HEALTH and SAFETY GUIDELINES

REQUIREMENTS AND PROCEDURES
For Facilities Participating in the
Child Care Subsidy Program

Prescribed by:

State of Alabama
Department of Human Resources
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Effective September 13, 2021

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2017
Revised 2019
Revised 2021

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I. OVERVIEW AND PENALTIES

A. 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 required of all child care facilities in order to 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 all programs, including exempt child care facilities that receive CCDF funds.

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.

B. 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.

II. REQUIREMENTS

A. Facilities

1. **Fire Inspection**
   The facility shall submit a written fire department inspection report, **with no violations cited**, to the Department of Human Resources. Subsequent inspections may be requested by 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. 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. Space for groups

Designated areas of indoor activity space shall be provided for each grouping of children.

d. Bathroom facilities

(1) Location

Bathrooms shall be located on the same floor level and under the same roof as activity areas.

(2) Size of fixtures

The toilets and handwashing sinks used by the children shall be child size in height, or shall be adjusted for easy use with sturdy platforms, seat adapters, or both, as needed.

e. Diapering facilities

One handwashing sink with warm running water, soap, and disposable paper towels, shall be located in each room where children are diapered.

f. 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.

g. Storage space for children and staff

(1) Each child shall have individual, labeled storage space. For children age 2½ years and older, the space shall be at child level.

(2) Shelving, accessible to the children, shall be provided for the play equipment and supplies, in areas used by children.

(3) Storage space shall be provided for storage of teacher's supplies and reserve equipment.

(4) Shelving that can be tipped over by an adult shall be securely anchored, so that it does not pose a risk to children.

h. Office space shall be provided for storage of records and to afford privacy for conferences.

i. 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 material).

(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.

(7) During napping/resting, lighting shall be maintained at a level that will enable children to be visible.

j. There shall be an operational telephone in the facility for facility business only. 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.

k. 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) Clear glass doors shall be plainly marked at child level, to avoid accidental impact.

(6) 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.

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

(8) Exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.

(9) 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 center.

(10) 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).

(11) Bio contaminants:

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

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

l. 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 countertops 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 receptacle.

(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. Separate play areas shall be provided for children younger than age 2½ years. This may be achieved by scheduling alternate play periods.

c. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area.

d. 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.

e. Shade and sun areas shall be provided.

f. 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.

g. 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:

(a) 1 staff for each child younger than 2½ years of age;
(b) 1 staff for every 4 children ages 2½ years up to 4 years;
(c) 1 staff for every 6 children ages 4 years up to 6 years;
(d) 1 staff for every 10 children ages 6 years and older.

Ages	Staff to Child Ratio
0 up to 2½ years	1 to 1
2½ years up to 4 years	1 to 4
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 **(see pages 15-16)**.

(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 **(see pages 15-16)**.

(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.

8. Furnishings and Equipment

a. Size

The furniture and equipment shall be appropriate for the age and size of the children.

b. Condition

(1) Equipment and furniture shall be in operative condition, free of sharp, loose, or rusty parts.

(2) Equipment and furniture shall be easily cleaned and kept in a clean and safe condition.
(3) Equipment and furniture used by infants and toddlers shall be free of small parts that could be swallowed.
(4) Equipment and furniture made of easily breakable materials shall not be used.

c. Amount and type of furnishings to be provided by the facility
(1) There shall be table space for each child who is able to sit at the table.
(2) There shall be a straight chair, with a back, without arms, for each child who is able to use a chair. **Children's desks are prohibited**.
(3) A feeding chair or an age appropriate table and chair shall be provided when children are eating.
(4) There shall be a crib, manufactured with slats no more than 2³/₈ inches apart, provided for each infant. Each crib shall have a firm, waterproof mattress that fits snugly against all sides of the crib. Mattresses shall be in good condition with no tears or exposed foam rubber or other stuffing material. **Stacked cribs or multiple crib units are prohibited**.
(5) In accordance with the U. S. Consumer Product Safety Improvement Act of 2008, any crib provided by child care facilities and family homes must meet federal safety standards. To verify compliance with the federal standards, all cribs must have a label attached showing the date of manufacture on or after June 28, 2011.
(6) There shall be a washable cot for each toddler and preschool child and any school-age child who naps.

B. 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
0 up to 18 months	1 to 5
18 months up to 2½ years	1 to 7
24 months up to 36 months	1 to 8
2½ 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" 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) **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.

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

(5) At least one (1) 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.

(6) Staff-child ratio during **napping/resting** time shall be as follows:

Ages	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

(7) 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.

(8) 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**. **Children younger than age 2½ years shall be grouped separately from children older than 2½ years of age.**

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

(10) 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 spend time outdoors daily, when weather permits.

(a) Infants (birth- 12 months) should be taken outside two (2) to three (3) times daily as tolerated.

(b) Toddlers (13 months-2 years) should be allowed 60 to 90 minutes of outdoor play daily.

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

(3) 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.

(4) Infants should not be seated for more than 15 minutes at a time, except during meals and 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.

(5) Cries of infants/toddlers or other signs of distress shall be investigated immediately.

(6) 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.

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

(8) 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 increase the heart rate, breathing rate, and bone and muscle strengthening of a child by running, climbing, dancing, skipping and jumping.

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 material, 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, **even if gloves are used**. 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.

(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

(a) If formula and foods for infants are provided by the facility, 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.

(b) If the facility 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.

(c) 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.

(d) Meals and snacks provided by the facility for infants/toddlers shall comply with infant and child meal and snack patterns.

(e) 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.

(f) 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 be used only with parental consent.

(g) 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 facility. All opened jars/containers shall be sent home or discarded at the end of the day.

(h) 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.

(i) Small hard candies and nuts shall **not** be served to children younger than four (4) years of age.

(j) 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

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

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

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

(d) Each toddler shall be seated while eating.

(e) Disposable utensils and disposable cups shall be used only under close supervision.

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

(g) Dishes and bottles used shall be unbreakable.

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

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

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

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

(3) Face and hand washing

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

(b) 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.

(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering each child, even if gloves are used.

(d) 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.

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

3. Preschool/School-age Children - Daily Program

a. Learning/growth activities

(1) 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 of a child by running, climbing, dancing, skipping and jumping.

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

(3) No child shall be required to watch television or videotapes. All videotapes 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.

(4) 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 be used only for educational purposes or physical activity.

(5) 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.

b. Napping/resting

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

(2) Cots and bedding

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

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

(c) 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) At least one (1) 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 diapering/toileting or being exposed to blood, fecal material, or urine.

d. Feeding

(1) Food

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

(b) Meal and snack components and serving sizes shall comply with meal and snack patterns.

(c) Breakfast, if served, shall include at least the following:
fruit or vegetable or full strength juice;
bread or bread product;
and milk.

(d) Snacks shall include at least two of the following four choices:
milk or milk products;
meat or meat alternate;
fruit, vegetable or full strength juice;
bread, cereal, crackers or other bread products.

(e) Meals shall include at least the following:
meat or meat alternate;
vegetables/fruits (*2 vegetables or 1 vegetable and 1 fruit or 2 fruits*);
bread or bread product;
and milk.

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

(g) 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.

(h) 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.

(i) 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.

(j) Meals and snacks shall be provided by the facility. 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 facility.

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

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

(m) 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

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

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

(c) 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.

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

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

(f) Children shall be seated while eating.

(g) No child shall be forced to eat.

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

(3) Face and hand washing

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

(b) 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.

(c) Each staff person shall wash his/her hands with soap and warm running water before and after diapering **each child**, even if gloves are used.

(d) 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.

(e) 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**.**

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 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. 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

(a) 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.

(b) 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.

(c) 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

(a) 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.

(b) 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.

(c) 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:

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

(b) 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.

(c) 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.

(d) The facility should notify the parent(s)/guardian(s) 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 facility should contact the emergency medical services system immediately whenever epinephrine has been administered.

(e) 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 staff persons 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.

(a) 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.

(b) 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.

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

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

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

(f) 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.

b. Hygienic practices

(1) Face and hand washing

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

(b) 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.

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

(d) 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.

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

(2) Toilet articles

(a) 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.
(b) Paper towels, disposable wipes, and facial tissues shall be disposed of immediately following each use.
(c) Toilet paper shall be provided for use by children and staff.

(3) Extra children's clothing shall be available in the facility.

6. 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 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;
(a) Emergency contact information for the parents and the center,
(b) Procedures for notifying and communicating with parents regarding the location of the children if evacuated
(c) 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 of 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).

C. Transportation

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

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 (2) additional years.

d. When the facility provides transportation to and from the home or another designated location, the facility shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.

e. 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 (**see pages 15-16**) 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, provided the driver meets child care worker qualifications.

(3) If fifteen (15) or more children of lawful school age are transported, at least one (1) 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) A staff person shall accompany each child younger than 2½ years of age from the vehicle to the care of the designated person.

(7) A staff person shall visually supervise each child 2½ years of age and older from the vehicle to the care of a designated person.

(8) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.

f. Safety precautions **<u>in all vehicles</u>** used and operated by the facility in transporting children.

(1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.

(2) Doors shall be locked at all times when the vehicle is moving.

(3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.

(4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.

(5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.

(a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.

(b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.

(c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.

(d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an ***individual*** seat belt, which is properly anchored to the vehicle.

g. 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; and passenger restraint systems.

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.

D. Staff

1. Qualifications of Staff

a. Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 18 years of age and shall have a high school diploma or general education diploma (G.E.D.). Within ninety (90) days after employment, child care workers/ teachers shall have at least one (1) hour of preservice training from an outside source in each of the following twelve (12) required areas:

(1) Prevention and control of infectious diseases (including immunizations);
(2) 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) 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 aid and CPR;
(11) If applicable, appropriate precautions in transporting children;
(12) Child development.

Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

b. Service staff, such as cooks, janitors, or bus drivers, shall not be counted in the required staff-child ratio unless they meet child care worker qualifications, are acting as a child care worker, and are giving full attention to the children.

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

d. 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 be filed in alphabetical order. Records shall contain originals or clear copies of required information. Inactive files shall be maintained separately from active files. Records shall include but need not be limited to:

(1) An application for employment.

(2) Information regarding character and suitability shall be obtained on all staff, including substitutes and volunteers, and shall include, but need not be limited to:

(a) 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.

(b) 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.

(c) 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, and sex 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.

(d) 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.

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

(3) Written verification of education.

(4) 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:

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

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

(c) Medication administration;

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

(e) Building and physical premises safety;

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

(g) Emergency preparedness and response planning;

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

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

(j) First aid and CPR;

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

(l) Child Development.

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

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

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

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

(c) Written documentation of a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR), if there is a pool at the facility. A copy of each certificate shall be on file in the facility.

(d) Written documentation of a current First Aid Certificate and a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) shall be on file for at least one (1) staff person present at the facility during hours of operation.

b. Additional records to be maintained during employment.

(1) Documentation of preservice/ongoing training.

(2) Updated/additional medical information.

(3) A written report of any misconduct or dereliction of duty, including the investigation procedure followed and disposition made.

(4) Written documentation of updated Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) and updated First Aid Certificate.

(5) Updated valid driver's license if the staff person transports children.

(6) Updated valid commercial driver's license (CDL), if required for vehicles used to transport children. *(Required for vehicles designed to carry 16 or more persons, including the driver.)*

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.

E. 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 events.

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 54 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 be filed in alphabetical order. Records shall contain originals or clear copies of required information. In-active files shall be maintained separately from active files. 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 mother's and father's employer; emergency contact information; name, address,

and telephone number of child's doctor; 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, transportation provided by the facility, and swimming/wading provided by the facility; child's first day of attendance; child's withdrawal date; information concerning homelessness according to the McKinney-Vento Homeless Assistance Act.

(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 from two (2) months of age to 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.

OR

The child meets the definition of homelessness, according to the McKinney-Vento Homeless Assistance Act.

(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) Any other information about a child shall be kept in the child's record.

4. Facility Records

The following records shall be kept on file for the current year plus two additional years.

a. Daily attendance records on all staff and children shall be maintained.

b. Transportation checklists if applicable.

c. Vehicle safety check.

d. Sign-in and sign-out sheets.

5. 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. Menu for meals and snacks.

g. 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.

h. Emergency Preparedness and Response Plans.

i. The name of staff person in charge.

F. Nighttime Facilities

In addition to the requirements set forth for day care facilities, facilities providing nighttime care shall meet the following regulations or modifications:

1. Equipment and furnishings

a. In facilities operating past midnight, cribs or cots, fitted with a waterproof mattress, shall be provided for each child.

b. In facilities operating past midnight, there shall be at least one (1) bathing facility for every fifteen (15) children.

2. Child Care Program

a. Staffing

(1) Staff-child ratio for **sleeping** children:

Ages	Staff to Child Ratio
0 up to 18 months	1 to 5
18 months up to 2½ years	1 to 14
2 ½ years up to 4 years	1 to 18
4 years and older	1 to 25

(2) Required staff-child ratios and grouping for day care facilities shall be maintained while the children are awake **(See page 15).**

(3) At least one staff person who is 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 in the facility during all hours of operation. Copies of the certificates shall be kept on file in the facility.

(4) Coverage

(a) All children shall have staff supervision at all times.

(b) Each staff person giving care before bedtime and bedtime periods shall be assigned the responsibility of caring for the same children nightly.

(c) There shall be at least one (1) staff person in each room of sleeping children. Staff shall be able to see all the children at all times.

(d) All staff on duty shall be awake and alert to the needs of the children.

(e) There shall be at least two staff persons age 18 or older available in the facility or on the premises, whenever children are present. **Required staff-child ratios shall be met at all times**.

(f) While children are sleeping, lighting shall be maintained at a level that will enable children to be visible.

b. Food and food service

(1) Any child who goes directly from the facility to school shall be served breakfast before leaving the facility unless breakfast shall be eaten at school.

(2) An evening meal shall be served for children in attendance.

c. Bathing

(1) If any child in care is bathed, clean water shall be provided for each child. Each child shall be bathed separately. Each child shall be supervised while bathing.

(2) An individual bar of soap, an individual towel, and individual washcloth shall be provided for each child who is bathed at the facility.

(3) The staff shall assist each child, in dressing and grooming, as needed.

III. APPENDICES

A. Child Care Subsidy Program Policies and Procedures Manual

NOTE: *The following excerpts of the Child Care Subsidy Program Policies and Procedure Manual is printed in this document as a resource.*

<u>Child Care Subsidy Program Policies and Procedures Manual</u>, Chapter 2

Section 5 Due Process

5.1 An applicant for, or recipient of, services under this Manual has the right to request an administrative review or a hearing in response to any action taken to deny, reduce or terminate services, if the parent feels such action was taken outside the context of manual policy.

5.1.1 The parent's rights provided under this section extend only to whether such actions described above were in compliance with current policies and procedures. Such rights do not extend to whether current policies and procedures are appropriate or fair.

5.1.2 Each parent must be advised of the rights provided under this section, as well as the procedures for requesting an administrative review or a hearing, as described below, at each determination of initial and continuing eligibility for services or whenever action is taken to deny, reduce or terminate services.

5.1.3 A parent must not be denied the right to immediately submit a written request for a hearing. Every effort must be made, however, to avoid the need for a hearing by attempting to resolve the parent's complaint at the administrative level, as described below.

5.1.3(a) Upon learning that a parent is interested in filing a complaint, immediately offer the parent the opportunity to request an administrative review.

5.1.3(b) The request for an administrative review must be made in writing, must clearly state the reason for the complaint, and must be signed and dated by the parent.

5.1.4 The administrative review must be scheduled as soon as is administratively feasible after the CMA receives the written request. The review must be conducted by the appropriate administrative staff member.

5.1.4(a) If it is determined that the CMA's action was taken in accordance with the current policies and procedures, attempt to explain the basis for the decision such that the parent's issue is satisfactorily resolved.

5.1.4(b) If it is determined that the CMA's action was not taken in accordance with current policies and procedures, take immediate corrective action to resolve the issue in favor of the parent and offer the parent the opportunity to withdraw the hearing request.

5.1.5 Facts pertaining to the date of the administrative review and the resolution of the parent's complaint must be documented in the case record.

5.2 **A child care provider of services** under this Manual has the right to request a fair hearing in response to any action to deny or terminate Program participation.

5.2.1 A provider must not be denied the right to immediately submit a written request for a hearing.

5.2.1(a) Providers under this section are not entitled to an administrative review but, the CMA should make every effort to resolve the provider's complaint at the administrative level.

5.2.2 Each provider must be advised of the rights provided under this section, as well as the procedures for requesting a hearing, as described below, at registration, at each renewal of registration and whenever action is taken to deny or terminate Program participation.

Section 6 The Hearing Process

6.1 Requests for hearings under this section must:

6.1.1 Be made **in writing** by the parent, or the parent's legal representative, or by the provider or the provider's legal representative, **within 60 days** of the alleged offense(s); and,

6.1.2 Clearly state the **reason or reasons** for the request and the **date or dates** the alleged offense or offenses are said to have occurred.

6.2 When a hearing request made in compliance with this chapter is received, this CMA must:

6.2.1 Make a copy of the hearing request and file it in the parent's or provider's case record.

6.2.2 Forward the original hearing request to the Department, addressed to the attention of the Administrative Hearing Officer, within ten (10) calendar days of the date the request is received. Await instructions from the Administrative Hearing Officer.

6.2.3 When the hearing request is received from a parent, if the CMA has not already done so prior to receiving the hearing request, contact the parent

and offer an immediate opportunity for an administrative review, as described above.

6.3 The Department will send information about the hearing to the parent or provider requesting the hearing. A representative of the Department must conduct, and preside over, the hearing.

6.4 The parent or provider may voluntarily withdraw the hearing request at any time prior to the resolution of the complaint by the Administrative Hearing Officer. The withdrawal must be in writing, must be signed and dated by the parent or provider, and must clearly indicate the reason(s) for the decision. Immediately forward the original withdrawal statement to the Administrative Hearing Officer.

6.5 The Department is the final authority with regard to all aspects of a hearing, including:

6.5.1 Whether a hearing will be accepted;

6.5.2 Scheduling the hearing;

6.5.3 Conducting and presiding over the hearing; and,

6.5.4 Making the final decision with regard to disposing of the hearing.

B. Health and Safety Information

Child Care Services Division

Health and Safety Information Session

Reauthorization

CCDBG Act of 2014

In 2014, Congress passed Child Care and Development Block Grant (CCDBG) Act. This Act reauthorized the Child Care and Development Fund (CCDF)

Child Care and Development Fund (CCDF) Final Rule

The rule establishes the regulations for the Child Care Subsidy Program.

In December 2015, Health and Human Services (HHS) published a Notice of Proposed Rulemaking (NPRM).

- Incorporated and clarified changes made through the CCDBG Act of 2014; and
- Responded to public comments received

Child Care Services Division

Overview of Act and Final Rule

Addresses four major areas:

1. Protect the health and safety of children in child care
2. Enhance the quality of child care and the early childhood workforce
3. Provide equal access to stable, high quality child care for low-income children
4. Help parents make informed choices and access information to support child development

Child Care Services Division

Alignment with Head Start

Where appropriate the Act and Final Rule align program requirements with Head Start Performance Standards

Child Care Services Division

Protect the Health and Safety Of Children in Child Care

Child Care Servcies Division

Health and Safety Requirements

Applies to **all providers** (excluding relative providers) participating in the Child Care Subsidy Program.

Areas Addressed:

1. Pre-Service and On-going training
2. Health and Safety Requirements in specified topics
3. Annual Monitoring Inspections
4. Criminal Background Checks
5. Compliance with Child Abuse Reporting

Child Care Services Division

Pre-Service and On-going Training

Compliance Date – September 30, 2017

Child Care staff must be trained in specific topic areas. This training is in addition to *Minimum Standards* required training.

1. Prevention and control of infectious diseases (including immunization)
2. 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

Child Care Services Division

Pre-Service and On-going Training (cont.)

Child Care staff must be trained in specific topic areas. This training is in addition to *Minimum Standards* required training.

6. 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 aid and CPR and;
11. If applicable, appropriate precautions in transporting children.

Child Care Services Division

Pre-Service and On-going Training (cont.)

- Pre-service training must be completed within 3 months of employment.
  - Minimum Standards requirements of 12 hours within first 30 days still applies.
- Pending completion of all pre-service training, the staff member **must be supervised** at all times by an individual who has completed all pre-service training

Child Care Services Division

Pre-Service and On-going Training (cont.)

- Training requirements applies to caregivers, teachers and directors
  - *Caregiver* means an individual who provides child care services directly to an eligible child on a person-to-person basis
  - *Teacher* means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care
  - *Director* means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care

Child Care Services Division

Health and Safety Requirements Addressing Specific Topics

Compliance Date – September 30, 2017

Child Care programs **must have procedures and be monitored on** health and safety requirements that address specific topics. (These requirements are in addition to *Minimum Standards* requirements.)

1. Prevention and control of infectious diseases (including immunization)
2. 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

Child Care Services Division

Health and Safety Requirements Addressing Specific Topics (cont.)

Child Care programs **must have procedures and be monitored on** health and safety requirements that address specific topics. (These requirements are in addition to *Minimum Standards* requirements.)

6. 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 aid and CPR and;
11. If applicable, appropriate precautions in transporting children.

Child Care Services Division

Health and Safety Requirements Addressing Specific Topics (cont.)

Child Care programs **must have procedures and be monitored on** health and safety requirements that address specific topics. (These requirements are in addition to *Minimum Standards* requirements.)

- Includes compliance with all applicable State or local health and safety requirements

Child Care Services Division

Annual Monitoring

Compliance Date – November 19, 2017

Child Care providers **participating in the Child Care Subsidy Program must receive annual <u>unannounced</u> monitoring and inspections** on health and safety requirements

- Includes child/staff ratios **<u>and</u>** group size
- Monitoring and Inspections results must be posted to the State's child care website and easily accessible by parents and consumers, including:
  - Date of last inspection
  - Any voluntary quality standards (Alabama Quality STARS; Accreditation) met by the provider
  - Information on adverse actions

Child Care Services Division

Criminal Background Checks

Compliance Date – September 30, 2017

Comprehensive background checks must be completed by all child care staff members.

- Includes staff members who don't directly care for children but have unsupervised access to children
- Applies to:
  - All licensed, regulated or registered providers
  - All providers eligible to deliver CCDF-funded services
- Specifies disqualifying crimes

Child Care Services Division

Criminal Background Checks (cont.)

Comprehensive background checks includes the following clearances <u>and</u> must be conducted **every 5 years**:

- Alabama Bureau of Investigation (ABI)
- Federal Bureau of Investigation (FBI)
- Child Abuse and Neglect Clearance
- State Sex Offender Registry
- National Sex Offender Registry

Child Care Services Division

Criminal Background Checks (cont.)

- Requires checks for individuals age 18 or older residing in family child care homes;
- Aligns with Head Start provisional employment requirements
- Pending completion of all background check components, the staff member **must be supervised** at all times by an individual who received a qualifying result on all background check components within the past five years

Child Care Services Division

Helpful Resources

Office of Child Care
http://www.acf.hhs.gov/occ

CCDF Reauthorization Frequently Asked Questions
http://www.acf.hhs.gov/occ/resource/ccdf-reauthorizaton-faq

Child Care Quality Enhancement Agencies
http://dhr.alabama.gov/services/Child_Care_Services/Quality_Overview.aspx

Child Care Management Agencies
http://dhr.alabama.gov/counties/daycare_agency.aspx

Criminal Background Check
http://dhr.alabama.gov/quicklinks/Criminal_History.aspx

Child Care Licensing
http://dhr.alabama.gov/services/Child_Care_Services/Licensing_Overview.aspx

Child Care Services Division

CONTACT US

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Child Care Services Division

D. ALABAMA LAW

NOTE: The following excerpts of Alabama law are printed in this document as a resource. These laws are not a part of the regulations promulgated by the Department of Human Resources

- **Title 26, Chapter 14, Reporting of Child Abuse or Neglect**

§ 26-14-1. Definitions.

For the purposes of this chapter, the following terms shall have the meanings respectively ascribed to them by this section:

(1) ABUSE. Harm or threatened harm to a child's health or welfare. Harm or threatened harm to a child's health or welfare can occur through nonaccidental physical or mental injury, sexual abuse or attempted sexual abuse or sexual exploitation or attempted sexual exploitation. "Sexual abuse" includes rape, incest and sexual molestation as those acts are defined by Alabama law. "Sexual exploitation" includes allowing, permitting or encouraging a child to engage in prostitution and allowing, permitting or encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child for commercial purposes.

(2) NEGLECT. Negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, clothing or shelter; provided, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone, shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services be provided to the child, where his health requires it.

(3) CHILD. A person under the age of 18 years.

(4) DULY CONSTITUTED AUTHORITY. The chief of police of a municipality or municipality and county; or the sheriff, if the observation of child abuse or neglect is made in an unincorporated territory; or the department of human resources; or any person, organization, corporation, group or agency authorized and designated by the department of human resources to receive reports of child abuse and neglect; provided, that a "duly constituted authority" shall not include an agency involved in the acts or omissions of the reported child abuse or neglect. (Acts 1975, No. 1124, p. 2213, § 1, Acts 1981, No. 81-615, p. 1031, Acts 1981, No. 81-789, p. 1387.)

§ 26-14-2. Purpose of chapter.

In order to protect children whose health and welfare may be adversely affected through abuse and neglect, the legislature hereby provides for the reporting of such cases to the appropriate authorities. It is the intent of the legislature that, as a result of such efforts,

and through the cooperation of state, county, local agencies and divisions of government, protective services shall be made available in an effort to prevent further abuses and neglect, to safeguard and enforce the general welfare of such children, and to encourage cooperation among the states in dealing with the problems of child abuse. (Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-3. Mandatory reporting.

(a) All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals or any other person called upon to render aid or medical assistance to any child, when such child is known or suspected to be a victim of child abuse or neglect, orally, either by telephone or direct communication immediately, followed by a written report, to a duly constituted authority.

(b) When a report is made to law enforcement official, such official subsequently shall inform the department of human resources of the report so that the department can carry out its responsibility to provide protective services to the respective child or children. (Acts 1965, No. 563, p. 1049, § 1; Acts 1967, No. 725, p. 1560, Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-4. Permissive reporting.

In addition to those persons, firms, corporations and officials required by Section 26-14-3 to report child abuse and neglect, any person may make such a report if such person has reasonable cause to suspect that a child is being abused or neglected. (Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-5. Contents of reports.

The reports provided for in this chapter shall state, if known, the name of the child, his whereabouts, the names and addresses of the parents, guardian or caretaker and the character and extent of his injuries. The written report shall also contain, if known, any evidence of previous injuries to said child and any other pertinent information which might establish the cause of such injury or injuries, and the identity of the person or persons responsible for the same. (Acts 1965, No. 563, p. 1049, § 2; Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-6. Temporary protective custody.

A police officer, a law enforcement official or a designated employee of the state or county department of human resources may take a child into protective custody, or any person in charge of a hospital or similar institution or any physician treating a child may keep that child in his custody, without the consent of the parent or guardian, whether or not additional

medical treatment is required, if the circumstances or conditions of the child are such that continuing in his place of residence or in the care and custody of the parent, guardian, custodian or other person responsible for the child's care presents an imminent danger to that child's life or health. However, such official shall immediately notify the court having jurisdiction over juveniles of such actions in taking the child into protective custody; provided that such custody shall not exceed 72 hours and that court of competent jurisdiction and the department of human resources shall be notified immediately in order that child-protective proceedings may be initiated. During such period of temporary custody, the director of the county department of human resources may give or cause to be given effective consent for medical, dental, health and hospital services for any abused or neglected child. (Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-7. Duties of department of human resources.

(a) The state or county department of human resources shall make a thorough investigation promptly upon either the oral or written report. The primary purpose of such an investigation shall be the protection of the child.

(b) The investigation, to the extent that is reasonably possible, shall include:

(1) The nature, extent and cause of the child abuse or neglect;

(2) The identity of the person responsible therefor;

(3) The names and conditions of other children in the home;

(4) An evaluation of the parents or person responsible for the care of the child;

(5) The home environment and the relationship of the child or children to the parents or other persons responsible for their care; and

(6) All other data deemed pertinent.

(c) The investigation may include a visit to the child's home, an interview with the subject child, and may include a physical, psychological or psychiatric examination of any child or children in that home. If the admission to the home, school or any other place that the child may be, or permission of the parent or other persons responsible for the child or children, for the physical, psychological or psychiatric examination, cannot be obtained, then a court of competent jurisdiction, upon cause shown, shall order the parents or persons responsible and in charge of any place where the child may be to allow the interview, examinations and investigation. If, before the examination is complete, the opinion of the investigators is that immediate removal is necessary to protect a child or children from further abuse or neglect, a court of competent jurisdiction, on petition by the investigators and with good cause being shown, shall issue an order for temporary removal and custody.

(d) The county department of human resources shall make a complete written report of the investigation, together with its recommendations. Such reports may be made available to the appropriate court, the district attorney and the appropriate law enforcement agency upon request. The county department of human resources shall make a written report or case summary, together with services offered and accepted to the state's central registry on forms supplied by the registry for that purpose. (Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-8. Establishment of central registry; confidentiality of records and reports.

(a) The state department of human resources shall establish a statewide central registry for reports of child abuse and neglect made pursuant to this chapter. The central registry shall contain, but shall not be limited to:

(1) All information in the written report;

(2) Record of the final disposition of the report, including services offered and services accepted;

(3) The names and identifying data, dates and circumstances of any persons requesting or receiving information from the registry;

(4) The plan for rehabilitative treatment; and

(5) Any other information which might be helpful in furthering the purposes of this chapter.

(b) The state department of human resources shall establish and enforce reasonable rules and regulations governing the custody, use and preservation of the reports and records of child abuse and neglect. The use of such reports and records shall be limited to the purposes for which they are furnished and by the provisions of law under which they may be furnished. The reports and records of child abuse and neglect shall be confidential, and shall not be used or disclosed for any purposes other than:

(1) To permit their use to prevent or to discover abuse or neglect of children through the information contained therein; or

(2) For investigation of child abuse or neglect by the police or other law enforcement agency; or

(3) For use by a grand jury upon its determination that access to such reports and records in necessary in the conduct of its official business; or

(4) For use by a court where it finds that such information is necessary for the termination of an issue before the court; or

(5) For use by any person engaged in bona fide research who is authorized to have access to such information by the commissioner of the state department of human resources; or

(6) For use by any person authorized by a court to act as a representative for an abused or neglected child who is the subject of a report; or

(7) For use by a physician who has before him a child whom he reasonably suspects may be abused or neglected; or

(8) For use by an attorney or guardian ad litem in representing or defending a child or its parents or guardians in a court proceeding related to abuse or neglect of said child.

(c) Any violation of this provision of confidentiality shall be a misdemeanor and punishable accordingly. (Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-9. Immunity from liability for actions under chapter.

Any person, firm, or corporation or official participating in the making of a report or the removal of a child pursuant to this chapter, or participating in a judicial proceeding resulting therefrom, shall, in so doing, be immune from any liability, civil or criminal, that

might otherwise be incurred or imposed. (Acts 1965, No. 563, p. 1049, § 3; Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-10. Doctrine of privileged communications not grounds for exclusion of evidence as to child's injuries.

The doctrine of privileged communication, with the exception of the attorney-client privilege, shall not be a ground for excluding any evidence regarding a child's injuries or the cause thereof in any judicial proceeding resulting from a report pursuant to this chapter. (Acts 1965, No. 563, p. 1049, § 4; Acts 1975, No. 1124, p. 2213, § 1).

§ 26-14-11. Appointment of attorney to represent child.

In every case involving an abused or neglected child who results in a judicial proceeding, an attorney shall be appointed to represent the child in such proceedings. Such attorney will represent the rights, interests, welfare and well-being of the child, and serve as guardian ad litem for said child. (Acts 1975, No. 1124, p. 2213, § 1.)

§ 26-14-12. Establishment of regulations by department of human resources.

The state department of human resources may establish such regulations as may be necessary to implement this chapter and to encourage cooperation with other states in exchanging reports to effect a national registration system. (Acts 1975, No. 1124, p. 2213, § 1).

§ 26-14-13. Penalty for failure to make required report.

Any person who knowingly fails to make the report required by this chapter shall be guilty of a misdemeanor and shall be punished by a sentence of not more than six months' imprisonment or a fine of not more than $500.00. (Acts 1965, No. 563, p. 1049, Section 5, Acts 1975, No. 1124, p. 2213, § 1.)