ALABAMA DEPARTMENT OF HUMAN RESOURCES CHILD CARE SERVICES DIVISION ADMINISTRATIVE CODE

CHAPTER 660-5-19
HEALTH AND SAFETY GUIDELINES – REQUIREMENTS FOR OUT OF SCHOOL TIME FACILITIES PARTICIPATING IN THE CHILD CARE SUBSIDY PROGRAM

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660-5-19-.01 Overview.

Pursuant to changes in the Child Care and Development Block Grant Act (42 U.S.C.S. §§9857 et seq,) the Alabama Department of Human Resources (the Department) is required to create and implement health and safety standards for all facilities that receive Child Care and Development Funds (CCDF) through the Child Care Subsidy Program. The primary change relates to the obligation to monitor health and safety standards in those facilities that receive CCDF funding. The guidelines in this manual are limited exclusively to facilities that receive CCDF , funding and operate pursuant to Code of Ala. 1975 §38-7-2(4)(a), (b), and (c), provided that there are no children under the age of four years old, and also pursuant to Code of , Ala. 1975 §38-7-2(4)(f).

These guidelines apply exclusively to facilities that do not care for children under the age of four years old. Any , facility operating pursuant to Code of Ala. 1975 §38-7-2(4)(a),(b), and (c) that cares for children under the age of four years and receives CCDF through the Child Care Subsidy Program is subject to the provisions of the "Health and Safety Guidelines Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program" and not the guidelines set forth herein. , Any facility operating pursuant to Code of Ala. 1975§38-7-2(4)(f) is precluded by that subsection from caring for children under school age. Nothing in these guidelines shall be interpreted to mean that a facility operating pursuant to Code , of Ala. 1975 §38-7-2(4)(f) can care for children under school age. Any facility purportedly operating under Code of Ala. 1975, §38-7-2(4)(f) that has children under school age is a "Day Care Center" and must comply with "The Child Care Act of 1971" (Code of Ala. 1975, §38-7-1 *et seq.*) and all applicable standards.

The law requires that states must certify to the Administration for Children and Families, Office of Child Care that they are in compliance with the regulations regarding the distribution of these funds. If a facility is not in compliance with the health and safety standards then that facility is ineligible to receive CCDF funds.

In order to be in compliance with these health and safety standards all facilities are required to comply with all State and Federal Laws. The violation of any State or Federal law in relation to the operation of this facility is a violation of health and safety standards.
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660-5-19-.02 Penalties.

Penalties may be imposed by the Department when the facility fails to meet and maintain the Health and Safety Guidelines prescribed by the Department.

(1) If an inspection, evaluation or investigation indicates non-compliance with these Health and Safety Guidelines

(deficiency), a deficiency report shall be prepared by the Department. A deficiency report is prepared in conjunction with or subsequent to a visit to the facility, or after investigation of a compliant regarding the facility.

(2) In any visit to the facility in which deficiencies are observed or noted, the Department's representative shall complete a deficiency report, and discuss the deficiencies observed or noted with the facility representative. A copy of the completed deficiency report shall be provided to the facility representative.

(3) The facility shall be ineligible to participate in the Child Care Subsidy Program if any violation of any of these Guidelines (deficiency) is not corrected within ninety (90) days of the discovery of the deficiency. In such instances the facility will remain ineligible to participate until such time that no deficiencies exist as verified by the Department's representative.

(a) Certain situations may warrant an extension.

(b) Compliance may be achieved by the facility providing documentation to the Department or visits may be

conducted by the Department's representative to monitor compliance.

(4) The Department may determine that a facility is **immediately** ineligible to participate in the Child Care Subsidy Program if:

(a) It is determined that a deficiency will result in the immediate and/or irreparable threat of harm against any children at the facility,

(b) The Department's representative is denied access to inspect the facility, or

(c) The facility fails to obtain the required fire inspection, health inspection or zoning approval.

Author: ShunDria M. Robinson
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660-5-19-.03 Facilities.

(1) Fire Inspection. The facility shall submit a written fire department inspection report, with no violations cited, to the Department of Human Resources and must be updated at a minimum of every five (5) years. Volunteer Fire Department approvals and/or inspections will not be accepted. Subsequent inspections may be requested by the Department of Human Resources. Copies of such inspection reports shall be submitted to the Department. Copies shall also be posted in the facility.

(2) Health Inspection. The facility shall submit a written health department inspection report to the Department of Human Resources. If food is prepared at the facility, a copy of a current health department food permit shall also be submitted. If food is not prepared at the facility, but is served by the facility, the facility shall obtain written approval of the food service plan from the health department, if available, and submit a copy of this approval to the Department of Human Resources. Subsequent inspections may be requested by the Department of Human Resources. Copies of such inspection reports shall be submitted to the Department. Copies shall also be posted in the facility.

(3) Zoning Approval. The facility shall submit a written statement of compliance with applicable zoning requirements to the Department. If no zoning laws or ordinances are applicable, the facility shall submit a written statement verifying he/she has checked with the local governing authority and there are no applicable zoning laws or ordinances.

(4) Indoor Area.

(a) Exclusive use. Areas to which the children in care are assigned shall be used exclusively by the children during operating hours. When lunchroom facilities are shared with other groups, children receiving facility care shall be seated together, apart from other groups.

(b) Space per child. There shall be at least 32 square feet of indoor activity space for each child. Bathrooms, kitchens, isolation room, office, halls used as passageways, and storage areas shall not be considered when computing activity space.

(c) Bathroom facilities.

1. Bathrooms shall be located under the same roof as activity areas.

2. Staff shall ensure that bathroom facilities are safe for use by the children at all times, and when bathroom facilities are also available for use by the public, staff shall provide appropriate supervision to protect the children and their privacy. The staff person's supervision shall not itself intrude upon the child's privacy.

(d) Space for ill or injured children. Space shall be provided for a child who becomes ill or is injured at the facility. Items used by an ill child shall be disinfected before being used by another child.

(e) Storage space for children and staff. Shelving that can be tipped over by an adult shall be securely anchored, so that it does not pose a risk to children.

(f) Ventilation, lighting, and heating in areas used by children.

1. Heating and air conditioning shall be provided as appropriate to the season.

2. The temperature shall be maintained between 68 and 82 degrees Fahrenheit.

3. There shall be a thermometer in each area used by the children to monitor the temperature of the area. Thermometers shall be safe for children (no glass, mercury or other hazardous materials.

4. Outside windows that are opened shall be securely screened.

5. Outside doors shall be kept closed.

6. Lighting shall be maintained at a level that will enable the children to participate in facility activities.

(g) There shall be an operational telephone in the facility designated as the contact number for the facility. The Department shall be notified if the facility's telephone is out of service. The Department shall be notified of any change in the facility's telephone number.

(h) Hazard prevention.

1. The facility shall be free from apparent hazardous conditions.

2. All flammable, poisonous and other hazardous substances and materials shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.

3. No firearms or ammunition shall be kept or allowed in the facility with the exception of law enforcement officers.

4. Stairways used by the children shall have hand railings within child's reach.

5. Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items.

6. Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.

7. Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the facility premises, as well as any vehicle used by the facility.

8. Smoking or tobacco usage is prohibited on the facility premises, as well as any vehicle used by the facility (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes.

9. Bio contaminants:

(i) If stored inside the facility, must be disposed of in a covered, plastic lined receptable stored in a locked area. The container must be labeled as bio contaminants.

(ii) If stored outside the facility, must be disposed in a leak proof plastic bag that can be sealed and placed in a covered receptable.

(i) The facility shall be clean.

1. Cleaning shall be done daily. Floors and bathroom fixtures shall be cleaned and disinfected daily or more often as needed. Carpets shall be vacuumed daily.

2. Cleaning shall not interfere with children's activities.

3. Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth or any open sores. Staff hands must be washed with soap and water after cleaning up spills.

4. Staff shall clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed and placed in the appropriate bio contaminant receptable.

(a) Mops used to clean up body fluids should be:

(i) cleaned;

(ii) rinsed with a disinfecting solution;

(iii) wrung as dry as possible;

(iv) and hung to dry completely.

(b) Contaminated rugs and carpets should be blotted as soon as possible to prevent the contaminants from penetrating through the surface to lower layers. Next, they are to be cleaned and sanitized.

5. Contaminated Clothing

(a) Contaminated clothing items may be sent home in a sealed, plastic bag that is labeled with the child’s name and stored in an area that is not accessible to children.

(b) If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.

(5) Outdoor Area.

(a) An off-street area for loading/unloading children shall be provided.

(b) Outdoor play areas shall adjoin, or be safely accessible to, the indoor area. Children shall be visually supervised going to and from the playground and while on the playground.

(c) Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.

(d) The outdoor play area and equipment shall be free of apparent hazardous conditions.

1. Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys. Department approved exceptions may be requested by the facility. The facility must provide documentation of Occupational Health and Safety Administration (OSHA) approval.

2. The outdoor play area shall be well-drained. 3. Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.

(e) Stairways or steps used by the children shall have hand railings within child’s reach.

(6) Swimming and Wading at the Facility

(a) Parent(s)/guardian(s) permission. Written permission signed by each child's parent(s)/guardian(s) shall be on file in the facility for each child participating in swimming or wading activities.

(b) Pools two (2) feet or more in depth:

1. A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). A copy of each certificate shall be on file in the facility.

2. The lifeguard shall not be counted in the staff-child ratio for children in the pool.

3. The staff-child ratio for children in the pool shall be:

(i) 1 staff for every 6 children ages 4 years up to 6 years

(ii) 1 staff for every 10 children ages 6 years and older

Ages	**Staff to Child Ratio**
4 years up to 6 years	1 to 6
6 years and older	1 to 10

4. Ratios shall be determined by the age of the youngest child in the pool.

5. Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times.

6. In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water.

7. If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.

8. Pools (above-ground on in ground) shall be enclosed with a fence or a solid wall with no doors, windows, or other openings. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.

(c) Wading structures less than two (2) feet in depth.

1. There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, present at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates shall be on file in the facility. Required staff-child ratios shall be met at all times.

2. There shall be at least two (2) staff at each wading structure at all times it is in use. Staff supervising children shall be within arm’s length providing “touch supervision.”

3. Clean water shall be provided each day.

4. The wading structure shall be emptied when not in use.

(7) Away from facility activities.

NOTE: THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT AWAY-FROM-FACILITY ACTIVITIES, INCLUDING SWIMMING OR TRANSPORTATION OR ANY OTHER ACTIVITIES. THE FACILITY SHALL ASSUME FULL AUTHORITY AND RESPONSIBILITY FOR ACTIVITIES AWAY FROM THE FACILITY.

IF THE FACILITY PROVIDES ACTIVITIES AWAY FROM THE FACILITY, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/ GUARDIAN(S), SHALL BE ON FILE IN THE FACILITY PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE FACILITY AND THAT THE FACILITY ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES.

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660-5-19-.04 Child Care Program.

(1) Staffing

(a) Required ratios shall be maintained at all times.

1. Staff-child ratio shall be:

Age	***Staff to Child* Ratio**
4 years up to school age*	1 to 18
School age* up to 8 years	1 to 21
8 years and older	1 to 22

** The term "school age" Includes children who are five (5) years of age on or before September 1. This definition corresponds with the minimum age at which a child is entitled to admission to public school kindergarten*

2. A staff person shall be counted in the staff-child ratio **only** if he/she meets child care worker qualifications and he/she is giving full attention to the direct supervision of the children.

(b) Staff Coverage shall be determined by the following:

1. All children shall have staff supervision at all times.

2. The name of the staff person in charge shall be posted in a conspicuous place in the facility.

3. At least two (2) staff who are at least 18 years of age, who meet child care worker qualifications and have a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate, shall be present during all hours of operation.

4. There shall be a second staff person, age 18 or older available in the facility building or on the premises, whenever seven (7) or more children are present. Required staff-child ratios shall be met at all times.

5. Staff persons shall be free from all other duties during the hours they are working directly with the children.

(2) Preschool/School-age Children - Daily Program.

(a) Toileting.

1. Children's toileting shall be according to each child's needs. Each child's hands shall be washed with soap and running water after toileting.

2. Staff shall use universal precautions when diapering/ toileting or being exposed to blood, fecal material, or urine.

(b) Feeding

1. Service and serving equipment.

(i) Single-use cups or glasses or drinking fountains shall be supplied for water service during the day. A common drinking container shall not be used.

(ii) Drinking water with no added sweeteners or carbonation shall be readily available in indoor and outdoor areas to each child throughout the day.

(iii) Vending machines shall be prohibited in areas used by the children.

2. Face and hand washing.

(i) Each child's hands shall be washed with soap and running water before and after meals and snacks, and after toileting and diapering.

(ii) Each staff person shall wash his/her hands with soap and running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny nose, spit, vomit, etc.

(iii) Individual paper towels shall be supplied for each washing and drying.

(3) Disciplinary Practices

(a) Discipline shall be appropriate to the age and developmental level of each child.

(b) Disciplinary practices, including but not limited to the following, are prohibited:

1. The use of corporal or physical punishment is prohibited, including but not limited to: spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling; excessive physical exercise, excessive rest, or strenuous/bizarre posture;

2. The use of verbal abuse is prohibited, including but not limited to: yelling; shouting; name calling; shaming; making derogatory remarks about a child or a child's family; using language that threatens, humiliates, or frightens a child;

3. The use of discipline associated with food, naps, or bathroom procedures is prohibited, including but not limited to: withholding food as punishment; use of food such as hot sauce, lemon juice, vinegar, etc., or soap, as punishment; punishment for lapses in toilet training; punishment for not sleeping during nap/rest time;

4. The use of physical restraint as punishment is prohibited;

5. Punishment administered by another child is prohibited.

6. Rough or harsh handling of children, whether associated with discipline or not, is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head; etc.

7. Physical activity/outdoor time taken away as punishment is prohibited.

(4) Health Information.

(a) Illness and injury.

1. No child who is ill shall be admitted to the facility. This regulation is not intended to require the exclusion of children in violation of the Americans with Disabilities Act (ADA). The Department of Human Resources is not the enforcement agency for the ADA. Determinations of illness may be based on: the child's inability to participate in the facility's activities; the need for additional care that facility staff cannot provide without taking time and attention away from the other children; signs of serious or contagious disease or condition, such as but not limited to food and allergic reactions, fever, diarrhea, vomiting, unexplained rash, scabies, head lice; a physician's diagnosis requiring that the child be separated from other children.

2. Isolation and removal.

(i) Any child in attendance who becomes ill, has a contagious disease or condition, or suffers an injury that requires professional medical attention shall be separated promptly from the group, but shall have continuous supervision by a staff person. Toys, bedding, equipment, and bathroom facilities used by an ill child or adult shall be cleaned and disinfected prior to use by another person.

(ii) The ill or injured child's parent(s)/guardian(s) shall be notified immediately and required to come for, or arrange for another designated person to come for the child.

(iii) If the parent(s)/guardian(s) or person designated by the parent(s)/guardian(s) cannot be reached or if the injury or illness is severe, the facility shall obtain emergency medical treatment.

3. Contagious diseases/conditions.

(i) When a contagious disease/condition (a disease/condition which can be transmitted or spread from person to person) has been introduced into the facility, parent(s)/guardian(s) of each exposed child shall be notified.

(ii) The facility shall urge parent(s)/guardian(s) to notify the facility when their child is known to have

been exposed to a contagious disease/condition outside the facility.

(iii) The facility shall report any known or suspected case of contagious disease/condition to the county or state health department.

4. Food allergies. Each child with a food allergy should have a written care plan that includes:

(i) Instructions regarding the food(s) to which the child is allergic, and the steps to be taken to avoid that food.

(ii) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.

(iii) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when the child is transported.

(iv) The facility should notify the parent(s)/ guardian(s) immediately of any suspected allergic reactions, as well as the ingestion of or contact the problem food even if a reaction did not occur. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered.

(v) Each child’s food allergies should be readily available and known by the child’s teacher(s).

5. Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid. At least two (2) staff person(s) with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and a current First Aid Certificate shall be in the facility during hours of operation. A copy of the Certificates shall be on file in the facility.

6. Authority and procedure for administering medication or medical procedures shall be clearly defined.

(i) No medication or medical procedures (prescription or over-the-counter) shall be administered without being ordered by the child’s health professional and without a written, signed authorization, from the child's parent(s)/guardian(s). Blanket authorization forms are prohibited. The authorization form shall

include time(s) and date(s) to be administered, dosage, storage instructions, (refrigerated and unrefrigerated), and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.

(ii) Any prescription drug or over the counter drug sent to the facility shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. Medication should not be used beyond the date of expiration. A measuring device (if the medication requires measuring) shall be provided for each child's medication.

(iii) Medication or medical procedures shall be administered to the child by the designated staff.

(iv) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).

(v) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.

(vi) Time and date of all medication dosages or medical procedures administered at facility shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. Copies shall be made available to the child's parent(s)/guardian(s) on request.

(5) Emergency Preparedness and Response Plans. The Center shall develop a written disaster plan and make is available to all child care staff members and employees. This plan shall be posted in a conspicuous place. This emergency preparedness plan must be submitted to the Department and copies provided to all parents/ guardians.

(a) The plan shall include procedures that will be used to prepared for and respond to the following types of emergency or disaster situations: 1. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms, or earthquakes; 2. Emergency outdoor or indoor lockdown or evacuation due to threats of violence which includes active

shooter, bioterrorism or terrorism; 3. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats; 4. Outbreaks, epidemics, or other infectious disease emergencies; 5. Loss of power, water or heat; 6. Other threatening situations that may pose a health or safety hazard to the children in the center.

(b) The disaster plan shall include details for:

1. Shelter in place or evacuation, how the center will care for and account for the children until they can be reunited with the parent;

2. Assisting infants and children with special needs and/or health conditions;

3. Reunification with parents;

(i) Emergency contact information for the parents and the center,

(ii) Procedures for notifying and communicating with parents regarding the location of the children if evacuated,

(iii) Procedures of communicating with parents during loss of communications (no phone or internet service available),

4. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place;

5. What to do if a disaster occurs during the transport of children, or when on a field trip or routine trip;

6. Training of staff or reassignment of staff duties as appropriate;

7. Updating the plan on a yearly basis;

8. Contact with local emergency management officials.

(c) The plan should also be inclusive of:

1. Current emergency plans and procedures;

2. Location and use of fire extinguishers;

3. Location on the first aid and emergency supply kits;

4. Phones for on-site and off-site use;

5. Drills including but not limited to fire, tornado, lock-down, and relocation.

(d) Emergency procedures shall be practiced at least once each quarter so that children are familiar with the types of procedures and are able to be engaged, and not overwhelmed by the fear of an event. The recommended schedule is to rotate one or more types of drill each month so that all drills are practiced each quarter (4 times per year).

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660-5-19-.05 **Transportation**.

(1) Transportation Provided by the Facility.

(a) If the facility provides transportation or any activities away from the facility, a written statement, signed by each child's parent(s)/guardian(s), shall be on file in the facility prior to the child's participation in such activities. The statement shall indicate that the parent(s)/ guardian(s) has/have been informed that the department of human resources does not inspect activities provided away from the facility and that the facility assumes full responsibility for such activities.

(b) The facility shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the facility. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-facility activities.

(c) Transportation checklists

1. Checklists shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the facility.

2. The facility shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.

3. The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location,

indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.

4. Completed checklists shall be kept on file in the facility for the current year plus two additional years.

(d) Supervision of children in facility vehicles.

1. In addition to the driver, staff shall be provided to meet required staff-child ratios for children younger than lawful school age. NOTE: The driver of the vehicle shall not be counted in the required staff-child ratio when children younger than lawful school age are transported.

2. For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provide

d the driver meets child care worker qualifications. 3. If fifteen (15) or more children of lawful school age are transported, at least one staff person in addition to the driver shall be required.

4. If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.

5. No child shall be left in a vehicle without adult supervision at any time. 6. The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.

(e) Vehicle safety check

1. A safety check shall be done annually and signed and dated by a mechanic, on all vehicles regularly used by the facility to transport children.

2. A copy of the safety check shall be on file in the facility. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation and heating system.

3. All vehicles used to transport children shall be operated and maintained in full compliance with all applicable state and federal laws, rules, and regulations.

(2) Transportation Provided by Parent(s)/Guardian(s) or Other Designated Person(s)

(a) Each child being transported by parent(s)/ guardian(s) or other designated person(s) shall be accompanied into and out of the facility by the parent, guardian, or other person.

(b) The facility shall require the parent(s)/ guardian(s) or other person(s) designated by the parent(s)/ guardian(s) to sign (signature required, initials not acceptable) each child in/out at each arrival/departure to the facility, indicating the time of arrival/departure. An exception to the written signature will allow the use of the Biometric ID for parent(s)/guardian(s). The Biometric ID System will measure some unique aspect of the individual such as but not limited to fingerprint and/or eyes-iris recognition.

(c) If any child walks to the facility from school or another designated location, or is transported to/from the facility by school bus, facility staff shall sign (signature required, initials not acceptable) each child in upon arrival, indicating time of arrival.

(d) The facility shall require written authorization from a child's parent(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form.

(e) The facility shall require unfamiliar authorized persons to show photographic identification when releasing a child.

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660-5-19-.06 Staff.

(1) Qualifications of Staff

(a) Within ninety (90) days after employment, child care workers/teachers shall have one (1) hour preservice/ongoing training from an outside source in each of the following twelve (12) required areas.

1. Prevention and control of infectious diseases (including immunizations);

2. If applicable. Sudden Infant Death Syndrome (SIDS) prevention and use of safe sleeping practices.

3. Medication administration;

4. Prevention of and response to emergencies due to food and allergic reactions;

5. Building and physical premises safety;

6. If applicable. Prevention of shaken baby syndrome and abusive head trauma;

7. Emergency preparedness and response planning;

8. Handling and storage of hazardous materials/correct disposal of bio contaminants;

9. Recognition and reporting of child abuse and neglect;

10. First aide and CPR;

11. If applicable, appropriate precautious in transporting children;

12. Child development. Pending completion of all preservice training all staff cannot be counted in the child/staff ratio. One additional hour is required in Child Development

(b) The driver of a facility vehicle transporting children shall be at least 19 years of age and have a valid driver's license.

(c) A substitute staff person shall meet all qualifications of staff for whom he/she is substituting.

(2) Records on Staff

(a) Records on all staff, including substitutes and volunteers, shall be kept confidential, and shall be on file in the facility at the time of employment. Records shall include but need not be limited to:

1. Information regarding character and suitability shall be obtained on all staff, including substitutes and volunteers, include:

(i) Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/ Neglect issued within the last five (5) years and updated every five (5) years thereafter;

(ii) Child Care workers/teachers must request a supplemental clearance of inter-state child abuse and

neglect registry if the individual has lived in another state within the past five (5) years;

(iii) Authorization to obtain criminal history background information check, including the following:

(I) A Suitability Determination letter from the Department. Issued within the last five (5) years and updated every five (5) years thereafter.

(II) Identification verification of name, date of birth, race, sex, and Social Security number in the form of a photo identification from any governmental agency, such as a driver's license, non-driver's identification, or program participation card.

(iv) The criminal history background check must include the following suitability components.

(I) National FBI Criminal history check with fingerprints;

(II) National Crime Information Center (NCIC), National Sex Offender Registry;

(III) In-State criminal history check with fingerprints;

(IV) In-State sex offender registry check;

(V) Inter-State criminal history check if individual has lived in another state within the past five (5) years;

(VI) Inter-State sex offender registry check if the individual has lived in another state within the past five (5) years.

(v) Pending completion of all required background check components applicant/board members, center directors, and staff cannot be counted in the child/ staff ratio.

2. Thereafter, child care workers/teachers shall have at least one (1) hour of annual training from an outside source in each of the following twelve (12) required areas:

(i) Prevention and control of infectious diseases (including immunizations);

(ii) Sudden Infant Death Syndrome (SIDS) prevention and use of safe sleeping practices;

(iii) Medication administration;

(iv) Prevention of and response to emergencies due to food and allergic reactions;

(v) Building and physical premises safety;

(vi) Prevention of shaken baby syndrome and abusive head trauma;

(vii) Emergency preparedness and response planning;

(viii) Handling and storage of hazardous materials/ correct disposal of bio contaminants;

(ix) Recognition and reporting of child abuse and neglect;

(x) First aid and CPR;

(xi) If applicable, appropriate precautions in transporting children;

(xii) Child Development.

3. Required medical examination report, including TB test or chest x-ray date and results.

4. In addition to (1) through (3) above, the following specialized records shall be maintained if applicable to the staff person's specific responsibilities:

(i) Valid driver's license if the staff person transports children.

(ii) Valid commercial driver's license (CDL), if required for vehicles used to transport children.

(3) Health – Staff.

(a) Initially, each staff person shall provide a statement from a licensed practicing medical doctor, physician's assistant or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a facility, and the person's freedom from infectious or contagious diseases. The statement shall be

signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the facility at the time of employment.

(b) At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a facility. The statement shall be on file in the facility.

(c) Staff persons with symptoms of a contagious disease/ condition shall not be present in the facility.

(d) A staff person who, upon observation or examination or as a result of tests, shows indication of a physical, emotional, or mental condition which could be detrimental to the children or staff, or which would prevent satisfactory performance of duties, shall not continue work at the facility until the staff person provides a written statement from a licensed practicing medical doctor indicating that the staff person is able to return to work.

(e) An additional medical or psychological evaluation or drug screening shall be required at the discretion of the Department's representative, based on information that raises reasonable suspicion. A release to allow the Department representative to confer directly with the doctor or the professional performing the evaluation shall be provided on request. "Reasonable suspicion" is defined as follows: Belief based upon evidence of past or present behavior that reasonable grounds exist to review the employee, staff, or facility, including board members, suitability and fitness to provide care for children.

Author: Dawn Owens/Tonya Swanner
Statutory Authority: Child Care and Development Block Grant Act of 2014 (42 U.S.C.S. §§9857 et seq.).
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Amended: Published July 30, 2021; effective September 13, 2021.

660-5-19-.07 **Administration**.

(1) Reports to the Department.

(a) The following shall be reported in writing to the Department prior to occurrence:

1. Change in ownership.

2. Change in location.

3. Alterations to the facility or grounds.

4. Major change or extension of basic operating schedule (hours) or program.

5. Change in the facility's address or telephone number.

(b) The following shall be reported to the Department within 24 hours after occurrence, with written explanation to follow within five (5) days:

1. Any injury requiring professional medical treatment of any child or staff person while at the facility or during away from the facility activities.

2. Any illness occurring at the facility or during away from the facility activities which requires emergency medical treatment.

3. Any death occurring at the facility or during away from the facility activities.

4. Major damage to the facility.

5. Interruption of the facility's electrical service, telephone service, or gas service (if gas is used for heating or cooking).

6. Any litigation involving the facility.

7. Any traffic accident involving day care children using transportation provided by the facility.

8. Any arrest or conviction of the facility or any staff person, employee, or volunteer.

9. Final disposition of any child abuse/neglect investigation involving the facility, the facility, or any staff person, employee, or volunteer.

10. Any incident in which the health, welfare, or safety of a child is at risk.

11. Any disastrous event.

(c) Child Abuse/Neglect reports.

1. Each staff person is required by law to report known or suspected child abuse or neglect to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made

immediately by telephone or direct oral communication, followed by a written report, containing all known information (**see page 43 for Title 26, Chapter 14, Reporting of Child Abuse or Neglect).**

2. Any person making a report in good faith is immune from any civil or criminal liability.

3. The law further provides that all reports of child abuse and neglect, investigative reports by the Department of Human Resources and certain other records of child abuse and neglect are considered confidential under penalty of law.

4. All staff persons, employees, and volunteers shall cooperate with Department personnel on any child abuse or neglect investigation, including providing information to the Department's representatives and allowing access to children and records.

(2) Admission Procedures. The total number of the children in the care of the facility at any given time, including children on the premises (inside and outside), children in transit, and children on field trips or other facility activities, shall conform to the capacity of the facility's measurements.

(3) Children's Records.

(a) Confidentiality.

1. Children's records and information about children and their families shall be kept confidential.

2. Confidential information about children and their families shall not be used or disclosed for any purpose not directly related to the well-being of the child.

3. Any discussion about children and their families shall be treated as confidential.

4. Confidential information including children's records shall be accessible only to authorized persons.

5. The Department shall have the right to inspect facility records, including children's records.

(b) Individual records on each child shall be on file in the facility on the child's first day of attendance. Records shall be maintained in the facility. Records shall include but need not be limited to:

1. Child's Pre-Admission Record including: child's name; birthdate; home address; name, address, and telephone

number of child's parent(s)/guardian(s); name, address, and telephone number of parent(s)/guardian(s) employer; emergency contact information; signed authorization for emergency medical treatment; special needs or instructions; list of persons child may be released to; statement that parent(s)/guardian(s) understands that the Department does not inspect activities away from the facility; permission signed by the child's parent(s)/ guardian(s) for the child to participate in activities away from the facility, and transportation provided by the facility, and swimming/wading provided by the facility.

2. Records of injury/illness occurring at the facility or during away from facility activities, which require professional medical attention, emergency medical attention, or hospitalization.

3. Immunizations.

(a) On the child's first day of attendance, each child not lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the facility, unless one of the following is on file in the facility:

A valid State of Alabama Certificate of Medical Exemption;

OR

A valid Alabama Certificate of Religious Exemption.

(b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.

4. Authorization for administering medication or medical procedures form if medication or medical procedures have been administered to the child.

(5) Facility Records. The following records shall be kept on file for the current year plus two additional years.

(a) Transportation checklists if applicable.

(b) Vehicle safety check.

(c) Sign-in and sign-out sheets.

(6) Documents to be posted in a conspicuous place in the facility.

(a) Most recent evaluation form.

(b) Most recent subsidy report form from the Department.

(c) Corrective or adverse action notices from the Department.

(d) Most recent fire inspection report.

(e) Most recent Health Department inspection report and food permit or written permission from the Health Department to cater food.

(f) Name and telephone number(s) posted by facility telephone(s):

1. Fire department;

2. Law enforcement;

3. Medical assistance (ambulance or rescue)

4. Poison control facility;

5. Substitute help.

(g) Emergency Preparedness and Response Plans.

(h) The name of staff person in charge.

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