisions for food provided by parents, and explanation of how exceptions, such as for allergies, or food from home, will be handled.

__ 17. Written parental authorization for child to participate in field trips, special activities away from the center and water related activities occurring in water that

is more than two feet deep, if the center participates in any such activity. If the center is to provide routine transportation for the child to and from school, home or center, for field trips, details on procedures, written permission needed for each trip, method of transportation for swimming activities include location, fees if any, equipment needed by children, certification of lifeguard.

__ 18. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment.

__ 19. Statement that the center is required to report any suspected child abuse, neglect, exploitation or deprivation to the Division of Family and Children Services.

__ 20. Statement that the center is required to report any suspected case of notifiable communicable disease to the local county Health Department.

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

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

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

Personnel Policies

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

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

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

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

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

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

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

First Aid and CPR: At least fifty percent (50%) of the caregiver staff and the director shall have current evidence of training in first aid and cardiopulmonary resuscitation (CPR) at any given time. There must always be an employee with evidence of current First Aid training and CPR on the center premises whenever children are present, on any center-sponsored field trip, and on any center vehicle transporting children. Each staff member with caregiving responsibilities must obtain CPR and First Aid training within 90 days of hire date.

Employee Files

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

- 1) Application for Employment: There is a sample form for this. If not using the DECAL sample, make sure that information on sample is included on your application, such as questions about CPR and First Aid, and whether the person has ever been investigated or charged with abuse, neglect, etc. Additionally, make sure that all questions are answered, and that staff do not leave any blanks.
- 2) Ten Year Work History: There is a sample form for this. This should go back ten (10) years. Even if the person has not worked for ten years, (i.e., student, homemaker, unemployed), you want to know where they have been for ten (ten) years. If the person did not work between two jobs, have them write "no work" so that the whole ten years is covered. The 10-year history should be updated on all staff when an ownership change occurs to include all time worked under previous owners at the same location.
- 3) Credential/Degree Verification: Effective December 1, 2012, a copy and/or written verification of the credential or degree awarded to directors and lead teachers (see qualification requirements) must be on file.
- 4) Orientation: There is a sample form for this. This covers training prior to being placed in a classroom, center rules, DECAL rules and regulations, etc. and must be signed and dated by the person(s) conducting the orientation as well as by the employee. This should be completed and updated on all staff, even those who worked under previous ownership.
- 5) CPR and First Aid verification: Must be geared towards infant/child and have dates and signatures of the instructor. Make sure that trainers are DECAL approved. A copy of this should be placed in each employee file. At least 50% are required at point of licensure and ongoing. **Note: The director and person responsible for driving the vehicle is also required to have this current training. Each staff member providing care to children must have CPR and First Aid training within 90 days of hire date.**
- 6) Any Additional Training: Sample forms are available to keep track of training.
- 7) Fingerprint Clearance Letter: All employees and staff members must have an electronic documentation issued by DECAL on file showing that their fingerprint and background checks were satisfactory.

Children's Files

The following items are to be in each file. Sample forms are provided in your Applicant's Guide. Please check all children's files that were under former ownership for completeness and accuracy. If changing enrollment applications over to your facility information, please have completed by date of initial licensing study.

Note: Children's files must be maintained for a period of one year after child is no longer in care at the facility.

1. Enrollment Form: This should be completed prior to the children being left in your care. Make sure that all questions are answered and that no blanks are left. Ask that parents not use NA. All questions are applicable and should be answered or have NO or NONE, (i.e., allergies).
2. Emergency Medical Authorization: Again, all questions should be answered with no blanks and must be completed prior to the child being left in your care. Make sure that the Doctor's name and phone number are completed and readable.
3. Parental Agreement: This lists the services that you provide and what both you and the parent agree to. You may want to add to this agreement, for example: information about receiving, reading and understanding the Parent Handbook.
4. Parent Notice of No Liability Insurance: This lets parents know that you do not have liability insurance to protect their child in the event of an injury, etc. If you **do** carry this insurance, you do not need this form in children's files.
5. Other forms:
 - Incident Report
 - Infant Feeding Plan
 - Authorization for Medication
 - Vehicle Emergency Medical Information
 - Transportation Agreement
 - Field Trip Permission Form

Schedules

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

Schedules should show all hours of operation, from the time the center is opened until the center closes.

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

Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, and cover the six interest areas (art and crafts, music and movement, language and reading, science and nature, dramatic play and manipulative areas).

Schedules should show the activities of the children - not the teachers.

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

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

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

Weekly Menu

A weekly menu for meals and snacks is required by rules to be posted near the front entrance, so that they are visible to parents.

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

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

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

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

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

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

Emergency Plans

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

- Fire
- Severe weather
- Loss of electrical power or water
- Structural damage to the building
- Death, serious injury, or loss of a child
- Threatening event
- Natural Disaster

Each plan must include procedures for:

- Evacuation
- Relocation
- Shelter in place
- Lock-down
- Communication and reunification with families
- Continuity of operations

Each plan must also include accommodations for:

- Infants and Toddlers
- Children with disabilities
- Children with chronic medical conditions

General Guidelines:

- When writing your emergency plans, make your plans specific to your program and building.
- Start from the beginning of the emergency and continue until the emergency situation is over.
- Make sure plans are step-by-step.
- Give staff specific jobs.
- Decide where you would go if you had to evacuate the building and grounds.
- Ensure that your plans are usable by your staff.
- Include reporting the incident to DECAL within 24 hours or the next business day after the incident.

Transportation Plans

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

Types of transportation include:

- Routine transportation
- Field trip transportation

Your written transportation plan includes:

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

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

Operation Plan Checklist

Facility Type: Child Care Learning Center (CCLC) serving seven (7) or more children

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

If using the sample forms developed by DECAL, indicate this on the checklist by writing SF on the top of the page, rather than sending copies of the sample forms.

Sample forms are provided only for items starred (*). The center must develop its own forms for items that are not starred and submit a copy for review and approval.

Applicant(s) Name _____
Contact Person _____
Address _____
Telephone Number(s) _____
Facility Name _____
Address _____
Telephone Number(s) _____

Instructions:

1. Submit copies of forms and/or documentation to show compliance with each item listed below along with this checklist to the Applicant Services Unit. Keep one copy of the checklist and attachments for your files.
2. Submit a self-addressed, stamped envelope, sufficient in size with adequate postage to receive a copy of the evaluated checklist.
3. All items listed below should be represented on the operation plan, or answered on the checklist, which is attached to your plan. Applicant services Unit will use the checklist to evaluate your plan using the following key:
 - **M** – Met
 - **NM** – Not Met
 - **NA** – Not Applicable
 - **D** – Discussed
 - **?** – Question/Further clarification needed

Staff Forms

A record must be established for each center staff person, including the Director. In some cases, the Director will also be the licensee. Submit the forms you will use to capture the required information listed below.

Write SF on the top of the document if you are using the Sample Form from the Applicant Guide for this item. Only items with a star (*) have sample forms.

Office Use Only	Office Use Only	Office Use Only	*Staff Application Form
Review Date	Review Date	Review Date	Must include the following:
			Name
			Date of Birth
			Current address
			Current telephone number
			Employment History (10 year)
			Education (Copies/written verification of credential/degree is required for Directors and lead teachers)
			Qualifying work experience (commensurate with position)
			Proof that staff members do not have a criminal record.
			<p>The following three (3) statements are also required on staff applications:</p> <ol style="list-style-type: none"> 1. Staff has never been shown by credible evidence, e.g., a court or jury, a department's investigation, or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application. 2. Applicant has not made any false statements on the application regarding qualifications. <ul style="list-style-type: none"> • Under the American with Disabilities Act of 1991, all programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews, and actual employment, but only if the program supervisor is made aware that an accommodation is required. If job applicants are disabled and require accommodation, they may request it at any time during the interview process. They are obligated to inform the program Director of their needs, if they will impact their ability to perform the job for which they are applying. 3. Applicants have read the description of the position for which they are applying, and they are, in all respects, able to adequately perform the duties as described.

Office Use Only	Office Use Only	Office Use Only	* Staff Daily Attendance Form
Review Date	Review Date	Review Date	Forms for each employee must be kept by the center for a six- month period.
			*Orientation Form
			Orientation must be conducted with new staff member prior to assignment to children or task. Such instruction shall require new staff member to be generally familiar with the health and safety requirements that are set forth in the specified sections for caring for children.
			Forms used to document staff orientation must include:
			Center policies and procedures
			Emergency weather plans
			Employee’s assigned duties and responsibilities
			Reporting requirements for suspected cases of: <ul style="list-style-type: none"> • child abuse, neglect, or deprivation • communicable diseases • serious injuries
			All rules and regulations
			Childhood injury control
			Rules and procedures for administering medicine
			Practices to reduce the risk of Sudden Infant Death Syndrome (SIDS)
			Hand washing
			Fire safety
			Water safety
			Prevention of HIV/Aids and blood borne pathogens
			Child care training requirements
			Signature and date of person conducting orientation
			Signature and date of person receiving orientation

Children's Records

A record containing the following information must be maintained for each child enrolled. Submit a sample of your form for approval. It must include the five (5) items listed below, if all are applicable.

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

If sample forms from the Applicant's Guide are used, write SF next to each item covered by that form.

Office Use Only	Office Use Only	Office Use Only	Children's Records Checklists
Review Date	Review Date	Review Date	
			*Child Enrollment Form The form must include the following:
			Identifying information about the child to include: <ul style="list-style-type: none"> • Name • Date of birth • Gender • Address • Living arrangement, if not with both parents • Name of guardian, if applicable • Name of school
			Identifying information about the parents or guardian to include: <ul style="list-style-type: none"> • Names of both parents • Name of guardian, if applicable • Home and work addresses • Home and work telephone numbers
			Name(s) and information about the person(s) to whom the child may be released. Such information shall contain: <ul style="list-style-type: none"> • The authorized person's address • Telephone numbers • Relationship to child and to parent(s) or guardian • Other identifying information
			Emergency contact information to include: <ul style="list-style-type: none"> • Name and telephone number of person(s) to contact in emergencies when the parent or guardian cannot be reached
			Evidence of age-appropriate immunizations or a signed affidavit rejecting such immunizations
			Primary care physician's or clinic's name and telephone number
			Statement regarding: <ul style="list-style-type: none"> • Known allergies or other physical problems • Mental health disorders or developmental disabilities which would limit the child's participation in the center's program and activities
			*Parental Agreements with Child Care Facility Form Signed agreement between the center and the parent to include:

Office Use Only	Office Use Only	Office Use Only	Children's Records Checklists
Review Date	Review Date	Review Date	
			Description of general services to be provided by the center to the child, including whether the center is providing meals and snacks
			Description of the information that will be required from the parent before the center will dispense any medication and the parents' acknowledgment that they will provide all the necessary information
			Note: Policies must be implemented which require staff to match identifying information provided by the parents to the person picking up the child.
			<p style="text-align: center;">*Authorization for Medication Form</p> <p>If center will not dispense routine medication write NA on the form. The information on this form must match the information in the parent handbook. Include the following information:</p> <ul style="list-style-type: none"> • Date • Full name of the child • Name of medication • Prescription number if any • Dosage • Dates medication is to be given • Time of day medication is to be dispensed • Signature of parent • Verification that medication was dispensed according to the parents' authorization, shall include: <ul style="list-style-type: none"> • Date, time, and amount of medicine given • Adverse reactions noted, if applicable <p style="text-align: right;">Signature/initials of persons administering the medication</p>
			<p>*Report of Incident Requiring Professional Medical Attention Form</p> <p>This form must include:</p> <ul style="list-style-type: none"> • Child's name • Type of illness or injury • Date of illness or injury • Details of how illness or injury occurred • Names of staff present • Method of notifying parent • Services provided to the child
			<p style="text-align: center;">*Transportation/Field Trip Forms</p> <p>If transportation is not provided by the center, write NA on the top of this form and submit plan for emergency transportation. Form must include description of all transportation services provided from this list, include plans if none of the services are provided:</p> <ul style="list-style-type: none"> • Routine (school, home pick-up delivery, etc.) • Field trips • Contractual transportation services • Emergency only • Facility owned/leasing vehicle

Office Use Only	Office Use Only	Office Use Only	Children's Records Checklists
Review Date	Review Date	Review Date	
			<ul style="list-style-type: none"> • Staff members' vehicle • Parents' vehicle • None provided (submit plan for emergency transportation, such as personal vehicle, ambulance/911)
			<p style="text-align: center;">*Transportation Agreement Form</p> <p>This form is required if the center will provide routine transportation for the child to or from school, home, or center. It is not required for field trips. The form must specify the following:</p> <ul style="list-style-type: none"> • Routine pick up location • Routine pick up time • Routine delivery location • Routine delivery time • Name of any person authorized to receive the child and the procedure to be followed if the authorized person is not present at the drop-off site to receive the child
			<p style="text-align: center;">*Transportation Record Form</p> <p>This form must include:</p> <ul style="list-style-type: none"> • A checklist for accounting for the loading and unloading of children at any location • The signature of person conducting the check • Facility's checklist including staff signature and date that the vehicle used for regular transportation is: <ul style="list-style-type: none"> • Clean • Free of hazards • In safe repair • Equipped with a recommended dry chemical, type Ia-10bc fire extinguisher, required first aid supplies, and functioning heater.
			<p style="text-align: center;">*Vehicle Emergency Medical Information Form</p> <p>This form must be placed in the vehicle for each child being transported by the center. For each child it must include:</p> <ul style="list-style-type: none"> • List of the child's allergies, special medical needs, and conditions • Current prescribed medications that the child is required to take daily for a chronic condition • Name and phone number of the child's doctor, the local medical facility that the center uses in the area where the center is located • Telephone numbers where the parents can be reached.

Office Use Only Review Date	Office Use Only Review Date	Office Use Only Review Date	Children's Records Checklists
			<p>*Weekly Transportation Checklist for Accounting of Children Form</p> <p>This form must include this information for each child:</p> <ul style="list-style-type: none"> • Names of child transported • Pick up location • Pick up time • Delivery location • Delivery time • Length of time on the vehicle • Alternate delivery location if parent is not at home • Name of person to receive child • Identification of the center's <ul style="list-style-type: none"> • Name • Driver • Telephone
			<p>*Annual Transportation Vehicle Safety Inspection Certification</p> <p>You must submit a completed inspection form with Application Part B. This form must include verification of a satisfactory annual safety check of:</p> <ul style="list-style-type: none"> • Tires • Headlights • Horn • Tail suspension • Exhaust system • Steering • Windshield and windshield wipers
			<p style="text-align: center;">*Field Trip Permission Form</p> <p>*If field trips are not provided, write NA on this form. If trips are provided, this form must be completed and include:</p> <ul style="list-style-type: none"> • Name/address of the trip destination • Date of the trip • Time of departure • Estimated arrival time back at the center • Parent's signature and date of approval
			<p style="text-align: center;">*Transportation Training</p> <p>Child Care Learning Centers that provide any type of transportation shall obtain two (2) clock hours of transportation training, biannually, for the Director and for each staff person responsible for or who participates in the transportation of children. The training shall include, but is not limited to:</p> <ul style="list-style-type: none"> • A review of the transportation rules as stated in 591-1-1-.36 • A review of approved transportation forms and procedures • Instruction on the usage and completion of the forms and procedures

Office Use Only Review Date	Office Use Only Review Date	Office Use Only Review Date	Children's Records Checklists
			<p style="text-align: center;">*Safety Drill Information Form</p> <p>Center must prepare and provide a copy of a form to be used to document drills for fire, tornado and other emergency situations.</p> <ul style="list-style-type: none"> • Fire drills must be conducted monthly • Tornado and other emergency situation drills must be conducted every six months • Document must show the dates and times of the drills • Document must be kept on file for two years

Policies and Procedures Manuals

This section provides instructions and a checklist for the program's written Policies and Procedures Manual. The Manual will also be the Parent Handbook given to parents during enrollment.

- All information that is included must be specific to your program.
- Please indicate on the checklist the page number (PG) where each item can be found in the Parent Handbook.
- No sample form is available for the Policies and Procedures for Parents section.

Policies and Procedures Manuals Checklist

Policies and Procedures must be written because they govern the operations of the center. They should match Application Part A for the ages served, and the months, days, and hours of operation. Everything in this checklist table must also be covered in the policy documents available to parents (i.e., Parent Handbook, Policy Manual). The information must be kept current, be available to parents, and show the page number where it is found in the Policy and Procedures Manual. Please indicate on the checklist the page number (**PG**) where each item can be found in the Parent Handbook.

Office Use Only Review Date	Office Use Only Review Date	Office Use Only Review Date	Policies and Procedures Required Information
			The information listed below must be included in the center's Policies and Procedures
			Ages of children served; should match information on Application A PG :
			Months of operation; should match Application A PG :
			Days of operation; should match Application A PG :
			Hours/time of operation; should match Application A PG :
			Days/times center is closed; including holidays PG :
			Description of enrollment and admission requirements specifying parents' responsibilities for: <ul style="list-style-type: none"> • Supplying & updating needed information to the center • Escorting the child to and from the center; PG:
			Fee and payment schedule that specifies <ul style="list-style-type: none"> • Standard fees • Fees related to absences and vacations • Other charges and fees, such as transportation and late fees; PG:
			Description of the facility's transportation and field trip services. <ul style="list-style-type: none"> • If transportation/field trips are not provided, clearly state in the document what forms of transportation will not be provided at the program • If a public school bus picks up and delivers to the facility, state it • If transportation is provided to or from school or home, include the details and procedures to be followed if no one is at drop-off site to receive child • If program offers field trips, tell parents what vehicle their child will ride in such as parent cars or center van PG:
			Description of behavior management and discipline actions used by the center. PG :
			Description of meals and snacks served, including guidelines for food brought from the child's home; should match Application A and the sample menu PG :
			Statement granting permission to the child's parents to access all areas in the facility used by the child. PG :
			Summary of child abuse reporting law requirements PG :
			Nondiscrimination statement PG :
			Description of center-sponsored religious/cultural activities, if any PG :
			Description of facility's safe sleep policy PG :
			Description of center's diapering procedures, if it is licensed for infant/toddler care; write N/A if not applicable PG :
			Description of center's toilet training procedures, if it is licensed for infant/toddler care; write N/A if not applicable PG :

			Description of center's feeding procedures, if it is licensed for infant/toddler care; write N/A if not applicable PG:
			Description of procedures for handling emergency medical care, including place(s) the children will be taken for emergency medical care PG:
			Description of procedures for administering medication and recording noticeable adverse reactions to the medication PG: <ul style="list-style-type: none"> • If the program will not administer routine medication clearly state it
			Description of procedures for how center will notify parents of: <ul style="list-style-type: none"> • Illness PG: <ul style="list-style-type: none"> • Clearly state that a child shall not be accepted nor allowed to remain at the center if the child has an oral temperature that is the equivalent of 101 degrees or higher and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat • Injury PG: <ul style="list-style-type: none"> • Include minor injuries that do not require professional medical attention • Include serious injuries that do require professional medical attention) • Exposure to a notifiable communicable disease, such as chicken pox PG: <ul style="list-style-type: none"> • Explain how and what form of communication center will use to notify parents that their child was exposed <ul style="list-style-type: none"> • Letter • Sign on door • Noticeable adverse reactions to prescribed medication(s) PG: • Policy on exclusion of sick children PG: • Protection of children during emergencies PG: <ul style="list-style-type: none"> • Stating that "emergency plans have been developed and are posted for parent viewing" is acceptable • Severe weather/tornado PG: • Fire PG: • Physical plant problems, such as power failure, that affects climate control or causes structural damage PG:

Staff Policies Handbook

Centers must prepare and provide a complete, organized copy of the Staff Policies Handbook. This section provides descriptions and a checklist of the items that must be included in a center's Staff Handbook.

Additionally, the Handbook can include information about other policies, such as dress code, time-off, and child care rate reductions.

Please indicate on the checklist the page number (PG) where each item can be found in the Staff Handbook.

Staff Policies Handbook Checklist

The following seven (7) policies are specified by the rules and must be included in the Policies and Procedures Manual and the Staff Handbook so that staff members are aware of them. Other information relevant to staff also can be included. Please indicate on the checklist the page number (PG) where each item can be found in the Staff Handbook.

Office Use Only Review Date	Office Use Only Review Date	Office Use Only Review Date	Staff Policies Handbook Checklist
			<p style="text-align: center;">Hygiene/ Contagious Diseases</p> <p>Staff, or any other persons being supervised by the staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea. PG:</p>
			<p style="text-align: center;">Tobacco Use/Smoking</p> <p>Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds, or in any vehicle being used to transport children during the hours that the center is in operation. PG:</p>
			<p style="text-align: center;">Alcohol/Illegal Drugs/Prohibited Substances</p> <p>Staff, chaperones and students in training shall not be under the influence of or consume alcohol, marijuana, or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible. PG:</p>
			<p style="text-align: center;">Diapering Area Rules/Hygiene Practices</p> <p>Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties. PG:</p>
			<p style="text-align: center;">Staff Work Schedules</p> <p>Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period. PG:</p>
			<p style="text-align: center;">Substitute Staff</p> <p>The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to ensure the proper performance of their job duties in compliance with these rules. PG:</p>
			<p style="text-align: center;">Staff First Aid and CPR Training</p> <p>At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip. PG:</p>

Schedules, Lesson Plans, and Menus

This section covers a program's daily schedules, classroom lesson plans, and menus. The content must be specific to the program. There are sample forms for use as templates. Centers must complete the sample forms to reflect the plans for developmentally appropriate activities, schedules, and menus accurately, and submit them for review and approval.

Daily Schedules: Please provide a daily schedule for each classroom in the facility, including a full-day after-school schedule, a half-day after-school schedule, and an infant schedule.

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

Outdoor Play Schedules: Please ensure that outdoor play times allow for each classroom to meet the minimum time required by the rules, without overcrowding the playground. Therefore, programs with limited playground space must ensure that outdoor times are staggered so that the playground capacity is not exceeded by having multiple classrooms outside at the same time.

Lesson Plans: Please provide a sample lesson plan for each age group in the program. This will include a full-day after-school lesson plan, a half-day after-school lesson plan, and an infant lesson plan. If there are multiple classrooms with children of the same ages, please submit one lesson plan for that age group—if each room will be doing the same activities.

Menu: Please use the sample meal planner form provided. Complete and submit it with sample menu of foods to be served for one full week. Be sure to meet all required components for each meal and snack. The submitted sample menu must include the mealtimes that are indicated in the center's Parent Handbook and on Application Part A, such as breakfast, morning snack, lunch, and afternoon snack.

Schedules, Lesson Plans, and Menu Checklists

Office Use Only Review Date	Office Use Only Review Date	Office Use Only Review Date	Schedules, Lesson Plans & Menu Checklist
			Daily Schedules
			Submit daily schedules for all classrooms and all ages served, beginning when center opens and ending at time center closes. Information must match times listed on Application Part A for opening and closing. They must include:
			<ul style="list-style-type: none"> Age-appropriate activities for all hours of operation, from center opening until closing. Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, language experiences, arts and crafts, dramatic play, rhythm and music, and nature and science experiences.
			<ul style="list-style-type: none"> Required amount of outdoor play: <ul style="list-style-type: none"> One-and-a-half hours for one year and older. At least one hour for children under one year. Ensure that groups rotate appropriately so that playgrounds are not over capacity.
			<ul style="list-style-type: none"> At least two hours required between meals and snacks
			<ul style="list-style-type: none"> Part-day/full-day schedules for school age, if applicable. <ul style="list-style-type: none"> Half-day schedule for after-school Full-day schedule for summer or holidays when children are present all day
			Lesson Plans
			Submit samples of completed lesson plans for each age group that:
			<ul style="list-style-type: none"> Represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development: <ul style="list-style-type: none"> Physical development (fine & large motor) Emotional and social development Language and literacy development Cognitive development
			<ul style="list-style-type: none"> Show that staff members use a variety of teaching methods to accommodate the needs of children with different learning styles and abilities, such as knobbed puzzles, chunky paint brushes, and diverse types of materials to meet various physical abilities.
			Weekly Menu
			Submit menus that include:
			<ul style="list-style-type: none"> Clearly identified, specific food items and drinks, such as apple, orange, or banana—not just “fruit”; vegetable, chicken noodle, or tomato soup—not just “soup.”
			<ul style="list-style-type: none"> Required components and creditable food items, drinks, and quantities described in USDA guidelines. Refer to Applicant Guide and use the meal planner form to meet USDA guidelines, for example meat/protein, bread, milk, and 2 vegetables or 1 fruit and 1 vegetable for lunch.
			<ul style="list-style-type: none"> Morning snack, lunch, afternoon snack, and any other meals or snacks served.

Emergency Plans

This section covers instructions, content, and checklists for a program's Emergency Plans covering the following required categories:

- Fire
- Tornado/Severe Weather
- Serious Injury/Death
- Loss of Child
- Bomb Threat
- Chemical or Radiation Exposure
- Presence of Dangerous Person
- Relocation Procedures Following Emergencies
- Communication with Families During Emergencies
- Plans for Continuing Operation Following Emergencies

The plans must be written and specific for the program. No sample forms are available.

Write them now, train staff with them, and use them as reference when an emergency happens.

The emergency plans for fire and severe weather must be posted on the parent information board near the entrance to the building. If they are also provided in your Policies and Procedures document, they should be the same.

Please make sure the plans for each area are specific and complete. They should cover the plan from the beginning of the emergency until the end. They should list the responsible parties for each action, for example:

- The Director will pull the fire alarm
- Each lead staff will grab their classroom roster, etc.

Emergency Plans Checklist

Written plans for emergency situations should be detailed and specific to your center. You will write them now, train your staff with them, and use them as a reference when an emergency happens.

These should include step-by-step procedures to include graphics and written procedures for the following:

Office Use Only Review Date	Office Use Only Review Date	Office Use Only Review Date	Emergency Plans Checklist
			Fire and Building Evacuation
			Tornado/Severe Weather , including protection inside the building
			Physical Plant Problems , including: ___ loss of heating ___ loss of cooling system ___ loss of water ___ loss of electricity ___ structural damage ___ place(s) children may be taken in emergency until parents can be notified, if applicable
			Child Serious Injury or Death
			Loss of Child who wanders away from facility or on field trip
			Bomb Threat
			Chemical or Radiation Exposure
			Dangerous Person
			Relocation Procedures Following Emergencies , including ___ transporting infants and toddlers ___ transporting children with disabilities ___ transporting children with chronic medical conditions
			Communication with Families During Emergencies , including ___ plans to reunite if unable to return to the center
			Plans for Continuing Operation Following Emergencies if unable to return to the center for a period of time

OFFICE USE ONLY: Please Do Not Write Below This Line

Approval is based on submission of written materials; final approval will be based on the on-site inspection.

- OPERATION PLAN APPROVED
- OPERATION PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)
- FLOOR PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review.

COMMENTS: _____

REVIEWED BY: _____ DATE _____

REVIEWED BY: _____ DATE _____

REVIEWED BY: _____ DATE _____

Sample Forms

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Staff Application

(CENTER NAME)	DATE
	POSITION DESIRED
	DATE AVAILABLE
	INTERVIEWED BY

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

HOME ADDRESS	PHONE NUMBER
--------------	--------------

BIRTH DATE	SOCIAL SECURITY NUMBER
------------	------------------------

(Circle One)

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

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

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

Visa Registration Number: _____ Expiration Date _____

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

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA, CERTIFICATE, DEGREE
ELEMENTARY			
SECONDARY			
COLLEGE			
OTHER			

Experience with groups of children? YES NO

If yes, list below. Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving.

Attach documentation of experience working with children.

(Circle One)

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

If yes list:

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

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

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

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

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

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

Do you have a valid driver's license? YES NO
 If yes, give license number and class of license: _____

Have you had CPR training within the past two years? YES NO
 If yes, give expiration date: _____

Have you had first aid training within the past three years? YES NO
 If yes, give expiration date: _____

Bright from the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? YES NO

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____ DATE _____

10 YEAR EMPLOYMENT HISTORY

Social Security Number

Name

Address

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

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

DOCUMENTATION OF ORIENTATION

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

Staff Name _____

Hire Date _____

Start Date _____

Staff received orientation in the following:

Program's Policies and Procedures

Review of State's Health and Safety Requirements regarding:

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

Employee's Assigned Duties and Responsibilities

Reporting Requirements for:

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

Emergency Weather Plans

Program's Emergency Preparedness Plan

Childhood Injury Control

Administration of Medication

Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

Hand Washing

Fire Safety

Water Safety

Prevention of HIV/Aids and blood borne pathogens

Approved Child Care Training Requirements

Other (list)

Signature of Person Providing Orientation

Signature of Employee Receiving Orientation

Date

Date

Revised 4/12/22



Professional Learning Plan

This Professional Learning Plan (PLP) was created to assist in maintaining compliance with rule 591-1-1.31(2)3 which states that if a newly hired lead teacher does not possess one of the educational and qualifying child care experience requirements listed in 591-1-1-.31(2)(b)2, the Child Care Learning Center (CCLC) may hire this individual as a lead teacher if the following requirements are met:

- The lead teacher enrolls in a program of study to obtain one of the educational credentials and qualifying experience requirements within six (6) months after becoming employed at the CCLC and completes the credential or degree within eighteen (18) months after enrollment; and
- The CCLC prepares, in writing, a professional learning plan outlining the newly hired lead teacher’s agreed upon steps in obtaining one of the credentials or degrees listed in the rule.

Name: _____ **Position:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

Date Enrolled in Program: _____

Content Area of Credential or Degree: _____

Anticipated Date for Completion of Credential or Degree: _____

Credential or Degree Individual is Seeking:

- Child Development Associate (CDA) credential issued by the Council for Professional Recognition
- Technical Certificate of Credit (TCC) in Early Childhood Education, Child Development, Infant/Toddler, Family Child Care, School Age/Youth Care or Program Administration
- Technical College Diploma (TCD) in Early Childhood Education, Child Development, Infant/Toddler, Family Child Care, School Age/Youth Care or Program Administration
- Associate Degree in Early Childhood Education, Child Development, or a related field (AA, AAS; AAT)
- Bachelor's Degree in Early Childhood Education (ECE) or Child Development from an accredited college or university (BS, BA)

Note: Once the Child Care Provider completes twenty-five quarter hours (25) or fifteen semester (15) hours of Early Childhood Education (ECE) or Child Development coursework from an accredited college or university, the Department can accept the completed coursework as meeting the educational requirements. A transcript is required to verify the credit hours.

40 Hour Director Training course approved by the Department

Note: This credential is only eligible for the Director who has been working as an on-site Child Care Learning Center Director for a minimum of five (5) years.

Name of Department-Approved Trainer Providing CDA Credential Coursework: _____	
Trainer Code: _____	Course Code: _____
Phone: _____	
Email: _____	

OR

Name of College or University: _____
Address: _____
Phone: _____

Names and numbers of courses to be completed during the current year and ongoing updates of the names and numbers of courses to be completed for the following year(s). Documentation of successfully completed coursework is required to be kept on file as well.

Please ensure that a copy of the credential or degree awarded by the Council for Professional Recognition, Technical College or University is maintained in the staff person file for Child Care Services Licensing review and is submitted to the Georgia Professional Development system for electronic record retention.

Additional Staff Policies & Procedures

(Page to be added to Staff Policies/Staff Handbook)

Hygiene/Contagious Diseases:

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

Prohibited Substances/No Smoking:

Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation.

Prohibited Substances/Alcohol and Illegal Drugs:

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

Diapering Areas and Practices/Hygiene:

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

Staff/Work Schedules:

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

Staff/Substitute Employees:

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

Staff/First Aid and CPR:

At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip. All staff with caregiving responsibilities must obtain CPR and First Aid training within 90 days of hire date

Required Training:

All staff with caregiving responsibilities must obtain Health and Safety Orientation Certificate within 90 days of hire date. Within the first annual year of employment, staff must obtain 10 hours of training of which two (2) hours must be in Child Abuse and four (4) hours in Infectious Disease Prevention and Injury Control. Staff must obtain ten (10) hours of training each calendar year. The director and staff conducting transportation must participate in two (2) hours of Transportation training. The director and kitchen staff must obtain four (4) hours in Nutrition training. Training can be located at www.training.decal.ga.gov .

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SAMPLE CHILDREN'S ENROLLMENT FORM

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Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

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

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

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

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

Name _____ Phone #(s) _____

Name _____ Phone #(s) _____

Name _____ Phone #(s) _____

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

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

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

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

EMERGENCY MEDICAL AUTHORIZATION

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

Parent/Guardian: _____
Signature

Date: _____

Facility Administrator/Person-In-Charge _____
Signature

Date: _____

Parental Agreements with Child Care Facility

The _____ agrees to provide day care for
(Name of Facility)
_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____
(Month) (Month)

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

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

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

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

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

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

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

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

I have received a copy and agree to abide by the policies and procedures for

(Name of Facility)

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

Signed: _____ Date: _____
(Parent/Guardian)

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

Safe Sleep Practices Policy

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

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

Signature _____ Date _____

AUTHORIZATION FOR MEDICATION

Child's Full Name: _____

Name of Medication: _____

Prescription Number: _____

Time Medication is to be given: _____
(Medication will not be given on an "As Needed" basis, specifics must be provided)

Amount of Medication to be given: _____

Dates to be given: _____
(Not to exceed two weeks without a physician's statement)

PARENT'S SIGNATURE

DATE

FOR CENTER USE (Reminder: document the reasons why medications are not given as parent requested i.e., child absent, medication not sent, child sleeping etc.)

	<u>DATE</u>	<u>TIME GIVEN</u>	<u>AMOUNT</u>	<u>ANY ADVERSE REACTIONS</u>	<u>ADMINISTERED BY</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken?
Describe: _____

Attention to Person Requesting Medication Be Dispensed:
Form must be completed in it's entirety before the center can dispense any
Medication.

DAILY ATTENDANCE/ ARRIVAL & DEPARTURE RECORD

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

Facility name: _____
Classroom / Ages served: _____
DATE: _____

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

Child's Name	Birthdate	Age	Arrival Time	Parent/Guardian Signature	Departure Time	Parent/Guardian Signature	Notes on daily attendance:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total							

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

Parents or Guardian's Notice of No Liability Insurance and Acknowledgement

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

Parents or Guardian's Signatures

Date

Parent or Guardian (Print Names)

Date

Center Director's Signature

Date

Swim Test Form

Center Name: _____

Child's Name: _____

Date of Birth (include year): _____

I give _____ permission to participate in swimming activities.

Parent Signature

Date

To be completed by swim instructor

_____ has successfully completed a swimming test which required the child to swim a distance of fifteen (15) yards unassisted.

_____ (lifeguard) has current evidence of having completed successfully a training program in lifeguarding offered by a watersafety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard-setting agency for water safety instruction.
(Center must maintain a copy on file)

Signature of lifeguard or instructor

Date

Center has obtained a letter from the off-site swimming facility that all lifeguards on duty have successfully completed a training program in lifeguarding.

** 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.

Center Must Maintain in Child's File

Nutrition Documents

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Meet My Plate USDA Guidelines	103
USDA Infant Meal Patterns	104
USDA Child and Adult Meal Patterns	106
Child and Adult Care Food Programs: Best Practices	108
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Criteria For Sack Lunches	113
Connecting Mealtime to GELDS	114
Reducing the Risk of Choking in Young Children	116

Food Service Guidelines

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

Meet MyPlate

The **MyPlate** icon reminds us that we need to eat and drink foods from the five food groups. **Fruits**, **Vegetables**, **Dairy**, **Grains**, and **Protein Foods** are important for good health. **MyPlate** shows the food groups in different sections of the plate. Does this mean that foods need to be separate on your plate? No way! Some of our favorite healthy foods are a mix of food groups. What food groups are in your sandwich or taco?

MyPlate Matching Game

Draw a line from each section of MyPlate to the correct foods below.



Did You Know?

Beans belong to both the Vegetable and Protein Food Groups. Some favorite ways kids like to eat beans are in burritos, tacos, chili, dips, and quesadillas.



Parents

Make half your plate fruits and vegetables. It is an easy way to make sure you (and your family) are getting enough. More information on MyPlate can be found at MyPlate.gov.



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Answers: FRUIT: orange, VEGETABLE: garden salad, PROTEIN FOOD: beans, GRAIN: rice, DAIRY: milk



UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS: INFANT MEALS

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. The changes to the infant meal pattern support breastfeeding and the consumption of vegetables and fruit without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

UPDATED INFANT MEAL PATTERN:



Encourage and Support Breastfeeding:

- Providers may receive reimbursement for meals when a breastfeeding mother comes to the day care center or home and directly breastfeeds her infant; and
- Only breastmilk and infant formula are served to infants 0 through 5 month olds.



Developmentally Appropriate Meals:

- Two age groups, instead of three: 0 through 5 month olds and 6 through 11 month olds; and
- Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.



More Nutritious Meals:

- Requires a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months old;
- No longer allows juice or cheese food or cheese spread to be served; and
- Allows ready-to-eat cereals at snack.

Learn More

For more information on infant development and nutrition, check out the [USDA Team Nutrition's Feeding Infants Guide](#).





PREVIOUS AND UPDATED INFANT MEAL PATTERNS: LETS COMPARE

	PREVIOUS			UPDATED	
	0-3 Months	4-7 Months	8-11 MONTHS	0-5 MONTHS	6-11 MONTHS
Breakfast	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breastmilk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Lunch or Supper	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal 0-3 tbsp vegetable, fruit or both	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal; and/or 1-4 tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½ -2oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food or cheese spread; or a combination 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breast milk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Snack	4-6 fl oz breastmilk or formula	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk, formula, or fruit juice 0-½ bread slice or 0-2 crackers	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk or formula 0-½ bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal* 0-2 tbsp vegetable, fruit or both*

*Required when infant is developmentally ready.
All serving sizes are minimum quantities of the food components that are required to be served.

For more information, please visit www.fns.usda.gov/cacfp/child-and-adult-care-food-program.
Questions? Contact your State or Regional Office.
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UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS: CHILD AND ADULT MEALS



USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the updated child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

Updated Child and Adult Meal Patterns



Greater Variety of Vegetables and Fruits

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.



More Whole Grains

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).



More Protein Options

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.



Age Appropriate Meals

- A new age group to address the needs of older children 13 through 18 years old.



Less Added Sugar

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.



Making Every Sip Count

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.



Additional Improvements

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	½ oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
Meat and meat alternatives	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	½ cup	1 cup	½ cup
Fruits		½ cup		½ cup		½ cup		
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	½ oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults
Oz eq = ounce equivalents

Snack Meal Pattern

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternatives	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
Fruit		½ cup		½ cup		¾ cup		
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.
Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.



CHILD AND ADULT CARE FOOD PROGRAM: BEST PRACTICES

The updated CACFP meal patterns lay the foundation for a healthy eating pattern for children and adults in care. USDA also developed optional best practices that build on the meal patterns and highlight areas where centers and day care homes may take additional steps to further improve the nutritional quality of the meals they serve. The best practices reflect recommendations from the Dietary Guidelines for Americans and the National Academy of Medicine to further help increase participants' consumption of vegetables, fruits, and whole grains, and reduce the consumption of added sugars and saturated fats.

CACFP Best Practices

USDA highly encourages centers and day care homes to implement these best practices in order to ensure children and adults are getting the optimal benefit from the meals they receive while in care:



Infants

- Support mothers who choose to breastfeed their infants by encouraging mothers to supply breastmilk for their infants while in day care and offer a quiet, private area that is comfortable and sanitary for mothers who come to the center or day care home to breastfeed.



Vegetables and Fruit

- Make at least 1 of the 2 required components of a snack a vegetable or a fruit.
- Serve a variety of fruits and choose whole fruits (fresh, canned, dried, or frozen) more often than juice.
- Provide at least one serving each of dark green vegetables, red and orange vegetables, beans and peas (legumes), starchy vegetables, and other vegetables once per week.



Grains

- Provide at least two servings of whole grain-rich grains per day.



Meat and Meat Alternates

- Serve only lean meats, nuts, and legumes.
- Limit serving processed meats to no more than one serving per week.
- Serve only natural cheeses and choose low-fat or reduced fat-cheeses.



Milk

- Serve only unflavored milk to all participants. If flavored milk is served to children 6 years old and older, or adults, use the Nutrition Facts Label to select and serve flavored milk that contains no more than 22 grams of sugar per 8 fluid ounces, or the flavored milk with the lowest amount of sugar if flavored milk within this sugar limit is not available.
- Serve water as a beverage when serving yogurt in place of milk for adults.

Additional Best Practices

- Incorporate seasonal and locally produced foods into meals.
- Limit serving purchased pre-fried foods to no more than one serving per week.
- Avoid serving non-creditable foods that are sources of added sugars, such as sweet toppings (e.g., honey, jam, syrup), mix-in ingredients sold with yogurt (e.g., honey, candy, or cookie pieces), and sugar sweetened beverages (e.g., fruit drinks or sodas).
- Adult day care centers should offer and make water available to adults upon their request, throughout the day.

Resources

Find useful tips and strategies to help you incorporate the best practices into your every day meal service:

- **Nutrition and Wellness Tips for Young Children:** Child care providers can use these tips to incorporate key recommendations and best practices into their menus and daily schedules.
- **Feeding Infants:** This guide presents information on infant development, nutrition for infants, breastfeeding and formula feeding, feeding solid foods, sanitary food preparation, safe food handling, and much more!
- **Healthy Meals Resource System:** CACFP centers and day care homes will find more menu planning tools, recipe ideas, and additional tips and ideas to help implement the updated meal patterns and best practices, such as hosting taste tests to help introduce and get children excited about new foods and menus.
- **Team Nutrition Resource Library:** Visit the Team Nutrition Resource Library for free nutrition education materials to further reinforce and complement the nutrition messages taught by serving healthful foods.
- **MyPlate:** Resources found on the MyPlate website can help CACFP centers and day care homes identify healthier options to ensure menu choices contain the most nutrients children need to grow.
- **ICN Education and Training Resources:** The Institute of Child Nutrition's resources provide education and training opportunities to help provide nutritious meals in CACFP homes and day care settings.



Weekly Menu Form

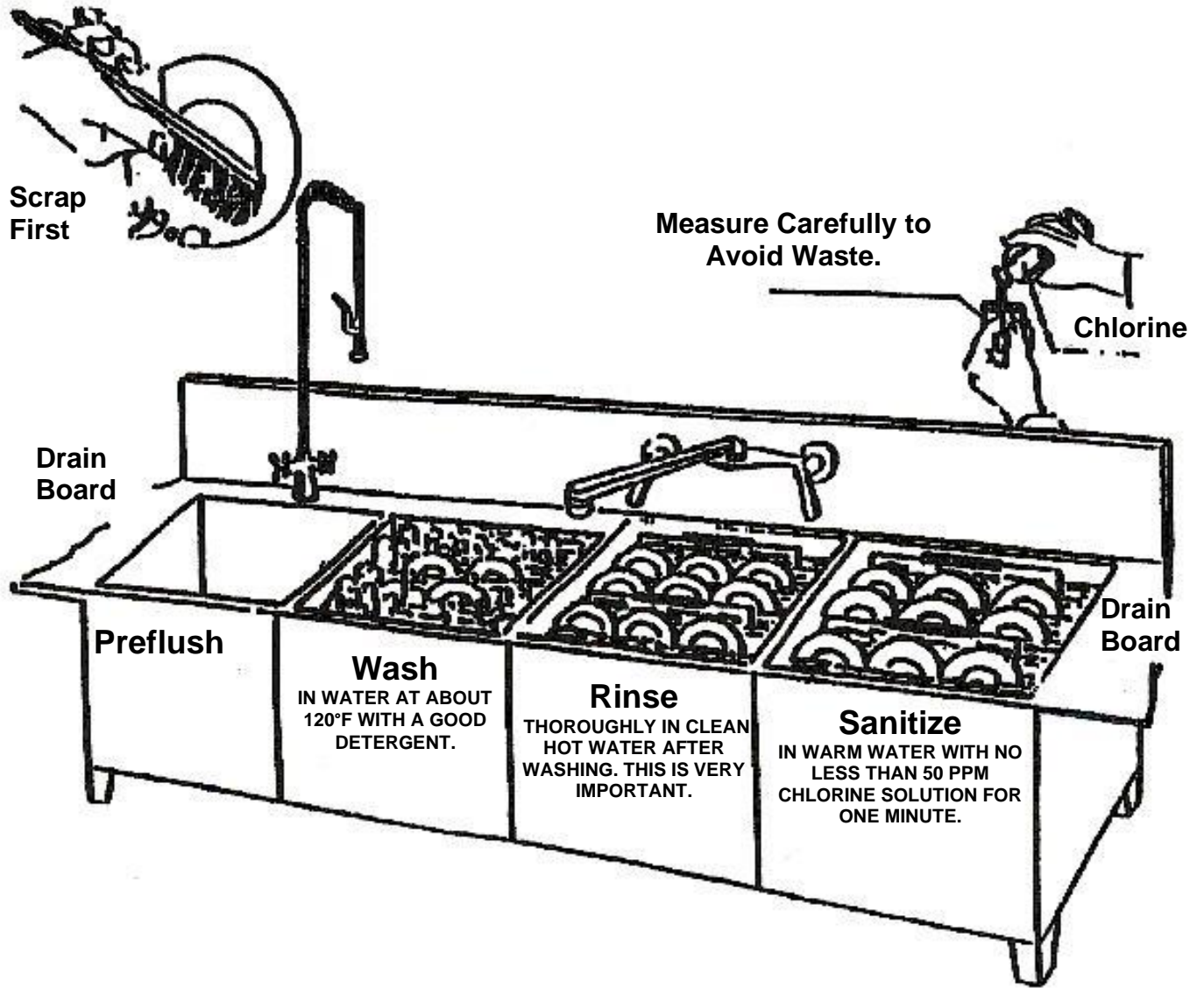
Provider's Name: _____							
Month/Year: _____							
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Calendar Date						
Breakfast	Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate(s)						
	*Additional Food (Optional)						
AM Snack	Choose 2 of these 4: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

Weekly Menu Form

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

Manual Dishwashing – Chemical Method

Approved Procedure - Preflush, Wash, Rinse, Sanitize





2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

Brian P. Kemp
Governor

Amy M. Jacobs
Commissioner

CRITERIA FOR SACK LUNCHES FOR CHILD CARE LEARNING CENTERS & FAMILY CHILD CARE LEARNING HOMES

1. All nutritional requirements for meals and snacks listed in the Rules and Regulations must be met.
 - Child Care Learning Centers (CCLC) rule 591-1-1-.15(1).
 - Family Child Care Learning Home (FCCLH) rule 290-2-3.10(1).
 2. The child care program shall have a written agreement with parent(s) as to the parent's responsibility to provide the child a nutritious sack lunch.
 3. The child care program shall provide all parents written nutritional information concerning the content of sack lunches.
 4. Food brought into the child care program shall be evaluated each day. If the child's sack lunch does not meet the nutritional requirements stated in the rules, the child care program must provide the child the additional food necessary to meet the requirements.
 5. Individual sack lunches shall be labeled with the children's names. Children should be monitored to ensure that there is no swapping of home-prepared food.
 6. The child care program shall provide proper storage and refrigeration for sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees Fahrenheit or below as stated in rules.
 - CCLC rule 591 -1-1-.18(5)
 - FCCLH rule 290-2-3-.10(13)
- “Potentially hazardous food” means any perishable food consisting of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients that can support rapid and progressive growth of harmful organisms. Refrigeration slows bacterial growth.
7. All food preparation in the child care program must meet the requirements stated in the following chapters.
 8. Each child shall be served at least 4 ounces of milk each day, if not contraindicated by special diet as stated in rules.
 - CCLC rule 591-1-1.15(1)
 - FCCLC rule 290-2-3-.10(1)

Intentional Mealtimes

Incorporating GELDS into mealtime routines and classroom activities

Physical Development and Motor Skills

Health & Well-Being

- Exploring food with fingers (PDM2)
- Showing food preferences and interest in trying a new food (PDM2)

Use of Senses

- Exploring a food with a new smell, taste, or texture (PDM4)
- Making faces in response to foods (PDM4)

Motor Skills

- Gaining neck control to move toward or away from bottle or spoon (PDM5)
- Gaining the strength to sit in a high chair (PDM5)
- Using hand-eye coordination, grasping, and small object manipulation to feed self with fingers or utensils (PDM6)
- Practicing drinking water from an open cup (PDM6)



Social and Emotional Development

Developing a Sense of Self

- Being satisfied in own ability to feed self (SED1)
- Choosing what to eat, from what is provided (SED1)
- Using sounds, facial expressions, and movements to express hunger and fullness (SED2)

Self-Regulation

- Learning and participating in mealtime routines (SED3)
- Following mealtime rules, like not eating off a friend's plate, or keeping hands out of serving bowls during family style dining (SED3)

Developing a Sense of Self with Others

- Bonding with adults during bottle feeding and mealtime (SED4)
- Seeking assistance from an adult to use utensils or drink from a cup (SED4)
- Recognizing peers' personal space and their food during meals (SED5)

Approaches to Play and Learning

Initiative and Exploration

- Demonstrating a desire to feed self (APL1)
- Showing interest in what and how others are eating and drinking (APL2)
- Showing interest in what food is and where it comes from (APL2)

Attentiveness and Persistence

- Continuing to express distress when needs are not met, like crying when early hunger cues are not responded to; throwing food when fullness cues are not respected; and persistently whining and crying for treats or other foods (APL3)

Play

- Cooperating during family-style meals, setting the table, cleaning up (APL5)

Communication, Language and Literacy

Receptive Language

- Responding to directions- wash your hands, pass the bowl (CLL1)
- Understanding words, like “time to eat” or names of familiar foods (CLL2)

Expressive Language

- Communicating hunger and fullness through nonverbal gestures and actions (CLL3)
- Learning and using more language about foods and mealtime (CLL4)

Early Reading

- Responding to pictures of foods in books (CLL5)
- Connecting books about food to real-life experiences, like connecting a book about gardens to the school garden, or a book about a food and a class cooking activity (CLL5)

Cognitive Development and General Knowledge

Math

- Counting pieces of food on the plate (CD-MA2)
- Graphing food preferences during taste tests (CD-MA2)
- Comparing foods, like discussing which vegetable is bigger or heavier (CD-MA3)
- Sorting foods using colors, shapes, and later their food group (CD-MA4)

Social Studies

- Recognizing and following rules during mealtimes (CD-SS2)
- Observing cultural customs and celebrations related to food (CD-SS2)
- Helping with the mealtime tasks, like cleaning and setting the table (CD-SS4)

Science

- Exploring and responding to food using senses (CD-SC1)
- Investigating vegetable and fruit plants and how they grow and change (CD-SC3), and recording observations through drawings (CD-SC1)

Creative Development

- Role playing mealtime, grocery shopping and other food-related activities during play (CD-CR1)

Cognitive Processes

- Repeating actions to cause a desired effect, like throwing a cup on the ground for a caregiver to pick up (CD-CP1)
- Imitating peers during mealtime (CD-CP2)
- Using objects, like utensils and cups, as intended (CD-CP2)
- Using problem-solving skills to feed self, like using hands when the fork is a challenge (CD-CP3)



Reducing the Risk of Choking in Young Children at Mealtimes

Children **under the age of 4** are at a high risk of choking while eating. Young children are still learning how to chew food properly, and they often swallow the food whole. Their small airways can become easily blocked.

You can help reduce children's risk of choking when eating by preparing food in certain ways, such as cutting food into small pieces and cooking hard food, like carrots, until it is soft enough to pierce with a fork. **Remember, always supervise children during meals and snacks.**



Prepare Foods So They Are Easy to Chew

You can make eating safer for young children by following the tips below:

- Cook or steam hard food, like carrots, until it is soft enough to pierce with a fork.
- Remove seeds, pits, and tough skins/peels from fruits and vegetables.
- Finely chop foods into thin slices, strips, or small pieces (no larger than $\frac{1}{2}$ inch), or grate, mash, or puree foods. This is especially important when serving raw fruits and vegetables, as those items may be harder to chew.
- Remove all bones from fish, chicken, and meat before cooking or serving.
- Grind up tough meats and poultry.

Cut Round Foods Into Smaller Pieces

Small round foods such as grapes, cherries, cherry tomatoes, and melon balls are common causes of choking.



Slice these items in half lengthwise.



Then slice into smaller pieces (**no larger than $\frac{1}{2}$ inch**) when serving them to young children.



Avoid Choking Hazards

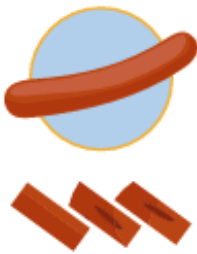
To help prevent choking, do not serve small (marble-sized), sticky, or hard foods that are difficult to chew and easy to swallow whole, including:

- Cheese cubes or blocks. Grate or thinly slice cheese before serving.
- Chewing gum*
- Dried fruit
- Gummy fruit snacks*
- Hard candy, including caramels, cough drops, jelly beans, lollipops, etc.*
- Hard pretzels and pretzel chips
- Ice cubes*
- Marshmallows*
- Nuts and seeds, including breads, crackers, and cereals that contain nuts and seeds
- Popcorn
- Spoonfuls of peanut butter or other nut butters. Spread nut butters thinly on other foods (e.g., toast, crackers, etc.). Serve only creamy, not chunky, nut butters.
- Whole round or tube-shaped foods such as grapes, cherry tomatoes, cherries, raw carrots, sausages, and hot dogs

*Not creditable in the Child Nutrition Programs, including the Child and Adult Care Food Program (CACFP), National School Lunch Program and School Breakfast Program, and Summer Food Service Program.

Cut Tube-shaped Foods Into Smaller Pieces

Cut tube-shaped foods, such as baby carrots, string cheese, hot dogs, etc., into short strips rather than round pieces.



In addition to the foods listed, **avoid serving foods that are as wide around as a nickel**, which is about the size of a young child's throat.



Teach Good Eating Habits

Sit and eat with children at meals and snacks. Remind children to take small bites of food and swallow between bites. Eating together may help you quickly spot a child who might be choking. Other tips to help prevent choking while eating include:

- Only providing foods as part of meals and snacks served at a dining table or high chair. When serving infants, do not prop the bottle up on a pillow or other item for the baby to feed him or herself.
- Allowing plenty of time for meals and snacks.
- Making sure children are sitting upright while eating.
- Reminding children to swallow their food before talking or laughing.
- Modeling safe behavior for children to follow, including eating slowly, taking small bites, and chewing food completely before swallowing.
- Encouraging older children to serve as role models for younger children as well. All children should avoid playing games with food, as that may lead to an increased risk of choking.



For more information, see [FNS.USDA.gov](https://www.fns.usda.gov).

Items To Be Posted

All Items To Be Posted	120
Infectious Disease Chart	124
Poisonous Plants List	129
Fire and Safety Drills Form	133
Child Care Weather Watch Form	135

All Items To Be Posted

591-1-1-.27 Posted Notices. Each child care program shall post in a designated area for public viewing near the front entrance the following:

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

Each Center shall post in other areas:

- Hand washing chart by each sink used by adults
- Daily schedules and lesson plans in each classroom

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

- Regional Poison Control Center
- Local hospital/medical office/physician
- County Health Department
- Ambulance/ Rescue Squad Services/ 911
- Local Fire Department/ 911
- Local Police Department/ 911

Parents

You have the right:

- **To access this facility anytime your child is in care.**

However, you need to immediately make your presence known to the person in charge of the facility.

- **To review a copy of the facility's latest licensure evaluation report.**

The facility director has the report. Inspections of facilities can be viewed on our website at <http://www.decal.ga.gov>



A copy of the rules and regulations which apply to this facility is available. Please ask your provider to share them with you. You may also review the rules and regulations by visiting the Bright from the Start website at www.decal.ga.gov. These rules establish minimum requirements for the health, safety and well-being of all children in care.



Bright from the Start: Georgia Department of Early Care and Learning, is required by law to investigate complaints regarding rule violations. If you have any complaints or concerns about your child's care, you may call (404) 657-5562.

GOOD HEALTH IS IN YOUR HANDS!



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

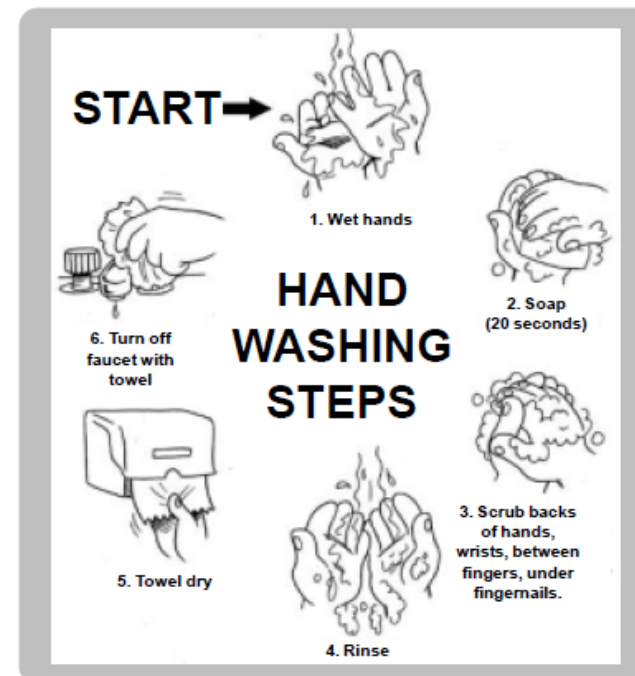
Always wash your hands . . .

Before

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

After

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



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



**Proper Hand Washing is
Essential to Good Health!**

COMMON INFECTIOUS ILLNESSES

From birth to age 18

	Disease, illness or organism	Incubation period (How long after contact does illness develop?)	How is it spread?	When is a child most contagious?	When can a child return to the childcare center or school?	Report to county health department*	How to prevent spreading infection (management of conditions)***
Eye, ear, nose, throat and chest	To prevent spreading infection for all eye, ear, nose, throat, and chest diseases: Good handwashing and hygiene; disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable.						
	Bronchitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different viruses and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Wash your hands often with soap and water. Avoid touching your eyes, nose, and mouth with unwashed hands. Stay away from people who are sick.
	Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.
	Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surface	During course of active infection	Once treatment begins	NO	Wash your hands often with soap and warm water. Wash your hands after contact with an infected person or items he or she uses. Avoid touching your eyes with unwashed hands. Do not share items used by an infected person.
	COVID-19 (SARS-CoV-2 virus)	2 to 14 days (usually 3 to 6 days from exposure)	Highly contagious; contact with droplets or aerosols from nose, eyes or mouth of infected person	Peak infectious time is two days prior to onset of illness through the completion of their isolation (5 days from symptom onset if symptomatic, or 5 days from test date if asymptomatic). May last up to 10 days or longer depending on course of illness and immune status.	Individuals with confirmed or suspected COVID-19, regardless of vaccination status can return to child care or school after they have completed their isolation according to current Georgia Department of Public Health guidelines.	YES	The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.
	Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from nose, eyes or mouth of infected person; contact with discharge from skin lesions of infected individual; rarely through contaminated objects and raw milk or milk products	Onset of sore throat 2 days after treatment has begun, but may vary; if untreated, 2 to 6 weeks after infection	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary.
	Influenza (the flu) (influenza virus)	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medications	NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections	Annual influenza vaccine recommended for everyone 6 months and older (with rare exceptions).
	Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Avoid kissing and sharing drinks or utensils.
	Mumps (mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with droplets from eyes or mouth of infected person	Peak infectious time begins 1 to 2 days before gland swelling to 5 days after, but may range from 7 to 8 days after	5 days after onset of parotid gland (neck) swelling	YES	Timely immunization beginning at age 12 months; if outbreak occurs, unimmunized people should be immunized or excluded for at least 26 days following onset of parotitis in last case.
	Multi-system inflammatory syndrome in children (MIS-C), associated with the virus SARS-CoV-2 causing COVID-19	MIS-C can occur weeks after exposure to COVID-19—even if the child or family did not know the child had COVID-19	It is not known yet what causes MIS-C. However, many children had the virus that causes COVID-19 weeks before being diagnosed with MIS-C, or had been around someone with COVID-19. Unless the patient also has a current COVID-19 infection, MIS-C is not contagious.	N/A	MIS-C can be serious, but most children who were diagnosed with this condition have gotten better with medical care. MIS-C patients should have close clinical follow-up, including pediatric cardiology follow-up starting 2 to 3 weeks after discharge. Patients diagnosed with myocardial injury must have cardiology directed restriction and/or release for activities. Please refer to the COVID-19 section if acute COVID-19 infection is also present.	YES	The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.
	Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from the day before onset of symptoms until 3 to 8 days after or long; may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medications	NO	Avoid sharing linens or toys.
	Strep throat (Group A Streptococcus bacteria)	2 to 5 days	Contact with droplets from nose and mouth; close crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	Avoid kissing and sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested and treated if results are positive.
Tuberculosis (TB) (mycobacterium tuberculosis)	2 to 10 weeks; risk of developing disease is highest 6 months to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious.	For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	Routine TB skin testing is not recommended at this time for children; however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation.	
Whooping cough (pertussis) (bordetella pertussis bacteria)	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Before cough onset (with onset of cold-like symptoms) continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins.	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.	
Gastrointestinal	To prevent spreading infection for gastrointestinal diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff						
	Gastroenteritis-bacterial (vomiting and/or diarrhea) Campylobacter C. diff (Clostridium difficile), Shiga toxin-producing E. coli (STEC/Escherichia coli), Salmonella , Shigella	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or, occasionally, pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic E. coli (STEC or EHEC) and Shigella highly infectious in small doses.	No fever for 24 hours; no diarrhea present; pathogenic E. coli (STEC or EHEC) and Shigella require 2 negative stool cultures; salmonella serotype Typhi requires 3 negative stool cultures	YES for E. coli, salmonella and Shigella; NO for others	Proper cooking and handling of meats and raw eggs. Reptiles should not be permitted in child care centers. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used; bleach wipes are an effective agent against C. difficile.
	Gastroenteritis-viral (vomiting and/or diarrhea) Adenovirus, norovirus	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food and water. Norovirus is highly contagious and is a frequent cause of outbreaks.	Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever or vomiting for 24 hours; no diarrhea present	NO	Frequent, good hand washing after changing diapers, using the toilet, and preparing or eating food. If viral gastroenteritis is suspected, frequent cleaning of toys and other high-touch items with bleach-based solution is important to kill the virus.
	Giardia (parasite)	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present	No diarrhea is present	YES	Clean, sanitize, or disinfect toys and surfaces. Wash hands regularly with soap and water to keep kids and caregivers healthy. Encourage good diapering practices.
	Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	2 weeks prior to onset of illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of last exposure to unimmunized contacts.
	Pinworms (enterobius vermicularis)	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common.	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.
Rotavirus	1 to 3 days	Contact with stool from infected individual	Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea.	No diarrhea present	NO	Timely immunization beginning at 2 months.	

Meningitis							
To prevent spreading infection for all meningitis diseases: Good hand-washing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils.							
Haemophilus influenzae type B (Hib bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization beginning at age 2 months; ensure vaccination of contacts after exposure is up to date.	
Neisseria meningitidis (meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years of age; booster dose of MCV4 is recommended at 16 years of age.	
Streptococcus pneumoniae (pneumococcal bacteria)	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment; child well enough to participate	YES	Timely immunization beginning at age 2 months; treatment of contacts not necessary and not beneficial.	
Viral meningitis (usually enterovirus)	3 to 6 days	Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever; child well enough to participate	YES	Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment.	
Skin or rash							
To prevent spreading infection for all skin or rash diseases: Good hand-washing and hygiene; proper disposal of soiled tissues.							
Chickenpox** (varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella and herpes zoster) of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted. If there is no crusting (i.e. breakthrough cases), patients are contagious from 2 days before skin lesions develop until no new lesions appear after 24 hours	When all lesions have crusted. If there is no crusting (i.e. breakthrough cases), children can return to center or school after no new lesions appear after 24 hours.	YES	The best way to prevent varicella is by getting the varicella vaccine. Children should get their first dose after 12 months and their second between 4-6 years old.	
Fifth disease** (human parvovirus B19)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood	Only during the week before the rash develops	No need to restrict once rash has appeared	NO		
German measles** (Rubella virus)	14 to 21 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 7 days before until 7 days after the rash appears	7 days after the rash appears	YES	Timely immunization beginning at age 12 months.	
Hand, foot and mouth disease (Coxsackievirus)	3 to 6 days	Contact with fecal, oral or respiratory secretions	Usually 1 to 2 weeks before onset of infection	After 24 hours without fever and child well enough to participate	NO	Proper disinfection of changing tables, surfaces and toys.	
Head lice (parasite)	Eggs (nits) hatch in 7 to 12 days	Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	When there are live insects on the head	No restrictions necessary	NO	Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow and sleep mat.	
Impetigo (Staphylococcus or Streptococcus bacteria)	7 to 10 days	Direct skin contact (especially through contaminated hands), nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Keep fingernails clean and short.	
Measles (Rubeola virus)	7 to 21 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES	Timely immunization beginning at age 12 months; contacts without documented immunity (2 doses of measles-containing vaccine) should be vaccinated.	
MRSA (Methicillin-resistant Staphylococcus Aureus) (bacterial cause of skin boils and abscesses)	Variable; at times initially mistaken as spider bite	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplet over short distances	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing; exclude from high-risk activities such as contact team sports until completely healed	NO	Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting.	
Molluscum (Molluscum contagiosum virus)	2 to 7 weeks (as long as 6 months)	Direct skin contact with wound or contaminated surfaces	When lesions are present	No restriction, keep lesions covered with clothing or bandages	NO	Avoid contact sports; during outbreaks, further restrict person-to-person contact.	
Ringworm on body and ringworm on scalp (fungus)	Typically 4 to 14 days after exposure	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO	Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys.	
Roseola (virus)	9 to 10 days	Secretions, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO	Proper disinfection of surfaces and toys.	
Scabies (parasite)	4 to 6 weeks, 1 to 4 days after reexposure	Skin contact with infested individual; contact with bedding or clothes of infested person	From up to 8 weeks before skin rash appears until it has been treated with scabidical cream	After treatment has been completed	NO; if two or more documented cases in one center, treatment of center contacts may be necessary	All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfection; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several days to a week.	

To report an illness, call your local or district public health office or 1-866-PUB-HLTH (1-866-782-4584). Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on a case-by-case basis.

*To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (more than two in the childcare center or classroom) be reported to your county health department.

**These diseases may be of concern to staff members who are pregnant or who are trying to become pregnant. Follow-up with obstetric healthcare provider is recommended after known or suspected contact.

Reference: American Academy of Pediatrics. Red Book 2015. Report of the Committee on Infectious Diseases. 30th Ed.

Visit choa.org/schoolhealth for more information.



Children's
Healthcare of Atlanta



GEORGIA DEPARTMENT OF PUBLIC HEALTH

NOTICE TO PARENTS **AND GUARDIANS**

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

Posted per SB 24 (2004) requiring child care facility owners to post in a conspicuous place if it is not covered by liability insurance and to provide and retain written notice regarding no coverage to the parents and guardians.

NOTICE TO PARENTS AND VISITORS:

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

PLEASE VISIT THEIR WEBSITE:

www.cpsc.gov

OR CALL:

800-638-2772

TTY 800-638-8270

EMERGENCY NUMBERS:

Post by all operable phones

Local Physician or Hospital: _____

County Health Department: _____

Regional Poison Control Center: (800) 222-1222

Ambulance, Police, Fire: 911

EMERGENCY NUMBERS:

Post by all operable phones

Local Physician or Hospital: _____

County Health Department: _____

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Regional Poison Control Center: (800) 222-1222

Ambulance, Police, Fire: 911



BRIGHT FROM THE START

Georgia Department of Early Care and Learning

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

(404) 656-5957

Brian Kemp
GOVERNOR

Amy M. Jacobs
COMMISSIONER

The purpose of this list is to familiarize child care programs with some of the common plants known to have poisonous properties. Generally, these plants and plant components need to be ingested for there to be a poisonous exposure. The term "POISONOUS" does not imply that the plant is fatal. Many of these plants are only mildly toxic, causing stomach ache or mild irritation of the mouth and throat when ingested. This list is **NOT** intended to discourage child care programs from planting any of the plants on the list, or removing already planted trees and plants, but to make you aware of their potential hazard.

If possible, have all the trees, plants, and shrubs that are on or near the child care property identified by a landscaper, arborist, etc. Keep record of what is growing on the grounds, potentially label or tag the trees and larger shrubs (this could be an educational benefit for the older kids). If any child is seen holding, touching, playing with, or potentially eating any of these plants, trees, or shrubs, call the GPC at 404-616-9000 for further advice as soon as possible. If child care programs have a record of what is growing on the property, this could be of significant benefit when providing treatment advice.

If you have any questions, call Child Care Services at 404-657-5562 or email childcareservices@dec.al.ga.gov.

Thank you,
Child Care Services

The Facts About Poinsettias

Poinsettias are not the deadly plant they were once thought to be. If eaten, the plant may cause burning in the mouth and may cause a stomach ache.

Plant Safety

To help prevent plant poisonings, follow these safety tips:

- Know the names of all the plants in your home and yard. A nursery, florist, or your county extension agent can help you to identify a plant.
- Label all your plants with their names, so you can tell what it is if a piece has been eaten.
- Keep house plants, seeds, and bulbs out of the reach and sight of children and pets.
- Do not eat wild plants or mushrooms.
- Cooking poisonous plants does not make them safe to eat.
- Remove mushrooms that are growing in your yard. Throw them away in a covered garbage can.
- Keep weed and bug killers in a locked cabinet, out of the reach of children and pets. Never put them in bottles used for drinking.
- Keep children and pets away from lawns that were just treated with garden chemicals.
- Teach your children to never put any part of a plant into their mouths.

Know What To Do In A Poisoning Emergency

Keep the telephone number of the Georgia Poison Center on or near your telephones.

If any part of a plant is eaten, remove as much of the plant as possible from the mouth and call the Georgia Poison Center right away! Do not wait for the victim to look or feel sick.

THE GEORGIA POISON CENTER

Each year, the Georgia Poison Center (GPC) provides services to thousands of people in Georgia. You can call the GPC to get help in a poisoning emergency or to get treatment advice about animal or insect bites. Nurses, pharmacists, and doctors answer the phones 24 hours per day, 7 days per week. They can tell you what to do if you, your child, or your pet is poisoned or was bitten by an animal. In addition, the GPC staff can answer questions about poisons in and around your home.

All calls to the GPC are free.

To order educational material, call the Education Department at 404.616.9235 or visit our website at www.georgiapoisoncenter.org.

Georgia Poison Center
Grady Health System
80 Jesse Hill Jr. Drive, SE
PO Box 26066
Atlanta, GA 30303-3050



Supported in part by Project H4B MC00011-01 from MCHB, HRSA, US DHHS

Certified as a Regional Poison Center by the American Association of Poison Control Centers



Georgia Poison Center

POISONOUS PLANTS



IN A POISONING EMERGENCY,
CALL 24-HOURS A DAY, 7 DAYS
A WEEK:

1-800-222-1222

Teletype for the deaf and hearing
impaired only: TDD 404-616-9287

Both indoor and outdoor plants can be poisonous. Some plants may cause symptoms such as an upset stomach, or skin rash. Some may harm your heart, kidneys, and other organs. Some plants that are thought to be non-poisonous, can cause an upset stomach if they are eaten.

Poisonous Plants

Amaryllis	Castor Oil Plant/Gastor Bean	English Ivy	Oleander
American Ivy/Virginia Creeper	Cedar Tree	Eucalyptus (dried)	Pansy (seeds)
Anemone	Cherry, Laurel, Black	Euphorbia/Crown of Thorns	Peace Lily
Apricot (seeds and pits)	Chinberry	Euonymus	Peach (seeds and pits)
Aralia, Ming	Chinese Lantern/Cape	Flowering Tobacco	Pencil Cactus
Azalea/Rhododendron	Gooseberry/Winter Cherry	Four O'Clock	Peony
Boneberry	Choke Cherry	Foxglove	Periwinkle/Vinca
Belladonna/Deadly Nightshade	Chrysanthemum	Gladiola (bulb)	Philodendron/Elephant's Ear
Birch Tree	Clematis	Holly (berries, leaves)	Plum (seeds and pits)
Bird of Paradise	Crown of Thorns/Euphorbia	Horse Chestnut/Buckeye	Poison Hemlock
Bittersweet/	Cyclamen	Hyacinth	Poison Ivy, Oak, Sumac
Woody Nightshade	Daffodil/Jonquil/Narcissus	Hydrangea	Pokeweed/Pokeberry
Bleeding Heart/Dicentra	Deadly Nightshade/Belladonna	Iris	Poppy
Boxwood	Devil's Ivy/Pothos	Ivy (Devils, American, English)	Potato (leaves, all green parts)
Buckeye/Horse Chestnut	Dicentra/Bleeding Heart	Jasmine, Yellow Carolina	Pothos/Devil's Ivy
Burning Bush/Euonymus	Dieffenbachia/Dumb Cane	Jequirity/Rosary Pea	Rhododendron/Azalea
Bursting Heart/Euonymus	Elder (bark, shoots, leaves, roots, unripe berries)	Jerusalem Cherry	Rosary Pea/Jequirity
Caladium	Elephant's Ear/Philodendron	Jimsonweed	Split Leaf/Philodendron
Candelabra Cactus		Jonquil/Daffodil/Narcissus	Sweet Pea (seeds)
Cape Gooseberry/		Juniper (berries)	Sweet William
Chinese Lantern/Winter Cherry		Lantana	Tomato (stems, leaves)
		Larkspur	Vinca/Periwinkle
		Laurel	Virginia Creeper/American Ivy
		Ligustrum/Wild Privet	Water Hemlock
		Lily of the Valley	Wild Privet/Ligustrum
		Mistletoe	Winter Cherry/Cape
		Monkshood	Gooseberry/Chinese Lantern
		Morning Glory (seeds)	Wisteria
		Mulberry (leaves, bark, sap)	Woody Nightshade/Bittersweet
		Mushrooms	Yarrow
		Narcissus/Daffodil/Jonquil	Yew
		Nightshade	
		Oak Tree (leaves, acorns)	

Poison Ivy, Poison Oak, And Poison Sumac

The sap from poison ivy, oak, and sumac plants can cause a rash, burning, and itching if touched. If you come into contact with the sap, a skin rash may appear within a few hours to two days. The rash may take one to two weeks to go away. In some people, the sap can cause an allergic reaction.

If you touch poison ivy, oak, or sumac...

Wash the area with warm, soapy water right away.

Wash any clothing and garden tools you think may have sap on it.

Try not to scratch your rash since this can cause it to get worse.

You can only get the rash from touching the sap; you cannot get the rash from touching another person's rash.

To avoid touching these plants, keep covered up while outdoors! Wear long pants, long sleeves and gloves when working in your yard. Stay on trails while hiking or camping in the woods!

Poison Ivy has shiny green leaves that grow in groups of three. Poison ivy may grow as a vine or as a low shrub.



Poison Oak also has leaves grouped in three. It grows as a low shrub, which may have clusters of green or white berries.



Poison Sumac has 7-13 leaves found in pairs with a single leaf at the end. These long, smooth leaves are bright orange and velvety like in the spring. They become dark green and glossy on top and light green underneath. Sumac grows as a tree in swampy areas.



Do not burn Poison Ivy, Poison Oak or Poison Sumac. The smoke can cause breathing problems

No Smoking On Child Care Premises



It is a misdemeanor for a person to smoke on the child care premises

Fire/Tornado/Emergency Preparedness Documentation Form

This document must be kept at the Child Care learning Center for two years after completion.

For _____
(Year)

FIRE DRILL (monthly)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Number of Children												
Length of Drill**												

**The goal is to have evacuation time complete in less than two minutes.

SMOKE DETECTOR (monthly)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date Detector Checked												
Date Batteries Checked												

*Batteries should be checked annually.

TORNADO DRILL (every six months)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Number of Children												
Length of Drill**												

FIRE EXTINGUISHER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date Checked												

LOCKDOWN DRILL (every six months)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Number of Children												
Length of Drill**												

REVIEW EMERGENCY PLANS PROCEDURES* (every six months)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date Reviewed												

*Reviewed by all staff

What will the person discovering the emergency do? _____

How will they notify other staff? _____

What will you do before the emergency responders arrives? _____

How will you make sure all persons are evacuated and/or accounted for during each emergency? _____

Understand the Weather

Wind-Chill



- 30° is **chilly** and generally uncomfortable
- 15° to 30° is **cold**
- 0° to 15° is **very cold**
- 20° to 0° is **bitter cold** with significant risk of **frostbite**
- 20° to -60° is **extreme cold** and **frostbite** is likely
- 60° is **frigid** and exposed **skin will freeze** in 1 minute

Heat Index



- 80° or below is considered **comfortable**
- 90° beginning to feel **uncomfortable**
- 100° **uncomfortable** and may be **hazardous**
- 110° considered **dangerous**

All temperatures are in degrees Fahrenheit

Child Care Weather Watch

		Wind-Speed Factor Chart (in Fahrenheit)								
		Wind Speed in mph								
		CALM	5	10	15	20	25	30	35	40
Air Temperature	50	50	48	40	36	32	30	28	27	26
	40	40	37	28	22	18	16	13	11	10
	30	30	27	16	9	4	0	-2	-4	-6
	20	20	16	4	-5	-10	-15	-18	-20	-21
	10	10	6	-9	-18	-25	-29	-33	-35	-37
	0	0	-5	-21	-36	-39	-44	-48	-49	-53
	-10	-10	-15	-33	-45	-53	-59	-63	-67	-69
-20	-20	-26	-46	-58	-67	-74	-79	-82	-85	
-30	-30	-36	-58	-72	-82	-87	-94	-98	-102	

Comfortable for out door play

Caution

Danger

		Heat Index Chart (in Fahrenheit)																
		Relative Humidity (Percent)																
		15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	
Temperature (°F)	110	108	112	117	123	130	137	143	150									
	105	102	105	109	113	118	123	129	135	142	149							
	100	97	99	101	104	107	110	115	120	126	132	138	144					
	95	91	93	94	96	98	101	104	107	110	114	119	124	130	136			
	90	86	87	88	90	91	93	95	96	98	100	102	106	109	113	117	122	
	85	81	82	83	84	85	86	87	88	89	90	91	93	95	97	99	102	
	80	76	77	77	78	79	79	80	81	81	82	83	85	86	86	87	88	
75	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79		

Child Care Weather Watch

Watching the weather is just part of the job for child care providers. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to attend to the health and safety of children in their care. What clothing, beverages, and sun screen are appropriate? Dress children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). Drinking beverages helps the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high sugar content beverages and soda pop. Sunscreen may be used year around. Use a sunscreen labeled as SPF-15 or higher. Apply sunscreen generously and frequently. Read the label of the sunscreen product. You can also use sunscreen to block harmful rays from the sun. Look for sunscreen with UVB and UVA ray protection. Have children play in shaded areas or create shade in the play area.



Condition **GREEN** - Most children may play outdoors and be comfortable. Child care providers should watch for the child that becomes uncomfortable while playing outdoors.

INFANTS AND TODDLERS Infants/toddlers are unable to tell the child care provider if they are too hot or cold. The infant/toddler may become fussy when uncomfortable. Infants/toddlers tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by using sunscreen and playing in shaded areas. Give beverages while playing outdoors.

YOUNG CHILDREN Use precautions regarding clothing, sunscreen, and beverages. Young children need to be reminded to stop play and drink a beverage and apply more sunscreen.

OLDER CHILDREN Use precautions for clothing, beverages, and sunscreen. The older child needs a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). Apply sunscreen and give beverages while outdoors.



Condition **YELLOW** means the child care provider must use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.

INFANTS AND TODDLERS Child care providers should use the precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.

YOUNG CHILDREN Use the precautions regarding clothing, sunscreen, and beverages. Younger children may insist they are not too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.

OLDER CHILDREN Use precautions for clothing, sunscreen, and beverages. Use a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids remain important while playing outdoors.



During condition **RED** most children should not play outdoors due to the health risk.

INFANTS/TODDLERS should play indoors and have ample space for large motor play.

YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.

OLDER CHILDREN may play outdoors for very short periods of time. Child care providers must be vigilant about proper clothing, beverages, and use of sunscreen

Child Care Weather Watch was produced by the Iowa Department of Public Health, Healthy Child Care Iowa. This guide was produced through federal grant (MCJ19T029 & MCJ19KCC7) funds from the US Department of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau. For questions about health and safety in child care contact the Iowa Healthy Families line telephone 1-800-369-2229. Wind-Chill and Heat Index information is from the National Weather Service.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words used by your weather forecaster.

- **Blizzard Warning:** There will be snow and strong winds that produce a blinding snow, deep drifts, and life-threatening wind chills. Seek shelter immediately.
- **Heat Index Warning:** How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.
- **Relative Humidity:** The percent of moisture in the air.
- **Temperature:** The temperature of the air in degrees Fahrenheit.
- **Wind:** The speed of the wind in miles per hour.
- **Wind Chill Warning:** There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets & livestock.
- **Winter Weather Advisory:** Winter weather conditions are expected to cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.
- **Winter Storm Warning:** Severe winter conditions have begun in your area.
- **Winter Storm Watch:** Severe winter conditions, like heavy snow and ice are possible within the next day or two.

Transportation Guidelines

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Transportation Guidelines

To provide routine transportation services such as:

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

The written Transportation Plan includes:

- Name of the licensed driver/ evidence of current driver's license
- Manufacturer's Rated Seating Capacity for each vehicle
- Checklist to account for the loading and unloading of children at each stop (see children's records)
- List of children to be transported (see children's records)
- Emergency medical information; (see children's records)
- Annual Vehicle Inspection Form (this must be completed for each transportation vehicle used for routine and emergency purposes)
- Evidence of current First Aid and CPR training for driver (see staff records)

Georgia Department of Early Care and Learning

Annual Vehicle Safety Inspection Certification

Items to be Inspected	Items O.K.	Items Deficient	Correction or Adjustments made	Comments/Remarks
Tires				
Headlights				
Horn				
Taillights				
Turn Signals				
Brake Lights				
Brakes				
Suspension				
Exhaust System				
Steering				
Windows				
Windshield				
Windshield Wipers				
Heating & Cooling System				
Safety Alarm located at back of vehicle (If equipped)				

Owner/Operator of Vehicle: _____

Facility Address: _____

Make and Model of the Vehicle: _____

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

Mechanic's Signature: _____

Date of Inspection: _____

(Note: Annual Vehicle Safety Inspection Certification is valid for one year from date of inspection.)

Revised 3/14/2014

Sample Transportation Agreement

This is to certify that I give _____
Name of Facility

permission to transport my child _____
Name of Child

From _____ at _____ (a.m./p.m.)
Pick-up Location

To _____ at _____ (a.m./p.m.)
Delivery Location

My child will be transported from _____ at _____ (a.m./p.m.)
Pick-up Location

to _____ at _____ (a.m./p.m.)
Delivery Location

on the following days (check all that apply):

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday.

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

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

The _____ is approximately _____ miles from the center.
Location

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

Facility name

Signature (Parent/Guardian) _____ Date _____

Additional transportation forms can be found on the Department's website at: www.dec.state.ga.us

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Mother's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

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

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if _____

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further
agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Witnessed by _____ Date _____

FACT SHEET

CHILD CARE TRANSPORTATION
VEHICLE REQUIREMENTS

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

Exempt from Car Seat / Booster Seat Requirement



Standard School Bus



Multi-Function School Activity Bus (MFSAB)

NOT Exempt (see details below)



12 to 15 Passenger Van



Shuttle Bus (does not meet School Bus Standards)

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

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

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

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

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

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

Frequently Asked Questions about Child Care Transportation Vehicle Requirements

1. Define a 15-passenger van.

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

2. Can I continue to use a 15-passenger van to transport children?

Yes. You may continue to use vans to transport children. However, children under age 8 must be in an appropriate child restraint system (e.g. car seat or booster seat).

3. What is a Multi-Function School Activity Bus (MFSAB)?

A MFSAB meets all of Federal Motor Vehicle Safety Standards (FMVSS) for a school bus, but it is not painted yellow and does not have the stop lights, stop "arm", etc.

4. Why do vans have to use car seats and booster seats, but buses and MFSAB's do not?

School buses and MFSAB's must meet more stringent Federal Motor Vehicle Safety Standards for transporting children. They are designed to provide enhanced protection for their occupants in a crash. Features such as high-back padded seats, stronger seat mounts, and enhanced rollover protection significantly reduce injuries and fatalities.

5. What if my school bus (or Multi-Function School Activity Bus) does not have seat belts?

You may continue to transport children in school buses and MFSAB's without seat belts. However, if seat belts are available, the children must be using them to be in compliance with licensing rules and regulations.

6. What is an "appropriate" child restraint system?

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

7. Are there any van exemptions based on the height or weight of the child?

Yes. The following exceptions are:

- If all other passenger seating positions with lap-shoulder belts are being used with an appropriate child restraint system, a child over 40 pounds may be in a lap belt only
- If a parent or guardian provides a written physician's statement that a physical or medical condition of the child prevents placing him or her in a child restraint system, the child is exempt
- If the child is over 4 feet 9 inches, the child may be placed in a seat belt only

8. What do I do about the seats in my van that do not have a shoulder belt?

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


9. Where can I learn more about the seat belt law?

This law was enacted in July 2011 and can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76 at: <http://www.lexis-nexis.com/hottopics/gacode/Default.asp>.

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

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

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

 We Move People.	HIGH POINT, NORTH CAROLINA MFD BY THOMAS BUILT BUSES INC.
MADE IN U.S.A	02-2003
<hr/>	
INC VEH MFD BY: GMC	DATE: 11-2002
GVWR: 4537 KG (10000 LB)	
GAWR FRONT: 1860 KG (04100 LB) WITH 225/75R16 (D) TIRES	
16X6 RIMS AT 448 KPA (065 PSI) COLD SINGLE	
GAWR INTERMEDIATE:	
GAWR REAR: 3403 KG (07500 LB) WITH 225/75R16 (D) TIRES	
16X6 RIMS AT 448 KPA (065 PSI) COLD DUAL	
THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT IN: 11-2002	
V.I.N.: 1GDHG31UX31144974	CHAS. ID. NO: 58332
VEH. TYPE: SCHOOL BUS (+DRIVER)-	EQUIP. CAP: 014
BODY ID.: 35107-0312573-041MS	

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Child Care & Preschool Pandemic Influenza Planning Checklist

CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST



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

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

1. Planning and Coordination:

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

2. Student Learning and Program Operations:

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

3. Infection Control Policies and Actions:

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

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"> <input type="checkbox"/> How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) <input type="checkbox"/> How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov/.) <input type="checkbox"/> How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) <input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

Federal Crib Requirements

U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements



5 New Federal Requirements:

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

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

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



www.cpsc.gov



NSN 11-2



www.cpsc.gov

Child Care Providers

Your Guide to New Crib Standards

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

What you should know...

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

What you should do...

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



Child Care Resource and Referral Agencies in Georgia

Child Care Resource and Referral of North West Georgia – Quality Care for Children, Inc.

Region 1 (11 Counties):

Bartow, Chattooga, Cherokee, Dade, Floyd, Fulton, Gordon, Haralson, Pickens, Polk, Walker

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

Contact:

Toll Free 1-800-308-1825

Fax (678) 721-6676

<https://www.qualitycareforchildren.org/>



Child Care Resource and Referral of Central West Georgia – Quality Care for Children, Inc.

Region 2 (11 Counties):

Carroll, Clayton, Cobb, Coweta, Douglas, Fayette, Harris, Heard, Meriwether, Paulding, Troup

3 Corporate Square Boulevard NE
Suite 230
Atlanta, GA 30329

Contact:

Toll Free 1-877-722-2445

Fax (404) 479-4166

<https://www.qualitycareforchildren.org/>



Child Care Resource and Referral of Central East Georgia – Augusta University/ Leap Early Learning Partners

Region 3 (23 Counties):

Baldwin, Burke, Butts, Columbia, DeKalb, Glascock, Greene, Hancock, Jasper, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Newton, Putnam, Richmond, Rockdale, Taliaferro, Walton, Warren, Wilkes

108 SRP Drive, Suite B
Evans, GA 30809

Contact:

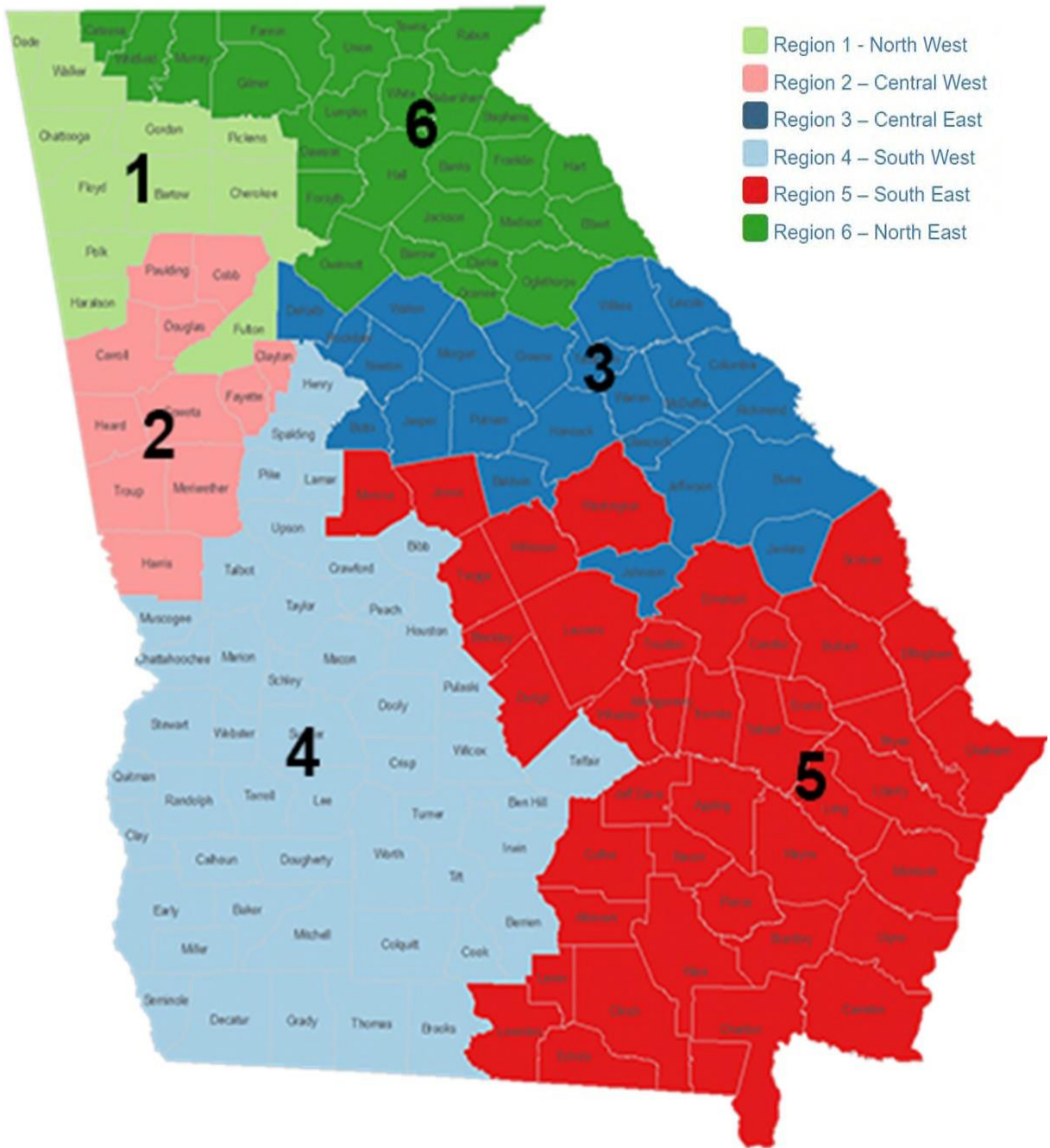
Toll Free 1-877-228-3566

Fax (706) 922-7180

<http://leapccrr.org>



Georgia Regional Map



DECAL Contact Information



2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, Georgia 30334
www.dec.al.ga.gov

Mission

The Georgia Department of Early Care and Learning improves outcomes for children and families by strengthening early learning experiences in partnership with early education programs, professionals, stakeholders, families, and communities.

Vision

Every child in Georgia will have equal access to high-quality early care and education.

Program Contact Information:

Child Care Licensing.....	404-657-5562
Complaints/Concerns.....	404-657-5562
Records Check Unit	855-884-7444
Exemptions.....	770-293-5977
Head Start Collaboration.....	404-651-7425
Georgia's Pre-K.....	404-656-5957
Nutrition Services	404-657-1779
Quality Rated	855-800-7747
Training.....	866-425-0220
Child and Parent Services (CAPS)	833-442-2277