

DEPARTMENT OF HUMAN RESOURCES SOCIAL SERVICES DIVISION
ADMINISTRATIVE CODE

CHAPTER 660-5-26
DAY CARE LICENSURE - CHILD CARE LICENSING AND PERFORMANCE
STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS

660-5-26-.04 Child Care Program.

(1) Staffing.

(a) Required ratios as stated in 660-5-26-.04, shall be maintained at all times. (Note: specific ratios are required for swimming or wading activities (see 660-5-26-.03, (6)); napping/resting time (see 660-5-26-.04(1)(b)8); transportation (see 660-5-26-.05(2)(e)), and nighttime care (see 660-5-26-.09(2)(a)).

1. Staff-child ratio shall be:

Age	Staff to Child Ratio
0 up to 18 months	1 to 5
18 months up to 2 ½ years	1 to 7
24 months up to 36 months	1 to 8
2 ½ years up to 4 years	1 to 11
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" in this context refers to children of lawful school age as defined in 660-5-26-.01(13), who are enrolled in public or private school.*

***The term "group size" is determined by the capacity of the room, age of the child, number of staff, and amount of equipment as defined in 660-5-26-.01(14).*

2. Children younger than age 2½ years shall be grouped separately from children older than 2½ years of age. An exception for a group of children, ages 24 months to 36 months, with the ratios indicated above is allowed. Other exceptions may be permitted with written approval from the Department representative. Such exceptions would allow children to be grouped based on individual children's needs.

3. When children of different ages are grouped together (multiple age grouping), staff-child ratio shall be according to the age of the youngest child in the group if more than 20% of the children are in the youngest age category. If children in the youngest age category make

up 20% or less of the group, staff-child ratio shall be according to the next highest age category.

4. 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. Each staff person giving care to infants and toddlers shall be assigned the responsibility of caring for the same infants/toddlers daily, except in the absence of the regularly assigned child care worker.

3. When a regular staff person is absent, there shall be a substitute present in order to maintain the required staff-child ratios. (See Rule 660-5-26-.04(1)(a), for requirements.)

4. The director shall be authorized to conduct center business and to make decisions regarding the operation of the center.

5. If the director is absent, a staff person, meeting at least child care worker qualifications shall be designated as the responsible person in charge and shall be authorized to conduct center business and to make decisions regarding the operation of the center.

6. The name of the director or staff person in charge shall be posted in a conspicuous place in the center.

7. At least one staff person meeting child care worker qualifications shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.

8. Staff-child ratio during napping/resting time shall be as follows:

Age	Staff to Child Ratio
0 up to 18 months	1 to 5
18 months up to 2 ½ years	1 to 14
2 ½ years and older	1 to 36

9. At least two (2) staff who are at least 18 years of age, who meets child care worker qualifications and has a current Infant-Child (Pediatric) Cardiopulmonary

Resuscitation Certificate (CPR) and a current First Aid Certificate shall be present during all hours of operation.

10. There shall be a second staff person, age 18 or older available in the center building or on the premises, whenever seven (7) or more children are present. **Required staff-child ratios shall be met at all times. Children younger than age 2½ years shall be grouped separately from children older than 2½ years of age.**

11. No staff person shall be on duty with the children for more than eight (8) continuous hours, on a regular basis.

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

(2) Infant/Toddler Daily Program.

(a) Learning/growth activities.

1. Infants/toddlers shall be encouraged to play with and handle a variety of toys.

2. Infants/toddlers shall spend time outdoors daily, when weather permits.

(i) Infants (Birth-12 Months) should be taken outside two (2) to three times daily as tolerated.

(ii) Toddlers (13 Months-2 Years) should be allowed 60 to 90 total minutes of outdoor play daily.

3. Infants/toddlers shall have daily indoor opportunities for freedom of movement, outside their cribs, in an open, uncluttered space.

4. In accordance with recommendations from the American Academy of Pediatrics, each infant younger than twelve (12) months shall be placed in a prone (front) position part of the time he/she is awake and observed. "Tummy time" helps muscle development and reduces the tendency of back positioning to flatten the back of the infant's head.

5. Infants should not be seated for more than 15 minutes at a time, except during meals or snacks. Infant equipment such as swings, stationary activity centers, infant seats (i.e. bouncers) and molded seats should only be used for short periods at a time. The least restrictive environment should always be encouraged.

6. The staff shall talk to each infant/toddler often and encourage him/her to respond.

7. Cries of infants/toddlers or other signs of distress shall be investigated immediately.

8. Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling 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 an infant's/toddler's mouth, face; or head; etc.

9. Eliminate screen time (TV, movies, cellphones, video games, computers, and other digital devices for children under two (2) years old.

10. A variety of indoor and outdoor experiences shall be available. These experiences must include 60 minutes of moderate and vigorous physical activity daily for full day programs and 30 minutes for half day programs. These activities shall build bone and muscle strength, and increase the heart rate and breathing rate by running, climbing, dancing, skipping and jumping.

11. A daily schedule which includes a minimum of 60 minutes of moderate to vigorous active play and physical activities indoors and outdoors must be posted in each toddler room.

(b) Diapering/toileting

1. Sufficient clean, dry diapers and clothing shall be provided for each infant/toddler.

2. Wet or soiled diapers and other clothing shall be changed promptly.

3. Diapers and other soiled or wet clothing shall be changed in each child's crib or on a changing area that is cleaned and disinfected after each use.

4. No infant/toddler shall be left unattended while being diapered.

5. No infant/toddler shall be diapered on the floor.

6. Each child's hands shall be washed after diapering.

7. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal materials, or urine.

8. Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering each child and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. Individual disposable paper towels shall be used for hand drying.

9. Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering each child. Individual disposable paper towels shall be used for hand drying.

10. Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.

11. Individual, disposable wipes and gloves shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.

12. Potty chairs, if used, shall be emptied and rinsed and disinfected after each use.

13. Diapering areas shall be separate from food service and food preparation areas.

(c) Napping/resting

1. Each infant shall be allowed to form his/her own pattern of sleeping and waking.

2. In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician specifying otherwise, each infant younger than twelve (12) months, shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).

3. In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back, but allowed to adopt whatever position he/she prefers for sleep.

4. In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the

need for a positioning device that restricts movement within the child's bed, such devices shall not be used.

5. The staff shall recognize differing needs of a toddler for sleep/rest and each child shall be allowed to follow his/her own sleep/rest pattern.

6. At least one staff person shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.

(d) Cribs, cots, and bedding

1. Placement of cribs shall allow a minimum of two (2) feet of space between occupied cribs.

2. Cots shall be positioned to allow space for staff access to the children and to allow space for safe exit in case of emergency.

3. Cribs and cots used by infants/toddlers shall be cleaned and disinfected and the sheets and coverings washed before being used by another child.

4. For infants, clean bottom sheets shall be provided daily, or more frequently as needed when wet or soiled. Crib sheets shall fit the mattress snugly.

5. In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment (younger than (12) months).

(i) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.

(ii) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.

(iii) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.

6. For toddlers, clean bottom sheets and top coverings shall be provided at least once each week or more frequently as needed when wet or soiled.

(e) Feeding

1. Food

(i) If formula and foods for infants are provided by the center, this shall be planned with the infant's parent(s)/guardian(s) or by the child's physician with the parent(s)/guardian(s) knowledge and consent.

(ii) If the center provides formula for infants, commercially prepared, ready-to-feed formula shall be provided. All formula, bottles, nipples, and other equipment used in bottle preparation shall be prepared, handled, and stored in a sanitary and sterile manner.

(iii) Bottles and food for infants shall be served according to parental request. If a parent requests bottles to be warmed, they should be warmed under running warm tap water, using a commercial bottle warmer, a slow cooking device, or by placing them in a container of warm water. Bottles should never be warmed in a microwave. Warming devices and dangling cords should not be accessible to children.

(iv) Meals and snacks provided by the center for infants/toddlers shall comply with U.S.D.A. food requirements.

(v) If formula, is provided by the parent(s)/guardian(s), it shall be sent ready to feed and labeled with the child's name and stored in the refrigerator. All bottles shall be sent home or the contents discarded at the end of the day.

(vi) Expressed human milk should be sent in a bottle or container that is properly labeled with the infant's full name and date and should only be given to the child specified. Parents must provide written instructions on how to prepare, store, and use the expressed human milk. Unused breast milk should be returned to the parent in the bottle or container. Infant formula for a breastfed infant should only be used with parental consent.

(v) If food for infants/toddlers is provided by the parent(s)/guardian(s), all jars/containers shall be labeled with the child's name. No previously opened jars of baby/toddler food shall be accepted by the center. All opened jars/containers shall be sent home or discarded at the end of the day.

(vi) As a toddler's eating patterns change from those of an infant to those of a preschool child, the regulations for preschool feeding shall apply.

(vii) Small hard candies and nuts shall not be served to children younger than four years of age.

(viii) Foods with a shape and consistency that may cause choking shall be prepared appropriately for the age and ability of the child. The following foods shall be served only under close supervision: peanut butter; popcorn; small pieces of raw vegetables; raisins; seeds; grapes (cut in half); foods with bones, meats (cut in pieces small enough to prevent choking); and hot dogs (cut length-wise, then chopped in small pieces, not cut in circular pieces).

2. Service and serving equipment.

(i) The feeding schedule shall be in accordance with each infant's/toddler's needs rather than according to the hour.

(ii) Each infant shall be held for bottle feeding. No bottles shall be propped.

(iii) When an infant is able to sit in a chair or feeding table, he/she shall be allowed to do so.

(iv) Each toddler shall be seated while eating.

(v) Each infant/toddler shall be encouraged to experiment with self-feeding with his/her hands or a spoon. Utensils shall be provided for each child who feeds himself/herself. Disposable utensils and disposable cups shall be used only under close supervision.

(vi) Each infant's/toddler's solid foods shall be fed/eaten from a dish.

(vii) Dishes and bottles used shall be unbreakable.

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

(ix) No infant/toddler shall be forced or bribed to eat.

(x) Food shall not be used as a punishment or reward.

(xi) Food service and food preparation areas shall be separate from diapering areas.

3. Face and hand washing.

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

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

(iii) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child.

(iv) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.

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

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

(a) Learning/growth activities.

1. There shall be a posted schedule of the day for each group of children. The schedule shall include a minimum of 60 minutes of moderate to vigorous active play and physical activities indoors and outdoors for each preschool classroom.

2. A variety of indoor and outdoor experiences shall be available. These experiences must include 60 minutes of moderate and vigorous physical activity daily for full day programs and 30 minutes for half day programs. These activities shall build bone and muscle strength and increase the heart rate and breathing rate by running, climbing, dancing, skipping, and jumping.

3. Pre-school and school-age children shall spend time outdoors daily when weather permits. Preschoolers should be allowed 60 - 90 minutes of outdoor play.

4. The staff shall permit/encourage conversation among children, including during meal and snack time.

5. The staff shall give individual attention to each child daily, such as conversation between staff and child.

6. Radio, television, and videos shall be used only when they supplement and enhance the daily plan for the children. No child shall be required to watch television or videos. All materials shall be previewed by a staff person to ensure their appropriateness for the age of the children. Sexually explicit, violent, or frightening materials are prohibited.

7. Children shall be handled gently. Rough or harsh handling 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 or face; etc.

8. For children over two (2) years old, limit screen time to less than 30 minutes per day for children in half day programs and to less than one (1) hour per day for those in full day programs. Screen time shall only be used for educational purposes or physical activity.

(b) Napping/resting

1. The staff shall recognize differing needs of children for sleep/rest.

2. A supervised rest period shall be scheduled for preschool children who are in attendance at the center for more than five (5) hours.

(i) The rest period shall not be less than 45 minutes and shall not exceed 2½ hours.

(ii) Any child who does not sleep after 45 minutes of rest shall be permitted to engage in quiet activities.

(iii) School age children shall not be required to nap.

3. Cots and bedding

(i) Cots shall be cleaned and clean bottom and top sheets/covers provided before the cot is used by another child.

(ii) Clean sheets/covers shall be provided at least once each week or more frequently as needed when wet or soiled.

(iii) Cots shall be positioned to allow space for staff access to the children and to allow space for safe exit in case of emergency.

4. At least one staff person shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.

(c) 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 changing diapers or being exposed to blood, fecal material, or urine.

(d) Feeding

1. Food.

(i) Children in attendance shall be served breakfast or a morning snack, a nutritious midday meal, and at least one afternoon snack.

(ii) Meal and snack components and serving sizes shall comply with U.S.D.A guidelines.

(iii) Breakfast, if served, shall include at least the following: fruit and/or vegetable; whole grain rich or enriched bread or bread product; and fluid milk.

(iv) Snacks shall include at least two of the following four choices: fluid milk; meat or meat alternate; fruit and/or vegetable; whole grain rich or enriched bread or bread products.

(v) Meals shall include at least the following: meat or meat alternate; vegetables/fruits (one vegetable and one fruit); whole grain rich or enriched bread or bread product; and fluid milk.

(vi) Fluid (liquid) milk shall be served. No powdered milk shall be served for drinking.

(vii) No child shall be deprived of a meal or snack if he/she is in attendance at the time the meal or snack is served.

(viii) Meals and snacks for children with special dietary needs shall be provided in accordance with the child's needs and written instructions of the child's parent(s)/guardian(s) or a licensed physician.

(ix) Menus for meals and snacks shall be planned in advance, dated and posted where they may be seen by the parent(s)/guardian(s). Menus shall include a variety of foods. Food substitutions shall be noted on the menu.

(x) Meals and snacks shall be provided by the center. When a parent(s)/guardian(s) chooses to provide food for their child, a written signed statement indicating this shall be on file in the center.

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

(xii) Small hard candies and nuts shall not be served to children younger than four years of age.

(xiii) Foods with a shape and consistency that may cause choking shall be prepared appropriately for the age and ability of each child. The following foods shall be served only under close supervision: peanut butter; popcorn; small pieces of raw vegetables; raisins; seeds; grapes (cut in half); foods with bones, meats (cut in pieces small enough to prevent choking); and hot dogs (cut length-wise, then chopped in small pieces, not cut in circular pieces).

2. Service and serving equipment.

(i) Portions of food served shall be suited to the child's age and appetite. Second portions shall be available.

(ii) Unbreakable or single-use disposable dinnerware shall be used.

(iii) 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.

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

(v) Food shall be served on individual dishes or napkins and shall not be placed directly on tables.

(vi) Children shall be seated while eating.

(vii) No child shall be forced to eat.

(viii) Children shall not be allowed in the kitchen.

3. 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 warm running water before food preparation or service, after assisting with toileting, and after any contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.

(iii) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child.

(iv) Each staff person shall use single-use disposable gloves for diapering each child. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.

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

4. When food service is catered, the plan shall be approved in writing by the county health department, if such approval is available. Meals and snacks that are catered shall meet the meal and snack patterns provided by U.S.D.A.

(4) 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 is inappropriate, offensive, 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.

(5) Staff-Parent Communication

(a) The staff and parent(s)/guardian(s) shall discuss discipline or behavior problems to determine appropriate action consistent with disciplinary practices above.

(b) The center shall be open to visits from parent(s)/guardian(s) at any time during the center's operating hours.

(c) Parent(s)/guardian(s) shall be informed of their right to visit and observe their child during hours of care.

(d) Staff shall be available for communication and conferences with the parent(s)/guardian(s) at a mutually convenient time.

(e) The center shall notify parent(s)/guardian(s) of procedures for making a complaint, including name(s) of person(s) to contact.

(f) The center shall provide parents with information about the influenza disease and influenza vaccine. (Code of Ala. 1975, Section 38-7-14.1.)

(g) Information on child development and children's health must be shared annually with parents/guardians.

(6) Health Information.

(a) Illness and injury.

1. No child who is ill shall be admitted to the center. 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 center's activities; the need for additional care that center 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 center shall obtain emergency medical treatment.

3. Contagious diseases/conditions.

(i) Not later than September 1, annually, each day care center shall provide educational information on influenza disease to the parent or legal guardian of each enrolled child. The educational information shall include, but need not be limited to, the causes and symptoms of influenza and the means by which it is spread, the risks associated with influenza, the availability, effectiveness, and known contraindications of the influenza vaccine, and the latest influenza vaccine recommendations of the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention (Code of Ala. 1975, Section 38-7-14.1).

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

(ii) The center shall urge parent(s)/guardian(s) to notify the center when their child is known to have been exposed to a contagious disease/condition outside the center.

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

4. Care for children with 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 child is transported.

(iv) The center should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The center 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 (Pediatric) Cardiopulmonary Resuscitation (CPR) and First Aid. At least one staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate shall be in the center during hours of operation. A copy of the Certificates or Certifications shall be on file in the center.

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, on the required form, 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 or unrefrigerated), and specific directions for administering the medication/medical procedure, such as give by mouth, apply to skin, (such as but not limited to sun-screen, bug spray, hand sanitizer) inhale, drops 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 center 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 center 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. (See Rule 660-5-26-.08(4), for children's records requirements.) Copies shall be made available to the child's parent(s)/guardian(s) on request. (See Rule 660-5-26-.08(4), for children's records requirements.) Copies shall be made available to the child's parent(s)/guardian(s) on request.

(b) Hygienic practices

1. Face and hand washing.

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

(ii) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.

(iii) 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 noses, spit, vomit, etc.

(iv) Each staff person shall wash his/her hands with soap and warm running water before and after diapering.

(v) Each staff person shall use single-use disposable gloves for diapering. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily.

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

2. Toilet articles

(i) Each child's toilet articles, (such as combs, toothbrushes, etc.) shall be labeled with the child's name, stored separately, and maintained in a sanitary condition.

(ii) Paper towels, disposable wipes, and facial tissues shall be disposed of immediately following each use.

(iii) Toilet paper shall be provided for use by children and staff.

3. Extra children's clothing shall be available in the center.

(c) Animals on the premises.

1. Animals or breeds of animals that have shown aggressive behavior shall not be kept in the center or on the grounds.

2. Animals that are not aggressive but could pose a threat to the health and safety of the children shall be kept in an area away from the children.

3. A current certificate of rabies vaccination shall be on file in the center for any animal required by law to be vaccinated.

4. Animals shall be confined. Cages and other areas used to confine animals shall be kept clean, with appropriate food and water available.

5. Each child and each staff person shall wash his/her hands with soap and running water immediately after handling animals.

(7) Emergency Preparedness and Response Plans. The Center shall develop a written disaster plan and make it 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 prepare 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 earthquake;

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).

Author: Zoe Moore/ShunDria Robinson

Statutory Authority: Code of Ala. 1975, as amended (hereinafter referred to as Code), §§38-7-1 through 38-7-18, §§41-22-19, §§38-2-6(10), (12), (13), (15), §§26-14-3, §§26-14-4.

History: New Rule: Filed December 18, 2000; effective January 22, 2001. **Amended:** Filed April 4, 2002; effective May 9, 2002.

Amended: Filed October 3, 2002; effective November 7, 2002.

Amended: Filed May 6, 2003; effective June 10, 2003. **Amended:** Filed November 4, 2003; effective December 9, 2003. **Amended:** Filed May 5, 2004; effective June 9, 2004. **Amended:** Filed June 3, 2005; effective July 8, 2005. **Amended:** Filed November 2, 2007; effective December 7, 2007. **Amended:** Filed March 8, 2019; effective April 22, 2019. **Amended:** Published January 31, 2020; effective March 16, 2020. **Amended:** Published July 30, 2021; effective September 13, 2021.