



JEFFERSON COUNTY
DEPARTMENT OF HEALTH
ALABAMA

Regulations for the
Construction, Operation and Maintenance of

Child Care Centers

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Jefferson County Department of Health

Environmental Health Services Food and Lodging Protection Division

Regulations for the Construction, Operation and Maintenance of Child Care Centers

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1. General Provisions

1.A Purpose

These regulations are promulgated to provide definitions and to set local standards for CHILD CARE CENTERS. These regulations ~~SHALL~~ SHALL be interpreted and applied to promote, improve and protect the health of Jefferson County, as well as to eliminate conditions prejudicial to health or likely to become so. CHILD CARE CENTERS in operation before the adoption of these regulations ~~shall~~ SHALL have one year from the date of adoption by the BOARD to comply with these regulations unless conditions exist that pose a clear and present danger to the health, welfare and safety of the children.

1.B Statutory Authority

The BOARD is authorized to adopt and promulgate these regulations under and by the virtue of the authority of Sections 22-3-2 (1) (4), 22-3-5 and 22-10-1 (4) Code of Alabama, 1975.

1.C Definitions

The following definitions will be used for the purpose of these
e-regulations.

- ACTIVE PLAY – child activity that is appropriate to the child’s age and abilities, involves moving the whole body and makes the heart beat faster.
- APPROVED - means acceptable to the HEALTH OFFICER based on a determination of conformity with principles, practices, and generally recognized standards that protect public health.
- BOARD – the Jefferson County BOARD of Health, including any officer, employee or agent of said BOARD authorized to act for and on behalf of said BOARD with respect to the enforcement and administration of these regulations.
- APPROVED CHILD ABUSE AND NEGLECT – According to the Code of Alabama, 1975, Section 26-14-1, abuse is defined as 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 non-accidental physical or mental injury, sexual abuse, attempted sexual abuse, sexual exploitation or attempted sexual exploitation. Sexual exploitation includes the employment, use, persuasion, inducement, enticement or coercion of any child to engage in or assist any other

PERSON to engage in any sexually explicit conduct or any simulation of the conduct for the purpose of producing any visual depiction of the conduct; as well as the rape, molestation, prostitution, incest or other form of sexual exploitation of or with children as those acts are defined by Alabama law. Sexual exploitation includes allowing, permitting or encouraging a child to engage in prostitution and allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child for commercial purposes. Neglect is defined as negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, SUPERVISION, clothing or shelter.

- CHILD CARE CENTER – any child care facility receiving more than twelve (12) children for daytime or night time care after 7:00 p.m. for all or part of the day or night. The term “CHILD CARE CENTER” for the purpose of these regulations SHALL also mean “night-time center” and include, but is not limited to facilities commonly called “day care centers,” “day nurseries,” “nursery schools,” “kindergartens,” and “playgroups,” with or without stated educational purposes. This term further includes, but is not limited to, kindergarten or nursery schools or other programs operated as part of a private school, religious or faith-based organization (and receiving more than twelve (12) children younger than lawful SCHOOL AGE for daytime care for more than four (4) hours per day or twenty (20) hours per week, with or without stated educational purposes.) The following facilities are excluded from this definition:
 - Kindergartens, nursery schools or other daytime programs operated by public elementary systems or secondary level school units, or institutions of higher learning
 - Kindergartens, nursery schools or other daytime programs operated as part of a private or public school and receiving children younger than lawful SCHOOL AGE for four hours per day or twenty (20) hours per week or less, with or without stated educational purposes
 - Mother’s Day Out facilities operated for no more than four (4) hours per day or twenty (20) hours per week
 - Those facilities in connection with a shopping center or service or other similar facility where TRANSIENT CHILDREN are cared for temporarily for more than four hours and the PARENTS or GUARDIANS of the children are readily available
 - A SICK CHILD CENTER which is an alternative (TRANSIENT) CHILD CARE CENTER for children while mildly ill. Provides separate areas for different types of illnesses.
 - Any type of CHILD CARE CENTER that is operated on federal government PREMISES

- Special activities or programs for children of lawful SCHOOL AGE including, but not limited to, athletics, craft instructions and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations.
- CLOSE PROXIMITY-within 5 feet
- COT-a light, portable bed with a suspended frame.
- CRITICAL ITEM – a provision of these regulations that, if in noncompliance, is more likely than other violations to contribute to illness, injury or environmental health hazard.
- DEVELOPMENTALLY APPROPRIATE EQUIPMENT – long-lasting or durable apparatuses that are suitable to the chronological age range and mental and physical capabilities of a specific group of children.
- DIRECTOR – PERSON responsible for the day to day operation and management of the CHILD CARE CENTER including SUPERVISION of the planning and implementing of the children’s daily activities and SUPERVISION of STAFF.
- DISINFECT-the act of using a process or chemical application to destroy pathogenic microorganisms, typically on non-food contact surfaces.
- DISINFECTANT – a chemical substance approved by the EPA authority for use in the disinfection of non-food or non-mouth contact EQUIPMENT and surfaces.
- EASILY CLEANABLE – surfaces that are readily accessible and made of such materials and finishes and so fabricated that residue may be effectively removed by normal cleaning methods.
- EMERGENCY DRILL – any live action practice in seeking safety in the event of fire, severe weather, security threat or other emergency preparedness procedures.
- EQUIPMENT – items such as furniture, toys and supplies used in the operation of a CHILD CARE CENTER.
- FOOD RULES – Rules of Alabama State BOARD of Health Bureau of Environmental Services Chapter 420-3-22 for Food Establishment Sanitation., including Jefferson County Department of Health *Regulations Governing Food Establishments Sanitation.*
- HEALTH DEPARTMENT – the Jefferson County Department of Health or any office, agent or employee authorized to act for the department with respect to the enforcement of these regulations.
- HEALTH OFFICER – the officer or authorized representative of the county or district in which the CHILD CARE CENTER is located as provided in Section 22-3-2, 22-3-3 and 22-3-4, Code of Alabama, 1975.
- IMMINENT HEALTH HAZARD – a significant threat or danger to health that is considered to exist when there is evidence sufficient to show

that a product, practice, circumstance or event creates a situation that requires immediate correction or cessation of operation to prevent injury or threat to health based on the nature, severity and duration of the anticipated threat to health or injury. This would include extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent outbreak of illness, gross insanitary occurrence or condition; or building, fire or utility conditions that present a threat to life or safety or other circumstance that may endanger public health.

- INFANT – any child between birth and twelve (12) months.
- INFORMAL SETTLEMENT CONFERENCE -an attempt to resolve contested matters through mediation. INFORMAL SETTLEMENT CONFERENCES MAY NOT be of record and are not intended to be adversarial in nature but SHALL be utilized to resolve or arbitrate the contested matter prior to a formal hearing for the record. Resolution through informal settlement SHALL be timely and will preclude the necessity for a formal hearing. INFORMAL SETTLEMENT CONFERENCES MAY NOT extend the deadlines for correcting violations except at the discretion of the HEALTH OFFICER, or for filing a request for a formal hearing below.
- LINEN – napkins, tablecloths, sheets, towels, washcloths, blankets and other bedding.
- MAT OR PAD – material used to cushion children during activities such as crawling, sleeping, jumping or tumbling or a cushioned PAD, impervious to moisture, used under children while changing diapers or sleeping.
- MAY NOT – a mandatory prohibition.
- MEAL PATTERNS – recommended models of food items and portions that are specific to ages; USDA provides MEAL PATTERNS that are standard for children in child care.
- OCCUPANCY – the number of STAFF and children determined by the local fire department that can safely occupy the building to be used as the CHILD CARE CENTER. In case of no local fire department being available, the State Fire Marshal SHALL make the determination of OCCUPANCY.
- OUT-OF-CONTROL BEHAVIOR – Child actions that may be perceived by a care giver as a danger to himself or others which warrants removal from the environment.
- PARENT/GUARDIAN – the custodial PARENT(S) or legal GUARDIAN(S) or legal custodian(s) of the child enrolled or in the process of being enrolled in a CHILD CARE CENTER.
- PERSON – any individual, partnership, corporation, association or other legal entity.
- PERSON IN CHARGE – the individual present in a CHILD CARE CENTER

who is the apparent supervisor of the CHILD CARE CENTER at the time of the inspection. If no individual is the apparent supervisor, then any employee present is the PERSON IN CHARGE.

- PLATFORMS – devices that are used to assist children in reaching adult-sized fixtures such as toilets, lavatories and drinking fountains.
- POTENTIALLY HAZARDOUS (TIME/TEMPERATURE CONTROL FOR SAFETY) FOOD – as defined in the current FOOD RULES.
- PREMISES – the physical facility, its contents, and the contiguous land or property under the control of the owner of the CHILD CARE CENTER.
- REGISTERED ARCHITECT – an individual who is legally qualified to practice architecture and who holds an unexpired certificate of registration issued by the State BOARD for Registration of Architects in accordance with the Registration Act, § 34-2-30, et seq., Code of Alabama 1975.
- SANITIZE – the APPROVED bactericidal treatment process that provides the required accumulative heat or concentration of chemical for the required time to reduce the bacterial and pathogen counts to a safe level for clean food contact surfaces.
- SANITIZER – a chemical substance APPROVED by the EPA for use in the sanitization of food EQUIPMENT and utensils; and mouth contact surfaces.
- SCHOOL AGE – children who are five (5) years of age on or before September 1 (or the day on which school begins) pursuant to the Section 16- 28-4 Code of Alabama, 1975, of a given year. This definition corresponds with the minimum age at which a child is entitled to admission to public school or kindergarten.
- SCREEN TIME – instances in which television, videos, video games, and computers are used, excluding adult-directed presentations using screens (ex. Power Point, slideshow, Smart/Whiteboards) provided such media are educational and used interactively with children.
- SHALL – a mandatory requirement.
- SINGLE-USE – any article intended by the manufacturer to be used once and discarded.
- SMOKING – inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette or pipe or any other lighted or heated tobacco or plant product intended for inhalation, in any manner, or in any form. SMOKING also includes the use of an e-cigarette which creates a vapor in any manner or in any form, or the use of any oral SMOKING device for the purpose of circumventing the prohibition of SMOKING.
- STAFF – owner or administrative, program and service personnel within the CHILD CARE CENTER.
- SUPERVISION – responsibility and accountability for each child by

giving direct and full attention.

- TODDLER – any child between the age of his/her walking independently and three (3) years of age.
- TRANSIENT CHILDREN – children that are not enrolled in the regular child care program, but may attend the child care on occasion or as “drop ins.”
- VOLUNTEER – a PERSON that takes on a task, responsibility or project on his/her own accord without financial or valuable consideration.

1.D Control

The FOOD RULES apply to CHILD CARE CENTERS, but where these regulations contain further, specific provisions regarding food service and storage in CHILD CARE CENTERS, these regulations expand the protections contained in the FOOD RULES.

2. Employees

2.A General

2.A.1 All CHILD CARE CENTERS SHALL provide and maintain an employee illness policy that complies with the regulations outlined in this section. The employee illness policy SHALL be placed in a visibly conspicuous area where all employees have access.

2.A.2 No employee SHALL be permitted to work at the a CHILD CARE CENTER while experiencing any of the following symptoms:

- Vomiting
- Diarrhea
- Jaundice-unless verified in writing by a licensed physician to be from a non-infectious cause
- Sore throat with fever
- A lesion such as a blister, boil, pustule or infected wound that is open or draining and is
 - On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a SINGLE-USE glove is worn over the impermeable cover
 - On exposed portions of the arms, unless the lesion is protected by an impermeable cover
 - On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage

All employees SHALL report such symptoms to their CHILD CARE

CENTER supervisor and MAY NOT return to work until symptoms desist.

Any employee who has been diagnosed with a communicable disease that can be transmitted by foods or other means or who is a carrier of organisms that cause such a disease MAY NOT be allowed to work in a CHILD CARE CENTER in any capacity in which there is a likelihood of such PERSON transmitting disease to other PERSONS. (See Appendix A: Common Communicable Diseases).

Notifiable diseases or conditions SHALL be reported to the proper agency. (See Appendix A: Notifiable Diseases/Conditions).

2.A.3 Employees SHALL wash their hands using the following method:

- (1.)Rinse under clean, warm, running water.
- (2.)Apply an amount of cleaning compound recommended by the cleaning compound manufacturer.
- (3.)Rub together vigorously for at least ten (10) to fifteen (15) seconds while
 - (a) paying particular attention to removing soil from underneath the fingernails during the cleaning procedure and
 - (b) creating friction on the surfaces of the hands and arms or surrogate prosthetic devices for hands and arms, finger tips, and areas between the fingers.
- (4.)Thoroughly rinse under clean, warm, running water.
- (5.)Immediately follow the cleaning procedure with thorough drying using
 - (a) individual, disposable towels or
 - (b) a heated-air hand drying device.

Employees SHALL wash their hands in a hand washing sink and MAY NOT wash their hands in a sink used for food preparation or utensil cleaning or in a service sink or curbed cleaning facility used for the disposal of mop water or similar liquid waste.

Employees SHALL wash their hands upon reporting for work; before handling food or feeding INFANTS or children; before handling clean utensils or EQUIPMENT; after using the toilet; after handling body fluids (saliva, nasal secretions, tears, vomitus, feces, urine, blood); before and after diaper changing; after

handling soiled items such as garbage, mops, rags or clothing; or after engaging in any other activity in which the hands may become soiled or contaminated.

2.A.4 Employees SHALL wear clean outer clothing.

2.A.5 Employees SHALL keep their fingernails trimmed, clean, and maintained. Fingernails MAY NOT interfere with the wearing of disposable gloves.

2.B Management and Staff

2.B.1 Each STAFF member SHALL complete a criminal history background check including an Alabama Criminal History Search using fingerprints, a Federal Bureau of Investigation Criminal History Search using fingerprints and a search of the CHILD ABUSE AND NEGLECT Registry. STAFF under the age of 18 are not required to have criminal history background check, but may only have contact with children in the presence of adult STAFF who meet the requirements of 2.B.1.

2.B.1.a If required searches are obtained through the Alabama Department of Human Resources (DHR) Office of Criminal History, the following procedure SHALL be followed:

1. STAFF members SHALL complete the DHR Criminal History Check Application and fingerprinting prior to the first day of employment and the CHILD CARE CENTER SHALL submit the application to DHR (or vendor representing DHR) within five (5) business days.
2. Any STAFF member deemed unsuitable by DHR standards SHALL be terminated immediately or, if the STAFF member requests a reversal from DHR in accordance with Code of Alabama 1975, §38- 13-7(e), contact with children SHALL be suspended until redetermination when the STAFF member is found suitable or is terminated for unsuitability.

2.B.1.b If required searches are obtained through another vendor, application and fingerprinting SHALL be completed prior to the first day of employment and submitted within five (5) business days. STAFF member SHALL be terminated immediately if found unsuitable.

2.B.2 Aides/assistant teachers who assist with groups of children SHALL:

- (1) be at least 16 years of age
- (2) work under the direct SUPERVISION of a PERSON qualified as a child care worker/teachers who meet the requirements in 2.B.1
- (3) MAY NOT be counted in the STAFF-to-child ratio.

2.B.3 At least one (1) STAFF member holding a current First Aid Certificate and INFANT-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR) SHALL be present at the CHILD CARE CENTER at all times. **On-line CPR and First Aid training are not acceptable.**

2.B.4 STAFF PERSON(S) transporting children SHALL:

- (1) be at least 19 years of age and have a valid driver's license.
- (2) have a valid commercial driver's license (CDL), if vehicle meets requirements as stated in the most current version of the Federal Commercial Motor Vehicle Safety Act.

2.B.5 VOLUNTEERS at CHILD CARE CENTERS SHALL meet the same qualification requirements as the STAFF if they are in the center ten (10) hours a week or more.

2.B.6 CHILD CARE CENTERS observed to be in non-compliance with the recommended STAFF-to-child ratios, as defined in Appendix B, will be debited five (5) points as a CRITICAL ITEM under "Management and STAFF" on the report form; however, a legal notice for enforcement MAY NOT be issued for this item.

Should the HEALTH OFFICER determine that the children's health or safety is at risk, the HEALTH OFFICER may issue an immediate "Close Order" and refer said conditions at the CHILD CARE CENTER to the appropriate agencies (i.e., the Department of Human Resources, the local building department, the Fire Marshal or local fire inspector, district attorney) or take appropriate action in the Municipal, District or Circuit Courts.

2.C Tobacco

2.C.1 SMOKING SHALL be prohibited at all times in all CHILD CARE

CENTERS, including before and after hours when no children are present. SMOKING SHALL be prohibited in any vehicles used by the CHILD CARE CENTER to transport children.

2.C.2 All CHILD CARE CENTERS SHALL have a policy that STAFF SHALL be prohibited from SMOKING during a work shift while on or around the CHILD CARE CENTER PREMISES. If cigarettes are consumed before the work shift begins or during a break away from the CHILD CARE CENTER PREMISES, the STAFF members SHALL be required to wash their hands thoroughly. Program STAFF SHALL avoid bringing clothing that smells of smoke into the classroom, center or onto the playground.

2.C.3 When the CHILD CARE CENTER is in a shared commercial space (e.g. a strip mall), SMOKING by STAFF members SHALL be prohibited within ten (10) feet of any entrance or exit and anywhere within sight of the children.

2.C.4 Signage SHALL be posted in facilities and vehicles to communicate the no SMOKING policy. STAFF will be informed of this policy through such means as a procedures manual and orientation as well as training provided by supervisors. PARENTS, families and others will be informed through such means as a PARENT handbook, signs posted on PARENT bulletin boards and announcements during PARENT orientation and CHILD CARE CENTER committee meetings.

3. Child Health and Wellness

3.A General

Physical activity, SCREEN TIME, nutrition and non-exposure to tobacco policies SHALL be conspicuously posted within each CHILD CARE CENTER in Jefferson County. PARENTS SHALL receive a written and verbal description of the policies upon their child's enrollment.

3.B Physical Activity

3.B.1 For children three (3) years and older, DEVELOPMENTALLY APPROPRIATE EQUIPMENT SHALL be provided for a variety of outdoor activities that allow for ACTIVE PLAY and large muscle development, including running, jumping and climbing. See Appendix C for standards on DEVELOPMENTALLY APPROPRIATE EQUIPMENT.

Each child SHALL have an opportunity for outdoor play each day that weather and environmental conditions permit. The center SHALL provide indoor space for ACTIVE PLAY

when children cannot play outdoors. Space should be large enough for children to safely move their whole bodies, including activities like jumping, dancing and marching. Each child SHALL have the opportunity for at least ninety (90) minutes of ACTIVE PLAY per eight (8) hour day. Activity may occur both indoors and outdoors. The National Association for Sport and Physical Education, *Active start: A Statement of Physical Activity Guidelines for Children Birth to Five Years*, may be referenced.

3.B.2 For INFANTS younger than twelve (12) months of age, caregivers SHALL make provisions for the promotion of physical development on a daily basis, including varied activities appropriate to each child's development.

3.B.3 Indoor and outdoor ACTIVE PLAY areas SHALL be maintained to allow freedom of movement and safety without risk of tripping on, falling on, or running into objects of any nature (other than appropriately protected DEVELOPMENTALLY APPROPRIATE EQUIPMENT).

3.B.4 Each CHILD twelve (12) months to three (3) years of age SHALL have an opportunity for at least sixty (60) minutes of ACTIVE PLAY per eight (8) hour day. The National Association for Sport and Physical Education, *Active start: A Statement of Physical Activity Guidelines for Children Birth to Five Years*, may be referenced.

3.B.5 Children should play outdoors when the weather or environment do not pose a health or safety risk. During times of adverse weather or environmental conditions, such as, extreme heat and cold, poor air quality, high pollen density, mosquito infestation, etc., outdoor play is still encouraged but with discretion and attention to appropriate clothing and the most comfortable times of the day.

3.B.6 Daily schedules including physical activity time SHALL be prominently posted in each classroom.

3.B.7 ACTIVE PLAY MAY NOT be withheld from children who misbehave (e.g. remaining indoors or seated as punishment for earlier classroom behavior). Children with OUT-OF-CONTROL BEHAVIOR may need time to calm or settle down before resuming cooperative play activities (e.g. time-out for OUT-OF-CONTROL BEHAVIOR during ACTIVE PLAY). The amount of time-out imposed should be appropriate to the child's age and behavior and in no

circumstances longer than five (5) minutes.

3.C SCREEN TIME

3.C.1 For children two (2) years and older, when SCREEN TIME, including television, videos, video games and computer usage, is provided, it SHALL: _

1. be offered only as a free-choice activity. TV, video or DVD viewing SHALL be prohibited during meal or snack time and
2. be limited to no more than a total of two and a half (2 ½) hours per week, per child.

Computer use SHALL be limited to no more than fifteen (15) minute increments.

3.C.2 For INFANTS and TODDLERS younger than two (2) years, SCREEN TIME, including television, videos, video games, and computer usage, SHALL be prohibited.

3.C.3 Daily schedules including daily SCREEN TIME SHALL be prominently posted in each classroom.

3.D Nutrition

3.D.1 Meals and snacks served to children in CHILD CARE CENTERS SHALL comply with MEAL PATTERNS for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are guided by nutrient intake recommendations made by the National Research Council. The types of food, number and size of servings SHALL be appropriate for the ages of children in care. The MEAL PATTERNS for Children in Child Care Programs are incorporated by reference and include subsequent amendments. A copy of the MEAL PATTERNS for Children in Child Care Programs is available in Appendix D; these are for nutritional guidance only, and have no bearing to reimbursable meals.

3.D.2 Drinking water SHALL be made available during all meal and snack times.

3.D.3 When milk is provided, children ages two (2) and older SHALL only be served milk with 1% or less milk-fat unless milk with a higher fat content is medically required for an

individual child, as documented by the child's medical provider.

3.D.4 If juice is offered, it SHALL be 100% fruit juice, a maximum of six (6) ounces, served only at meal or snack time and served no more than one (1) time per day only to children over twelve (12) months of age. Unpasteurized juice or beverages containing unpasteurized juice MAY NOT be served. No sugar-sweetened beverages SHALL be served.

3.D.5 At least once per week, an orange vegetable (ex. Carrots, sweet potatoes, winter squash, pumpkin), a dark green vegetable (ex. Broccoli, spinach, lettuce, greens), and a legume (ex. Pinto beans, kidney beans, lentils, chickpeas, tofu) SHALL be served.

3.D.6 At least half of grains served each week SHALL be whole grains (ex. whole wheat pasta, wheat bread, oatmeal, cereal).

3.D.7 When food is prepared or provided by a CHILD CARE CENTER, the center SHALL adhere to the following:

3.D.7.a Menus SHALL be posted where they can be easily seen by PARENTS and food preparation STAFF.

3.D.7.b At least two (2) weeks in advance, facilities SHALL develop written menus showing all foods to be served during the two (2) week time period and should make menus available to PARENTS/GUARDIANS.

3.D.7.c Menus SHALL be amended in writing to reflect any and all changes in the food actually served. Any substitutions SHALL be of equal nutritional value.

3.D.8 Children's special diets or food allergies SHALL be kept on file in the food preparation area and in the children's eating area. Documents SHALL be organized and maintained.

3.D.9 In centers where children bring their own food, PARENTS SHALL be provided with standard information on USDA MEAL PATTERNS for Children in Child Care Programs.

3.D.10 When breastfeeding is the PARENT'S choice, CHILD CARE CENTERS SHALL support the INFANT-feeding preferences of PARENTS in the following manner:

3.D.10.a Accommodations for breastfeeding mothers, if applicable, SHALL include seating and an electrical outlet in an area other than a bathroom that may be shielded from view by STAFF and the public while mothers are breastfeeding or expressing milk.

3.D.10.b In the event that breast milk is spilled or unsuitable to serve to breastfed INFANTS, the CHILD CARE CENTER SHALL have a written plan of action on file, regarding the nutritional requirements and feeding of the breastfed INFANT.

4. Child Illness

4.A Requirement

Any child who becomes ill at the center and is suspected of having a communicable disease or infestation SHALL be separated from the other children and SHALL have continuous SUPERVISION until the PARENT or other authorized PERSON comes for the child (See Appendix A, Common Communicable Diseases).

• Notifiable diseases/conditions SHALL be reported to the proper agency. (See Appendix A, Notifiable Diseases/Conditions).

4.B Isolation Area

4.B.1 Each center SHALL include a designated area for a child who becomes ill. If the area is not a separate room, it SHALL be separated by a partition, screen or other suitable means from space used by other children.

4.B.2 Such space SHALL be equipped with a bed or COT. Toys, bedding, EQUIPMENT and toilet rooms used by an ill child or adult SHALL be cleaned and DISINFECTED prior to use by other PERSONS (See Appendix E). LINEN SHALL be changed immediately after each use.

5. Water, Plumbing and Waste

5.A Water Supply

5.A.1 Potable Water

Potable water for the needs of the CHILD CARE CENTER SHALL be

obtained from a source operated and constructed according to law. Bottled and packaged potable water SHALL be obtained from a source that complies with all laws and SHALL be handled and stored in a way that protects it from contamination. Bottled and packaged potable water SHALL be dispensed from the original container.

5.A.2 Non-potable Water

A non-potable water system is permitted only for purposes such as air conditioning and fire protection and only if the system is installed according to law. The piping of any non-potable water system SHALL be durably identified so that it is readily distinguishable from piping that carries potable water. All outlets such as hose connections, open ended pipes and faucets originating from such non-potable water systems SHALL be identified at the point of use for each outlet with the words, “Non-potable—not safe for drinking.”

5.A.3 Hot and Cold Water

5.A.3.a Water under pressure SHALL be provided at required temperatures to all sinks, clothes washing machines and automatic dishwashing machines.

5.A.3.b A water heater with sufficient capacity to meet the peak hot water demand of the CHILD CARE CENTER SHALL be installed.

5.A.3.c The temperature of hot water supplied to hand washing sinks and bath tubs accessible to children MAY NOT exceed 110°F through means of water heater settings, thermostatic mixing valves or other APPROVED measures.

5.A.4 Water Sample Collection

5.A.4.a Where a CHILD CARE CENTER is supplied with water from a well or similar water supply that is not permitted by the Alabama Department of Environmental Management, at least one (1) water sample SHALL be collected for testing annually. If the sample results indicate the presence of coliform bacteria as reported by the Alabama Department of Public Health Bureau of Clinical Laboratories, a resample will be taken within seven (7) days. Whenever two (2) consecutive samples taken on separate days show coliform

present, the CHILD CARE CENTER SHALL cease operations until a sample result of coliform absent with no confluent growth is obtained.

5.A.4.b In CHILD CARE CENTERS built prior to 1978, a sample of the potable water supply SHALL be obtained by the HEALTH OFFICER from the outlet of a sink during the initial operational or pre-operational inspection. This sample SHALL be submitted to the Alabama Department of Public Health Bureau of Clinical Laboratories for lead testing.

If the sample results indicate a level of lead exceeding the U.S. Environmental Protection Agency (EPA) Lead and Copper Rule (LCR) requirements of Title 40, Code of Federal Regulations, Part 141 for schools and child care facilities, the CHILD CARE CENTER SHALL be referred to the Jefferson County Childhood Lead Poisoning Prevention Program for compliance measures.

5.A.5 Drinking Water Fountains

Drinking water fountains SHALL be designed and installed according to the local plumbing code as enforced by the local plumbing official. The water pressure SHALL be regulated so that a PERSON may drink water without the PERSON'S mouth coming into contact with the outlet guard. The water stream SHALL also be directed so that it does not come into contact with the outlet guard or splash onto the floor. Fountains SHALL be maintained in good repair and SHALL be cleaned and SANITIZED at least daily and whenever visibly soiled.

5.B Plumbing

5.B.1 General

All required fixtures SHALL be sized, installed and maintained as enforced under local plumbing codes. There SHALL be no cross connection between the potable water supply and any non-potable or questionable water supply nor any source of pollution through which the potable water supply might become contaminated.

5.B.2 Backflow Prevention Devices

Backflow and back-siphonage prevention devices SHALL be installed on the potable water system plumbing to protect against backflow and back-siphonage at all fixtures and EQUIPMENT where an air gap at least twice the diameter of the water supply inlet is not provided between the water supply inlet and the flood rim of the fixture. A hose MAY NOT be attached to a faucet unless a backflow prevention device is installed on the faucet.

5.C Sewage and Other Liquid Waste

All sewage, including liquid waste, SHALL be disposed of into a public sewage system or an on-site sewage disposal system APPROVED by the HEALTH DEPARTMENT. Non-water carried sewage disposal facilities are prohibited.

5.D Mop Basin or Can Wash

A facility SHALL be installed for the washing of mops, garbage cans and other waste containers and diaper pails. This facility SHALL consist of either a prefabricated, floor-mounted mop service basin or a curbed cleaning facility with a drain connected to the sanitary sewer and a wall-mounted service faucet supplied with at least hot water. If the CHILD CARE CENTER is not required to have a food permit and the center was in operation prior to the effective date of these regulations, then an existing mop sink will be allowed until ownership of the facility changes or unless otherwise determined by the HEALTH OFFICER. A shower stall in good condition may be APPROVED in lieu of the floor-mounted mop basin provided that it is used for no other purpose and it is labeled for use only as a mop basin/can wash.

6. Physical Facilities

6.A Floors, Walls and Ceilings

6.A.1 Floors

Floors and floor coverings of INFANT, TODDLER and activity rooms SHALL be constructed of smooth, durable material such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or vinyl composition tile, or plastic or laminate flooring. Wood floors are prohibited in laundry and toilet rooms. All floors SHALL be maintained in good repair. (Refer to local building code for day cares and nursing homes.)

6.A.1.a The use of permanently installed carpet is prohibited in CHILD CARE CENTERS. Centers in existence prior to the effective date of these

regulations are exempt from this requirement provided

- the carpet is not located in food preparation and service areas, EQUIPMENT and utensil washing areas, food storage areas, laundry rooms or toilet rooms; and
- in the opinion of the HEALTH OFFICER, the carpet is kept clean and maintained in good repair. When determined by the HEALTH OFFICER that the carpet is too worn or can no longer be effectively cleaned, the carpet SHALL be replaced with a smooth, durable floor covering.

6.A.1.b Individual child seating surfaces, such as carpet remnants and throw rugs may be used, provided they are kept clean and maintained in good repair. Such seating surfaces MAY NOT be used underneath tables or high chairs while children are eating.

6.A.2 Walls and Attached EQUIPMENT

Walls and attached EQUIPMENT, including doors and windows of all rooms, SHALL be smooth, non-absorbent, EASILY CLEANABLE and maintained in good repair.

6.A.2.a All doors leading to the outside SHALL be self-closing and equipped with sounding devices that alert the STAFF that a door has been opened.

6.A.2.b Window treatment cords MAY NOT have loops and SHALL be inaccessible to children.

6.A.2.c Window treatments, including blinds and pull shades, SHALL be maintained in good repair and SHALL be kept clean.

6.A.2.d Open windows and doors SHALL be protected by screening of no less than 16 mesh to the inch.

6.A.2.e Interior and exterior surfaces SHALL be free of chipped, flaking or peeling paint or broken plaster. A notice of violation to make required repairs within ninety (90) days SHALL be issued by the HEALTH OFFICER if interior surfaces greater than six (6) square feet, exterior surfaces greater than

twenty (20) square feet, or other areas identified by the HEALTH OFFICER show chipped, flaking or peeling paint or broken plaster in a facility built before 1978. The CHILD CARE CENTER SHALL immediately notify the HEALTH OFFICER for referral to the Jefferson County Childhood Lead Poisoning Prevention Program.

6.A.3 Ceilings

Ceilings SHALL be maintained in good repair.

6.A.4 Cleaning

The cleaning of floors, walls, ceilings and attached EQUIPMENT SHALL be conducted as follows:

6.A.4.a Floors SHALL be cleaned on a daily basis and more often as needed. Carpet remnants and rugs allowed as seating SHALL be vacuumed daily and cleaned as needed. Walls, ceilings and attached EQUIPMENT SHALL be cleaned as needed.

6.A.4.b Cleaning of floors, walls, ceilings and attached EQUIPMENT SHALL be conducted, except for emergency situations, at a time that will not interfere with the routine activities of the children.

6.A.4.c All maintenance tools, such as, brooms, mops, vacuum cleaners, and similar items SHALL be stored so they do not contaminate food, EQUIPMENT, supplies, LINEN, etc. and SHALL be stored in an orderly manner that facilitates cleaning the area used for storing the maintenance tools. After use, mops SHALL be placed in a position that allows them to air-dry without soiling walls, EQUIPMENT, or supplies.

6.B Laundry Rooms

6.B.1 General

When provided, laundry facilities SHALL be located in an enclosed room apart from the food and utensil storage, preparation and serving areas. If a laundry washing machine is on the PREMISES, an electric or gas dryer SHALL be provided and used. **Washing cloth diapers on the PREMISES is prohibited.**

6.B.2 Dryers

Dryers SHALL be properly vented to the outside of the building. Venting ducts and lint filters SHALL be cleaned on a regular basis.

6.B.3 Maintenance

Washers, dryers and vents SHALL be maintained in good repair.

6.C Toilet Rooms

6.C.1 Toilet rooms and fixtures SHALL be maintained in good repair. The number of toilets and hand washing sinks SHALL be determined by the local plumbing code as enforced by the local plumbing official having jurisdiction, but MAY NOT be less than one (1) fixture for every fifteen (15) children. Toilet rooms opening directly to the outside, opening into food preparation or storage areas, and those used by the kitchen STAFF SHALL have self-closing doors.

6.C.2 Toilet rooms SHALL be adequately vented.

6.D Hand Washing Sinks

6.D.1 Hand washing sinks used by children SHALL be child height fixtures or adult fixtures that are mounted at an appropriate height accessible to children without the use of a PLATFORM. Adult-sized fixtures with PLATFORMS MAY NOT be used, except that existing adult-sized fixtures and PLATFORMS in a CHILD CARE CENTER that was in operation prior to the effective date of these regulations may continue to be used provided the fixtures and PLATFORMS are safe and maintained in a sanitary condition.

6.D.2 At least one (1) hand washing sink SHALL be installed in each toilet room. The total number of hand washing sinks required SHALL be determined by the local plumbing code as enforced by the local plumbing official having jurisdiction. A hand washing sink in a CHILD CARE CENTER that was operating prior to the effective date of these regulations may be located immediately adjacent to the toilet room provided such installation is APPROVED by the local plumbing official having jurisdiction.

6.D.3 A hand washing sink SHALL be installed immediately adjacent to each diaper-changing station. Additional hand washing sinks may be installed in the classrooms as

needed.

6.D.4 The maximum temperature of water supplied to a hand washing sink used by children SHALL meet the requirements of 5.A.3.c.

6.D.5 Hand cleansing liquid or powder soap and individual, disposable paper towels or a forced air current hand drying device SHALL be provided in CLOSE PROXIMITY to each hand washing sink.

6.D.6 Where paper towels are used for hand drying, a trash receptacle SHALL be provided in CLOSE PROXIMITY to the hand washing sink.

6.D.7 Hand washing sinks SHALL be used for the washing of hands only and MAY NOT be used for any other purpose.

6.D.8 A sign with hand washing instructions SHALL be posted in all hand washing locations.

6.E Bathing Tub

At least one (1) tub SHALL be provided for bathing children. A portable, plastic tub may be used for this purpose. The tub SHALL be used only for bathing children and MAY NOT be used for any other purpose.

6.E.1 The maximum temperature of water supplied to a tub used for bathing children SHALL meet the requirements of 5.A.3.c.

6.F Toilets

6.F.1 Toilets used by children SHALL be child height. A CHILD CARE CENTER that was in operation prior to the effective date of these regulations may use adult-sized fixtures with PLATFORMS provided the uses of such fixtures and PLATFORMS are determined to be safe and maintained in a sanitary condition.

6.F.2 A supply of toilet tissue SHALL be provided from a dispenser at each toilet.

6.F.3 Trainer seats may be used if securely fastened to the toilet seats.

6.F.4 If portable potty chairs are used, they SHALL be used and stored in the toilet rooms.

6.G Cleaning and SANITIZING (See Appendix E)

6.G.1 All toilet rooms, fixtures and hand sinks SHALL be cleaned daily or more often as needed.

6.G.2 Tubs SHALL be cleaned and DISINFECTED after each use.

6.G.3 PLATFORMS SHALL be cleaned daily and more often as needed.

6.G.4 Potty chairs must be emptied, rinsed and DISINFECTED after each use.

6.G.5 Training seats SHALL be removed, cleaned and DISINFECTED daily or more often as needed, and SHALL be stored at least six (6) inches off the floor.

6.H Lighting and Electrical

6.H.1 Lighting

6.H.1.a Permanently-fixed, indoor, artificial light sources SHALL be installed to provide a light intensity of at least 30 foot-candles when using and cleaning hand washing sinks, toilet areas, diaper changing stations, living areas, play areas and pre-packaged food preparation areas.

6.H.1.b The light intensity provided during nap time SHALL be maintained at a level that enables STAFF and the HEALTH OFFICER to easily identify each child as he/she sleeps.

6.H.2 Electrical

6.H.2.a Electrical outlets SHALL be maintained in good repair and protected with childproof covers.

6.H.2.b Electrical cords MAY NOT be easily accessible to children.

6.H.2.c Extension cords MAY NOT be used as permanent electrical wiring.

6.I Smoke Detectors

Battery or electrically operated smoke detectors SHALL be provided and maintained in good repair. The local building inspection department, and

the fire department or State Fire Marshal SHALL determine the placement and locations of smoke detection devices.

6.J Heating, Ventilation, and Air Conditioning

- 6.J.1 All rooms occupied by children SHALL be ventilated, and the temperature at child level in each room SHALL be maintained between 68 and 82 degrees Fahrenheit year round.
- 6.J.2 Barriers SHALL be erected and secured around radiators, heaters, and fans that are accessible to children.
- 6.J.3 A kitchen ventilation hood vented to the outside SHALL be installed in a CHILD CARE CENTER that prepares food on a range or cook top or other open cooking EQUIPMENT as required in the FOOD RULES. A CHILD CARE CENTER that accommodates less than 40 children may install a non-commercial ventilation hood provided it is APPROVED by the local code official or Fire Marshal.

Deep-fat frying of food is prohibited unless a commercial Type I hood (i.e., grease hood) is installed and satisfies all requirements of the FOOD RULES and the local code official or Fire Marshal. All hood specifications SHALL be reviewed during the plan review process prior to issuance of a food permit or upgrading of an existing food permit.

6.K Waste Receptacles

- 6.K.1 All waste receptacles within the CHILD CARE CENTER SHALL be EASILY CLEANABLE, lined with disposable plastic bags and maintained in good repair.
- 6.K.2 Plastic bags SHALL be closed and tied before being removed to outside containers. All refuse SHALL be removed from inside the PREMISES daily or more often as needed.
- 6.K.3 Outside waste containers, including dumpsters, SHALL be kept covered with tight-fitting lids and/or doors and maintained in good repair.
- 6.K.4 All waste receptacles SHALL be cleaned at a frequency necessary to prevent the accumulation of soil and odors that may attract insects or rodents.

6.L Insect, Rodent and Animal Control

6.L.1 General

6.L.1.a Effective measures SHALL be taken to exclude the presence of rodents, flies, cockroaches, ants, mosquitoes and other insects inside the facility. The PREMISES SHALL be kept in such condition as to prevent the harborage and feeding of insects or rodents.

6.L.1.b APPROVED methods of pest control SHALL be used according to Law and used as directed on manufacturer's label instructions. A Restricted Use pesticide SHALL be applied only by an applicator certified as defined in 7 USC Definitions, (e) Certified Applicator, of the Federal Insecticide, Fungicide, and Rodenticide, or a PERSON under the direct SUPERVISION of certified applicator.

6.L.2 Outer Openings

Openings to the outside SHALL be effectively protected against the entrance of rodents and insects by tight fitting, self-closing doors, closed windows, screening or other means. Screens for windows, doors, skylights, transoms, intake and exhaust air ducts and other openings to the outside SHALL be tight fitting and maintained in good repair. Screening material MAY NOT be less than 16 mesh to the inch.

6.L.3 Animals

6.L.3.a Animals or breeds of animals that have shown aggressive behavior SHALL not be kept in the center or on center grounds.

6.L.3.b Any animal required by law to be vaccinated SHALL have a current rabies vaccination certificate on file in the center.

6.L.3.c Animals SHALL remain in cages or enclosures when not being handled.

6.L.3.d Cages and enclosures SHALL be kept clean.

6.L.3.e STAFF and children SHALL thoroughly wash their hands after handling animals or cleaning cages or enclosures.

6.L.3.f Reptiles (e.g. turtles, snakes, and lizards),

amphibians (e.g. frogs, toads, salamanders, and newts), live poultry (e.g. chicks, ducklings, and goslings) and ferrets are prohibited.

7. Outdoor Play Area

7.A General

Playgrounds and other surroundings SHALL be well drained to prevent pooling of water, kept clean and free of unrelated EQUIPMENT, garbage, weeds and litter. No garbage or refuse of any kind SHALL be stored in the playground area.

7.B Sand Boxes

Sand boxes are prohibited unless they are constructed to permit drainage and kept free from animal excrement.

7.C Playground EQUIPMENT

Playground EQUIPMENT SHALL be age appropriate, properly installed and maintained in good repair. (See Appendix C). Non-portable EQUIPMENT SHALL be properly anchored. The most current publication of The US Consumer Product Safety Commission's "Handbook for Public Playground Safety" may be referenced.

7.D Play Area

Outdoor play areas on the center PREMISES SHALL be enclosed by a fence or wall at least four (4) feet in height and SHALL be permanent in nature. The fence or wall SHALL be free of protruding sharp edges. Fencing and gates SHALL be maintained in good repair.

7.E Playground Surface

The playground SHALL be surfaced with material appropriate to the activity. Playground surfacing material MAY NOT be potentially harmful to children. See the most current publication of The US Consumer Product Safety Commission's "Handbook for Public Playground Safety" for guidance.

7.F Hazardous EQUIPMENT

Maintenance, lawn EQUIPMENT, heating and air conditioning EQUIPMENT located in playground areas SHALL be made inaccessible to children by a fence or other enclosure.

7.G Playground Location

The outdoor playground areas SHALL adjoin, or be safely accessible to, the CHILD CARE CENTER.

7.H Steps

Steps leading to the outside SHALL have railings that are maintained in good repair.

8. Diaper Changing Facilities and Diapering

8.A Location

Diapers SHALL be changed in the designated, properly equipped changing area. The diapering area SHALL be located in such a manner that the attendant can watch the other children while changing a child's diaper; however, a diaper changing area may be located in a restroom adjacent to the INFANT or TODDLER room, if the STAFF-to-child ratio can be maintained during diaper changing. At no time SHALL a child be unattended during diaper changing.

8.B Diapering Table

- 8.B.1 The diapering surface SHALL be smooth, non-absorbent, EASILY CLEANABLE and maintained in good repair and SHALL be cleaned with an APPROVED DISINFECTANT after each use. (See Appendix E)
- 8.B.2 A MAT or PAD may be used on the diapering table provided they are EASILY CLEANABLE, made of a non-absorbent material and maintained in good repair.
- 8.B.3 Disposable paper SHALL be placed on the surface of the diapering area before each changing and disposed of in a covered waste receptacle immediately upon completion of diapering.
- 8.B.4 Food, beverages or supplies of any kind not related to diapering MAY NOT be stored in areas where they are subject to contamination from the diapering area.

8.C Diapering

- 8.C.1 Disposable gloves SHALL be used during diapering and discarded after each use in a covered waste receptacle that is removed to an exterior waste container on a daily basis.
- 8.C.2 Fecal contents of cloth diapers SHALL be immediately emptied into a toilet and flushed.

8.C.3 Soiled cloth diapers or clothing soiled with fecal matter or blood MAY NOT be rinsed but placed in a plastic bag, tightly closed and sent home daily to be laundered at the child's home. If a professional diaper service is used, the diapers SHALL be handled in the same manner, except the diapers SHALL be bagged for the service.

8.C.4 Soiled disposable diapers SHALL be placed in a covered waste receptacle designated for diapers and wipes that is lined with a plastic bag and removed to an exterior waste container at least daily. Children MAY NOT have access to the diapering area waste receptacle.

8.C.5 Pre-moistened, disposable wipes SHALL be used for cleaning children during diapering. Soiled wipes SHALL be discarded after diapering each child and SHALL be disposed of in the same container as the diaper.

Note: See Appendix F, "Diaper Changing Procedure."

9. Furniture, LINEN, Cleaning Cloths and Toys

9.A Furniture

9.A.1 The CHILD CARE CENTER SHALL provide cribs with mattresses for INFANTS. MATS and/or COTS for TODDLERS and older children SHALL be provided by the CHILD CARE CENTER or by the PARENTS.

9.A.2 Cribs, MATS, COTS and Mattresses

9.A.2.a No more than one (1) child SHALL occupy a crib, COT or MAT.

9.A.2.b MATS and mattresses SHALL be non-absorbent and maintained in good repair.

9.A.2.c MATS and COTS SHALL be cleaned on a weekly basis, between users or more often as needed. (See Appendix G)

9.A.2.d All cribs and mattresses SHALL be cleaned and DISINFECTED daily, between users or more often as needed. (See Appendix G)

9.A.2.e Cribs and portable cribs SHALL be equipped with mattresses that fit tightly. Bumper PADS are prohibited in CHILD CARE CENTERS.

9.A.2.f Cribs SHALL be placed at least twenty-four (24) inches apart during use. At nap time, children SHALL be placed head to toe on MATS or COTS that are spaced so that ample walking space is available between them.

9.A.2.g Cribs SHALL be constructed of smooth materials with slats no more than two and three-eighths (2 3/8) inches apart.

9.A.2.h Soft materials such as pillows, quilts, blankets, comforters or other gas trapping objects are prohibited in cribs. Stacked cribs or multiple crib units are prohibited in CHILD CARE CENTERS.

9.A.2.i INFANTS younger than twelve (12) months SHALL be placed in the supine (on the back) position for sleeping to lower the risk of Sudden INFANT Death Syndrome (SIDS). Positioning devices that restrict movement within cribs are prohibited. INFANTS that can easily turn over on their own SHALL be placed in supine position but may be allowed to adopt whatever sleeping position they prefer.

9.A.3 Car seats, carriers, high chairs, inside swings, walkers, etc. that are provided by the CHILD CARE CENTER SHALL be constructed with tight-fitting seams and cleanable surfaces and SHALL be durable and maintained in good repair.

9.A.4 Shelving or other furniture or EQUIPMENT that can be tipped over by children or adults SHALL be firmly anchored to the wall or floor.

9.A.5 Other furniture such as chairs, sofas and tables SHALL be maintained in good repair and cleaned as needed to prevent soil accumulation.

9.A.6 Playpens are prohibited in CHILD CARE CENTERS.

9.B LINEN

9.B.1 LINEN SHALL fit properly and be maintained in good repair. All COTS and MATS SHALL have a bottom sheet plus an additional sheet or cover. All cribs SHALL have a fitted bottom sheet and MAY NOT have any additional sheet or cover. Personal MATS used for napping may have an attached top cover. LINEN SHALL be stored in such a

manner that separates each child's LINEN, or the LINEN SHALL be laundered before it is next used. LINEN-covered COTS SHALL be stored in a manner that prevents contamination.

9.B.2 Personal MATS, and towels supplied by PARENT(S)/GUARDIAN(S) SHALL be identified with the child's name or initials and placed in storage in a manner that separates each child's LINEN and towels.

9.B.3 LINEN SHALL be laundered a minimum of one (1) time per week or as often as needed. LINEN, towels and washcloths SHALL be laundered between users. LINEN used in INFANT rooms SHALL be changed and laundered as needed but at least daily.

9.B.4 Soiled LINEN SHALL be stored in a bag or container that is inaccessible to children. Clean and soiled LINEN SHALL be stored separately.

9.C Cleaning Cloths

9.C.1 Wet cloths, if used for DISINFECTING purposes, SHALL be stored between uses in a solution of 50-200 ppm chlorine or in another EPA APPROVED solution at the concentration in accordance with the manufacturer's use directions included in the labeling. The solution SHALL be changed every four (4) hours or more often as needed. Cloths and DISINFECTING solution SHALL be stored inaccessible to children. Wiping cloths used for SANITIZING FOOD-CONTACT or mouth contact surfaces SHALL be stored in a solution of 50-200 ppm chlorine solution; or in an another solution of an EPA APPROVED SANITIZER in accordance with the manufacturer's use directions included in the labeling. Chemical SANITIZERS and other chemical antimicrobials applied to FOOD-CONTACT SURFACES SHALL meet the requirements specified in 40 CFR 180.940 (FOOD-CONTACT SURFACE SANITIZING solutions).

9.C.2 DISINFECTANT solutions used on diaper changing stations SHALL be APPROVED for use for that purpose only. Only SINGLE-USE disposable towels SHALL be used to clean diaper changing surfaces; re-useable cloths MAY NOT be used in these areas.

9.C.3 Cloths MAY NOT be used to remove body fluids such as saliva, nasal secretions, tears, vomitus, feces, urine, and blood. SINGLE-USE disposal towels or tissue SHALL be used for this purpose. If mops are used to clean up body fluids,

the mop heads MAY NOT be reused unless cleaned, rinsed with a DISINFECTING solution of 400-800 ppm chlorine concentration or another EPA APPROVED DISINFECTANT per label directions, wrung as dry as possible, and hung to dry completely; or discarded (see Appendix E).

9.C.4 The use of sponges for cleaning is prohibited in CHILD CARE CENTERS.

9.D Toys

9.D.1 Toys and play materials SHALL be EASILY CLEANABLE, safely constructed, maintained in good repair and age appropriate.

9.D.2 In INFANT and TODDLER rooms, mouth contact surfaces of toys and play materials SHALL be cleaned and SANITIZED with a solution of 50-200 ppm chlorine concentration, or equivalent concentration of another APPROVED SANITIZER when visibly soiled or at least daily. Toys and play materials used by other age groups of children SHALL be cleaned and SANITIZED when visibly soiled or at least weekly. (See Appendices E & G)

10. Storage of EQUIPMENT and Personal Items

10.A EQUIPMENT

Rooms or spaces SHALL be provided for the storage of necessary EQUIPMENT and SHALL be kept neat and clean. COTS may be stacked but SHALL be labeled to identify the user. Adequate shelving or other storage, constructed in a manner to facilitate cleaning, SHALL be provided for orderly storage of supplies. Storage of any items other than toilet room supplies or EQUIPMENT in toilet rooms is prohibited. Supplies in toilet rooms and in all storage rooms SHALL be inaccessible to children.

10.B Personal Storage Space

10.B.1 Personal storage areas SHALL be provided and kept neat and clean and identified with the children's names. Sanitary storage SHALL be provided for personal items such as toothbrushes and these items SHALL be labeled with the children's names or initials. Toothbrushes MAY NOT be stored in a common container.

10.B.2 Children's personal belongings, including outerwear (coats, jackets, sweaters, hats) SHALL be stored in children's personal storage area.

10.B.3 Personal storage space SHALL be provided for STAFF and SHALL be inaccessible to the children.

11. Toxic Items

11.A Chemicals

11.A.1 All corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, deodorizers and any product which may be hazardous to a child if ingested, inhaled or handled (skin contact) SHALL be properly labeled, stored separately from paper products, LINEN or any other items used by children and stored in a locked storage area. Chemicals in aerosol containers MAY NOT be used in the presence of children.

11.A.2 DISINFECTANTS SHALL be dispensed from clean spray containers that are clearly identified, or dispensed from the original container. All chemicals and solutions SHALL be stored so that they are inaccessible to children.

Note: See Appendix E for chemical usage.

11.B Medications (Section 22-10-1 (4), Code of Alabama, 1975)

11.B.1 All medications SHALL have the manufacturer's label and/or the prescription label attached to the container. Over the counter medications SHALL be labeled by the PARENT or GUARDIAN with the child's name, the dosage to be administered and the frequency of administration. A permission form containing a PARENT'S or GUARDIAN'S signature SHALL be kept on file at the facility with a copy given to the PARENT or GUARDIAN. This form SHALL state which medications may be administered to the child by the facility, the precise frequency of administration and the dosage to be administered. A permission form SHALL be on file for each medication the child is taking. (See Appendix H)

11.B.2 Prescription medications SHALL be in the original container bearing the name and telephone number of the pharmacy, the date the prescription was filled, the doctor's name, the name of the child, the name of the medicine and the directions for dispensing.

11.B.3 Each child's medications SHALL be stored in a container

that separates them from other children's medications. All medications SHALL be stored in a designated, locked area inaccessible to children.

11.B.4 Refrigerated medications SHALL be placed in a container with a lid and the container SHALL be locked. Each child's medication SHALL be placed in a separate container within the locked container.

11.B.5 PARENTS or GUARDIANS SHALL provide measuring devices for medications that require measuring. There SHALL be one (1) measuring device per child and per medication.

11.B.6 First aid supplies SHALL be placed in a childproof container in an area inaccessible to children.

12. Food Service

12.A CHILD CARE CENTERS With a Permitted Kitchen

12.A.1 CHILD CARE CENTERS that prepare, handle or serve unpackaged food SHALL meet all requirements of the FOOD RULES and SHALL obtain a food permit from the HEALTH DEPARTMENT; however, CHILD CARE CENTERS meeting the requirements as listed under 12.B MAY NOT be required to obtain a food permit.

16.A.2 CHILD CARE CENTERS that prepare or serve beverages or snacks in re-useable articles or utensils SHALL meet the requirements in the FOOD RULES and obtain a Food Permit from the HEALTH DEPARTMENT.

12.B CHILD CARE CENTERS Without A Permitted Kitchen

12.B.1 CHILD CARE CENTERS may serve bulk, commercially packaged beverages dispensed in single-service items. The preparation of any powdered or concentrated beverage mixes is prohibited.

12.B.2 Only individually wrapped, commercially packaged snack foods are allowed except that pre-packaged, bulk, non-potentially hazardous snacks may be served by attendants using gloves or implements to prevent hand contact with the food. These items SHALL be served on disposable paper products. Leftovers SHALL be stored in labeled plastic containers.

12.B.3 Eating utensils, cups, plates, etc. SHALL be disposable,

single service articles and SHALL be discarded after each use.

12.B.4 CHILD CARE CENTERS that serve catered meals from outside sources SHALL use only meals obtained from a food establishment permitted and inspected by the HEALTH DEPARTMENT.

12.B.4.a Catered meals SHALL meet temperature requirements during transportation and service. An accurate, long-stemmed thermometer SHALL be kept on the PREMISES and the PERSON receiving the food SHALL confirm the temperature of the food.

12.B.4.b A log SHALL be maintained indicating the date, time and temperature of the foods upon arrival.

12.B.4.c Hot foods SHALL be delivered and served at 135° F or above and cold foods at 41° F or below.

12.B.4.d Serving utensils SHALL be disposable or provided and removed by the caterer and cleaned at the caterer's permitted establishment.

12.B.4.e All POTENTIALLY HAZARDOUS leftover food SHALL be discarded at the end of the meal. Non-POTENTIALLY HAZARDOUS FOOD may be held in a protected manner for later use that day but SHALL be discarded at the end of the day.

12.C PARENT-provided Foods

12.C.1 Meals SHALL be clearly labeled with the child's name and stored in an area designated for that child.

12.C.2 Meals that contain POTENTIALLY HAZARDOUS FOODS SHALL be stored in a refrigerator. This refrigerator SHALL be equipped with an accurate thermometer and SHALL maintain POTENTIALLY HAZARDOUS FOODS at 41° F or below. [See Section 20-2-D-1 (b)]

12.C.3 POTENTIALLY HAZARDOUS leftover foods SHALL be discarded at the end of the meal.

12.D All CHILD CARE CENTERS

12.D.1 Food may be dispensed from containers placed on tables

around which children are seated. Each child may choose and partake of the food desired. Food dispensing in this manner SHALL be closely supervised by STAFF to preclude the mishandling and/or contamination of food.

12.D.2 Formula, water, breast milk and juice served in baby bottles SHALL be

- provided daily to the CHILD CARE CENTER by the PARENT(S)/GUARDIAN(S) fully prepared, packaged, ready-to-feed, capped and identified for the appropriate child at the child's home; or
- provided by the CHILD CARE CENTER as a pre-packaged, ready-to-feed, fully prepared and packaged, SINGLE-USE item; or
- provided by the child care facility as prescribed by the child's physician or PARENT(S)/GUARDIAN(S) if bottles are cleaned and SANITIZED in accordance with the Alabama Regulations for Food Establishment Sanitation.

12.D.3 Any excess juice, formula or breast milk remaining in a bottle or any baby food removed from the jar and placed on a plate or in a bowl SHALL be discarded after each feeding. Baby food left in jars after feeding directly from the jars SHALL be discarded along with the jars.

12.D.4 Refrigeration

12.D.4.a A refrigerated storage unit with an ambient air temperature measuring device, such as a refrigerator/freezer thermometer, SHALL be provided for the storage of medications requiring refrigeration, formula, breast milk, POTENTIALLY HAZARDOUS snacks or lunches and baby food (after opening and re-covering) that require it. These items SHALL be identified for the appropriate child.

12.D.4.b Refrigerated storage units SHALL be maintained so the POTENTIALLY HAZARDOUS FOODS, including opened containers of baby food, are maintained at a temperature of 41°F or below.

12.D.4.c Refrigerators SHALL be located as specified in 8.B.4.

12.D.5 If kitchen facilities are inconveniently located or non-

existent:

- An APPROVED food preparation sink SHALL be installed in areas where food is refrigerated, microwaved, dispensed, served, or where pacifiers are washed, or where baby bottles or emptied, and
- A hand sink with hot and cold water, tempered through a combination faucet or mixing valve, SHALL be installed in CLOSE PROXIMITY to this food preparation sink if needed according to the opinion of the HEALTH OFFICER.

12.D.6 Food, Health and Safety Training

12.D.6.a All employees, including aides, managers, DIRECTORS, owners, etc.

1. whose primary duties are food preparation or
2. the primary food preparer, or
3. are STAFF who rotate as primary food preparer on a rotating daily, weekly, monthly or other basis

in **all CHILD CARE CENTERS with a FOOD PERMIT** SHALL obtain valid Food Handler Cards or other food safety training APPROVED by the HEALTH DEPARTMENT.

12.D.6.b All other STAFF whose duties are primarily child care or teaching SHALL provide proof of attendance of an APPROVED TRAINING in Childcare Health and Safety.

13. Compliance and Enforcement

13.A Review and Approval of Plans

13.A.1 Plans Required

13.A.1.a Whenever a CHILD CARE CENTER is constructed or remodeled and whenever an existing structure is converted to use as a CHILD CARE CENTER, properly prepared plans and specifications for such construction, extensive remodeling or conversion SHALL be submitted to the HEALTH DEPARTMENT and to the appropriate building,

zoning and fire departments or Fire Marshal for review and approval before construction, extensive remodeling or conversion begins.

13.A.1.b Plans to be submitted as required in 13.A.1.a SHALL be prepared by a REGISTERED ARCHITECT licensed to practice architecture in the state of Alabama.

13.A.2 Contents of Plans

The plans and specifications submitted to the HEALTH DEPARTMENT SHALL include:

- the date the facility was built
- the proposed layout, and arrangement of EQUIPMENT and FIXTURES, mechanical, plumbing and lighting plans, life safety plans, finish schedules, and construction materials of work and activity areas and the type of proposed fixed EQUIPMENT, FIXTURES and facilities.
- total number of children to be accommodated, total number of children who will occupy each room and the age groups to be accommodated in each room.
- whether food will be stored, prepared, and served in accordance with the FOOD RULES or whether the foods will be catered or provided by PARENTS
- remittance of plan review fee as specified in the Fee Manual for Environmental Health Services
- Other information as requested by the HEALTH DEPARTMENT for the proper review of the proposed construction, remodel, or conversion and procedures for operating a CHILD CARE CENTER.

13.A.3 OCCUPANCY and Approval

The local building inspection department, and the fire department or State Fire Marshal, whichever is the authority having jurisdiction, SHALL determine the OCCUPANCY of the building. The HEALTH OFFICER SHALL approve the plans and specifications if they meet the requirements of these regulations. A CHILD CARE CENTER MAY NOT be constructed, remodeled or converted except in accordance with plans and specifications APPROVED by the HEALTH DEPARTMENT and the other agencies having jurisdiction.

Plans submitted to the HEALTH DEPARTMENT SHALL be reviewed within twenty (20) working days after receipt of a complete set of plans and specifications.

13.B Application for Inspection and Operational Authorization

13.B.1 A PERSON, corporation or entity intending to operate a CHILD CARE CENTER in Jefferson County, Alabama, SHALL make written application for authorization to operate on forms provided by the HEALTH DEPARTMENT. Such application SHALL include the name, address and telephone number of the CHILD CARE CENTER; the number of children to be served; the name, address and telephone number of the owner; and the signature of the applicant. This application SHALL be submitted for renewal annually within one hundred twenty (120) days prior to the renewal date.

13.B.2 Fees for inspection services SHALL be charged according to the Fee Manual for Environmental Health Services and SHALL be paid annually with the renewal of the application.

13.B.3 After receipt of the application and fees, the HEALTH OFFICER SHALL conduct an inspection of a CHILD CARE CENTER prior to the start of operations to determine compliance with APPROVED plans, specifications and requirements of these regulations. When the inspection finds that a CHILD CARE CENTER has met the requirements of these regulations, the inspection results SHALL be reported on an operational authorization inspection report as “Authorized to Operate.”

13.B.3.a Operational authorization MAY NOT be granted until the local building inspections department and fire department or Fire Marshal have completed inspections and documentation of approvals received from these agencies is provided.

13.B.3.b The operational authorization inspection report SHALL reflect the number of children to be accommodated in the CHILD CARE CENTER according to age groups such as INFANTS, TODDLERS, etc.

13.C Operational Authorization Required

13.C.1 **Operational authorization is not transferable-**

Operational authorization MAY NOT be transferred from one PERSON, corporation or entity to another or from one location to another.

13.C.2 Existing CHILD CARE CENTER: Change of Ownership or Type of Food Service

13.C.2.a Change of Ownership

The HEALTH DEPARTMENT may grant operational authorization to a new owner of an existing CHILD CARE CENTER after a properly completed application is submitted, reviewed, and APPROVED, the fees are paid and an inspection shows that the CHILD CARE CENTER is in compliance with these regulations.

13.C.2.b Type of Food Service

A change from one type of food service operation to another SHALL be APPROVED by the HEALTH OFFICER.

13.C.3 **Suspension of operational authorization-**Operational authorization may be suspended temporarily by the HEALTH OFFICER for failure of the CHILD CARE CENTER to comply with the requirements of these regulations. Operational authorization will be reinstated if, in the opinion of the HEALTH OFFICER, the conditions of suspension have been resolved and a score of 70 or higher has been obtained upon re-inspection.

13.C.4 **Revocation of operational authorization-**The HEALTH OFFICER may, after providing opportunity for hearing, revoke an operational authorization for serious or repeated violations of any of the requirements of these regulations or for interference with the HEALTH OFFICER in the performance of his/her duty or for failure to comply with the provisions of a notice of permit suspension issued under 13.C.3.

13.C.5 **Application after revocation-**Whenever a revocation of an operational authorization has become final, the holder of the revoked permit may make written application for a new operational inspection after ninety (90) days from the date of revocation.

13.C.6 **Operational authorization denials, suspensions, and revocations-**The HEALTH OFFICER may deny operational authorization to any applicant who is not suitable to operate a CHILD CARE CENTER as stated in Section 2.B or

to any CHILD CARE CENTER that otherwise fails to comply with these Regulations. The HEALTH OFFICER'S denial, suspension and/or revocation of an operational authorization SHALL be governed by the Alabama Administrative Procedure Act, § 41-22-1, et seq., Code of Alabama 1975.

13.C.7 **Hearings**-Contested case hearings SHALL be provided in accordance with the Alabama Administrative Procedure Act, § 41-22-1, et seq., Code of Alabama 1975, and the State BOARD of Health's Contested Case Hearing Rules, Chapter 420-1-3. An INFORMAL SETTLEMENT CONFERENCE may be conducted in lieu of a formal hearing as specified in 13.F and as provided in the State BOARD of Health's Contested Case Hearing Rules, Chapter 420-1-3.

13.D Inspections

13.D.1 Inspection Frequency

CHILD CARE CENTERS SHALL be inspected at least two (2) times each year or a frequency determined by the HEALTH OFFICER. Legal notices SHALL be issued when items considered CRITICAL by the HEALTH OFFICER are noted, when an IMMINENT HEALTH HAZARD exists or for repeated failure to correct any violation in a reasonable time or by the next inspection. The necessary re-inspections SHALL be made in accordance with 13.C.3 of these regulations.

13.D.2 Access

After proper identification, the HEALTH OFFICER SHALL be permitted to enter any CHILD CARE CENTER at any time during hours of operation for the purpose of making inspections to determine compliance with these regulations. Failure to admit the HEALTH OFFICER to the PREMISES may result in legal action. The HEALTH OFFICER SHALL be permitted to examine records of the establishment to obtain information pertaining to medicines (Section 22-10-1 (4) Code of Alabama, 1975), the origin of food supplied, exempt status, records pertaining to the health and safety of the children and STAFF and the sanitation of the PREMISES.

13.D.3

Whenever an inspection of a CHILD CARE CENTER is made, the findings SHALL be recorded on the inspection report. Remarks SHALL be written to clarify the violations and SHALL state the corrections to be made. The current inspection report SHALL be

conspicuously displayed for public view within the establishment and SHALL remain the property of the HEALTH DEPARTMENT. A copy of the inspection report SHALL be filed in the records of the HEALTH DEPARTMENT. The completed inspection report is a public document that SHALL be made available for public disclosure to any PERSON who requests it according to law.

13.E Correction of Violations

The completed inspection report SHALL specify a reasonable period of time for the correction of the violations found, and correction of the violations SHALL be accomplished within the period specified, in accordance with the following provisions:

13.E.1 If in the opinion of the HEALTH OFFICER an IMMEDIATE HEALTH HAZARD exists, the CHILD CARE CENTER SHALL cease operations at a time dictated by the HEALTH OFFICER. Operations MAY NOT be resumed until authorized by the HEALTH OFFICER or a court of competent jurisdiction. Authorization to operate need not be suspended if the health hazard is confined to an area that does not affect operations in other parts of the CHILD CARE CENTER.

Should the HEALTH OFFICER determine that children's health or safety are at risk, the HEALTH OFFICER may issue an immediate "Close Order" and refer said conditions at the CHILD CARE CENTER to the appropriate agencies, i.e., the Department of Human Resources, the local building department, the Fire Marshal or local fire inspector, district attorney or take appropriate action in the Municipal, District or Circuit Courts.

13.E.2 Should the HEALTH OFFICER observe evidence of CHILD ABUSE AND NEGLECT at a CHILD CARE CENTER, the HEALTH OFFICER SHALL report these observations to the proper authorities.

13.E.3 All CRITICAL ITEM violations SHALL be corrected within the time specified on the inspection form. A legal notice SHALL be issued stating the violation and time to be corrected.

13.E.4 All other items SHALL be corrected before the next routine inspection.

13.E.5 CHILD CARE CENTERS SHALL demonstrate compliance to these regulations by achieving a score of at least 70%. In the event that the inspection report score is below 70%, a legal notice SHALL be issued indicating that the CHILD CARE CENTER has twenty-four (24) hours to initiate corrective action on all CRITICAL ITEM violations. The PERSON IN CHARGE SHALL also request an INFORMAL SETTLEMENT CONFERENCE with the Program Manager or his designee at the HEALTH DEPARTMENT. If a score is below

60%, operational authorization may be suspended according to 13.C.3.

13.F Appeals and INFORMAL SETTLEMENT CONFERENCES

- 13.F.1 Any PERSON, who after proper application, is denied authorization to operate a CHILD CARE CENTER or who has been given notice of an intent to suspend, revoke or withdraw authorization to operate a CHILD CARE CENTER, SHALL be given notice of the facts or conduct which warrants the intended action. Within ten (10) working days following the denial or receipt of the notice, the PERSON may contest such action or decision by requesting an INFORMAL SETTLEMENT CONFERENCE. Such request SHALL be made in writing and SHALL be addressed to the Jefferson County HEALTH OFFICER or his/her designee. An INFORMAL SETTLEMENT CONFERENCE MAY NOT be of record as required by Rule 408 of the Alabama Rules of Evidence and MAY NOT be adversarial in nature but SHALL be utilized to resolve the contested case prior to the convening of a formal hearing for the record as specified in 13.C.7 of these regulations. The HEALTH OFFICER will inform the PERSON of his/her decision within thirty (30) working days of the INFORMAL SETTLEMENT CONFERENCE.
- 13.F.2 A PERSON who does not agree with any of the terms or conditions established by the HEALTH OFFICER as a result of an INFORMAL SETTLEMENT CONFERENCE may appeal the determination by requesting a formal hearing. Contested case hearings SHALL be provided in accordance with the Alabama Administrative Procedure Act, 41-22-1, et seq., Code of Alabama 1975, and the State BOARD of Health's Contested Case Hearing Rules, Chapter 420-1-3. A request for a formal hearing SHALL be made in writing within fifteen (15) days of the determination made by the HEALTH OFFICER as result of an INFORMAL SETTLEMENT CONFERENCE. Upon receiving the order of the hearing officer, the HEALTH OFFICER will inform the PERSON of his/her decision within thirty (30) working days of the hearing date.
- 13.F.3 A notice provided for in these regulations is properly served when it is delivered to the holder of the operational authorization or the PERSON IN CHARGE or when it is sent by registered or certified mail, return receipt requested, to the last known address of the holder of the permit. A copy of the notice SHALL be filed in the records of the HEALTH OFFICER.

14. Records

The following records SHALL be kept on file at the CHILD CARE CENTER and SHALL be made readily available for review by the HEALTH OFFICER:

14.A Background Check

Results of a criminal history background check SHALL be kept on file for every STAFF member. Appropriate documentation includes a copy of the DHR Criminal History Check Application, including the Mandatory Criminal History Check Notice and the Criminal History Information Consent and Release Form or another application for required searches and a suitability determination letter from DHR or other vendor or proof of application if a suitability determination letter has not yet been received, **or**

a notarized affidavit, signed by the childcare center owner, stating that all employees above age 18 have undergone criminal background check above and have been found suitable for employment.

14.B CPR/First Aid Certificate

During hours of operation, at least one (1) PERSON present at the CHILD CARE CENTER SHALL have a current First Aid Certificate and a current INFANT-Child (Pediatric) Cardiopulmonary Resuscitation Certificate (CPR). [On-line CPR and First Aid training are not acceptable.](#)

14.C Other Records

Other records that SHALL be kept on file and made readily available for review by the HEALTH OFFICER include the following:

14.C.1 A roll containing the children's names, PARENT'S names, addresses, and phone numbers in case of an emergency.

14.C.2 Policy outlining procedures for prevention of communicable diseases.

14.C.3 DHR license or letter of exemption.

14.C.4 Latest fire inspection report.

14.C.5 Emergency operations plan addressing: course of action in the event of a fire, severe weather, serious accident or injury, power failure, loss of water supply and security threat. The plan SHALL include evacuation and lock down procedures as well as PARENT notification protocols. Emergency plans SHALL be made available for review by PARENTS and STAFF. Nothing in these regulations SHALL

prevent the CHILD CARE CENTER from addressing procedures for other types of emergencies or events.

14.C.6 Schedule and log of EMERGENCY DRILLS SHALL be conducted at least two (2) times a year. A schedule of EMERGENCY DRILLS SHALL be posted, and a log indicating the date and type of drill as well as an evaluation of the response SHALL be retained.

14.C.7 Evacuation maps SHALL be posted in a conspicuous location for view by STAFF and PARENTS.

APPENDIX A

Common Communicable Diseases

No employee SHALL be allowed to work while having an illness diagnosed by a health practitioner due to

- Norovirus
- Hepatitis A virus
- *Shigella* spp.
- Enterohemorrhagic or Shiga toxin-producing *Escherichia coli*
- *Salmonella* Typhi

Detection of Illnesses

In order to control the spread of communicable diseases in the CHILD CARE CENTER, it is important that the caregiver recognize illnesses early, isolate the child immediately and contact a PARENT or GUARDIAN so the child can be removed from the center as soon as possible. STAFF should be alert to the following symptoms:

1. Severe coughing
 - a. Child gets red or blue in the face
 - b. Child makes high-pitched croupy or whooping sound as he/she coughs

2. Breathing trouble-especially important in an INFANT under six (6) months old
3. Yellowish skin or eyes
4. Pinkeye/Conjunctivitis-tears, redness of eyelid lining, irritation, followed by swelling and discharge of pus
5. Unusual spots or rashes
6. [A lesion such as a blister, boil, pustule or infected wound that is open or draining](#)
7. Feverish appearance
8. Lethargy
9. Diarrhea -**“The American Academy of Pediatrics (AAP) recommends exclusion for all diapered children whose stool cannot be contained in a diaper and for toilet-trained children if the stool is causing soiling of the pants or clothing.”**
10. Vomiting
11. Unusual behavior
 - a. Child is cranky or less active than usual
 - b. Child cries more than usual
 - c. Child feels general discomfort or just seems unwell
 - d. Child pulls at ears
 - e. Child has difficulty swallowing
12. Frequent scratching of the body or scalp. This may be a sign of lice or scabies.

Each CHILD CARE CENTER DIRECTOR SHALL be responsible for reporting cases or suspected cases of notifiable diseases and health conditions (Alabama Administrative Code 420-4-1-.04(1))

Immediate, Extremely Urgent Disease/Condition-Report to the County or State HEALTH DEPARTMENT by telephone within 4 hours of presumptive diagnosis

Anthrax, human Botulism Plague Poliomyelitis, paralytic Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease	Smallpox Tularemia Viral hemorrhagic fever Cases related to nuclear, biological, or chemical terroristic agents
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Immediate, Urgent Disease/Condition-Report to the County or State HEALTH DEPARTMENT by electronic means as specified by the Department, or by telephone within 24 hours of presumptive diagnosis

Brucellosis Cholera Diphtheria <i>E. coli</i> , shiga toxin producing (STEC) <i>Haemophilus influenzae</i> , invasive disease ¹ Hepatitis A, including ALT	Hemolytic uremic syndrome (HUS) post- diarrheal Legionellosis Measles (rubeola) Meningococcal Disease (<i>Neisseria meningitidis</i>) ¹ Novel influenza A virus infection (i.e., potential new strain) Pertussis	Poliovirus infection nonparalytic Rabies, human and animal Rubella Tuberculosis Typhoid fever Yellow fever Outbreaks of any kind Cases of potential public health importance ²
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Standard Notification Disease/Condition-Report by electronic means as specified by the Department, in writing, or by telephone to the County or State HEALTH DEPARTMENT within 5 days of diagnosis, unless otherwise noted

Anaplasmosis Asthma ³ Arboviral disease (all resulted test) Babesiosis Campylobacteriosis Chancroid* <i>Chlamydia trachomatis</i> * Cryptosporidiosis Dengue Ehrlichiosis	Human Immunodeficiency Virus infection* (including Asymptomatic infection, AIDS, CD4 counts and viral loads) Influenza-associated pediatric mortality Lead, screening test results Leptospirosis Lyme Disease Malaria Mumps	Shigellosis Spotted Fever Rickettsiosis <i>Staphylococcus aureus</i> , intermediate (VISA) and Vancomycin- resistant (VRSA) <i>Streptococcus pneumoniae</i> , invasive disease ¹ Syphilis*
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Giardiasis Gonorrhea* Hansen's disease (Leprosy) Hepatitis B, C and other viral (acute only), including ALT	Perinatal HIV Exposure (<18 months of age) Psittacosis Q Fever Salmonellosis	Tetanus Trichinellosis (Trichinosis) Varicella Vibriosis
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***Designated Sexually Transmitted Diseases by the State Board of Health**

¹ detection of organism from a normally sterile body site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural or pericardial fluid)

² as determined by the reporting healthcare provider

³ Asthma discharge data reporting is limited to hospitals and is to be reported quarterly to the Asthma Program within the Division of Chronic Disease Prevention. In addition to the elements specified in 420-4-1 .04- (7) to be reported for all patients with a Primary, Secondary, or Tertiary ICD-9 Diagnosis Code of 493.XX or ICD-10 of J45-J46 (Asthma), reporters must also report Admit Date; Discharge Date (or Length of Stay); and Primary, Secondary, and Tertiary Diagnosis Codes.

State HEALTH DEPARTMENT Telephone Numbers:

Bureau of Clinical Laboratories 334-260-3400 (24-hour coverage)

Division of Chronic Disease Prevention's Asthma Program 334-206-3028

Division of Epidemiology 334-206-5971 or 1-800-338-8374 (24-hour coverage), FAX: 334-206-3734

Division of HIV/AIDS Prevention & Control 334-206-5364 or 1-800-344-1153

Division of Immunization 334-206-5023 or 1-800-469-4599

Division of Sexually Transmitted Diseases 334-206-5350

Division of Tuberculosis Control 334-206-5330

Jefferson County Department of Health

Disease Control Service

205-930-1440

APPENDIX B
Recommended STAFF-to-Child Ratios

The following STAFF-to-child ratios are recommended for CHILD CARE CENTERS. These ratios match the Alabama Department of Human Resources (DHR) most updated data at the time these regulations were instituted. Please consult DHR for any changes to the following recommended ratios.

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 below is allowed. When children of different ages are grouped together (multiple age grouping), STAFF-to-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-to-child ratio SHALL be according to the next highest age category.

A STAFF PERSON SHALL be counted in the STAFF-to-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.

STAFF-Child Ratio

Age	STAFF-to-Child Ratio
0 up to 18 months	1 to 5
18 months up to 2 ½ years ¹	1 to 7
2 ½ years up to 4 years	1 to 11
4 years up to SCHOOL AGE	1 to 18
SCHOOL AGE up to 8 years	1 to 21
8 years and older	1 to 22

¹ If all children in a group are between 24 months and 36 months, the ratio for that group may be 1 STAFF to 8 children.

STAFF-to-Child Ratio during Napping/Resting Time

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

STAFF-Child Ratio for Sleeping (Night Time Care) Children

Age	STAFF-to-Child Ratio
0 up to 18 months	1 to 5
18 months up to 2 ½ years	1 to 14
2 ½ years up to 4 years	1 to 18
4 years and older	1 to 25

Appendix C Age Appropriate EQUIPMENT

The following tables are from US Consumer Product Safety Commission's "Handbook for Public Playground Safety" Publication No.

EXAMPLES OF AGE APPROPRIATE EQUIPMENT

Ages 6-23 months

- Climbing EQUIPMENT under 32" high
- Ramps
- Single file step ladders
- Slides
- Spiral slides less than 360⁰
- Spring rockers
- Stairways
- Swings with full bucket seats

Ages 2-5 years

- Climbers (not including free standing arch climbers or flexible climbers)
- Horizontal ladders less than or equal to 60" high for ages 4 and 5
- Merry-go-rounds
- Ramps
- Rung ladders
- Single file step ladders
- Slides
- Spiral slides up to 360⁰
- Spring rockers
- Stairways
- Swings-belt, full bucket seats (2-4 years) & rotating tire

Ages 5-12 years

- Arch climbers
- Chain or cable walks
- Free standing climbing events with flexible parts
- Fulcrum seesaws
- Ladders-Horizontal, Rung & Step
- Overhead rings
- Merry-go-rounds
- Ramps
- Ring treks
- Slides
- Spiral slides more than one 360⁰ turn
- Stairways
- Swings- belt & rotating tire
- Track rides
- Vertical sliding poles

Items unsafe for all ages on the playground include:

- Trampolines
- Swinging gates
- Giant strides
- Heavy metal swings (e.g. animal figures)
- Multiple OCCUPANCY swings
- Rope swings/climbing ropes where both ends of the rope are not secured at both ends
- Swinging dual exercise rings and trapeze bars

ROUTINE INSPECTION AND MAINTENANCE ISSUES
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- | |
|--|
| • Broken EQUIPMENT such as loose bolts, missing end caps, cracks, etc. |
| • Broken glass & other trash |
| • Cracks in plastics |
| • Loose anchoring |
| • Hazardous or dangerous debris |
| • Insect damage |
| • Problems with surfacing |
| • Displaced loose-fill surfacing |
| • Holes, flakes, and/or buckling of unitary surfacing |
| • User modifications (such as ropes tied to parts or EQUIPMENT rearranged) |
| • Vandalism |
| • Worn-loose, damaged, or missing parts |
| • Wood splitting |
| • Rusted or corroded metals |
| • Rot |

APPENDIX D

MEAL PATTERNS for Children in Child Care Programs and Menu Planning Calendar

Child Meal Pattern Breakfast

Select One from Each Food Components Category for Meal

<i>Food Components</i>	<i>Ages 1-2</i>	<i>Ages 3-5</i>	<i>Ages 6-12¹</i>
1 milk	1/2 cup	3/4 cup 1% or skim	1 cup
fluid milk	whole		1% or non-fat
1 fruit/vegetable	1/4 cup	1/2 cup	1/2 cup
juice, ² fruit and/or vegetable			
1 grains/bread³	1/2 slice	1/2 slice	1 slice
bread or			
cornbread or biscuit or roll or	1/2 serving	1/2 serving	1 serving
muffin or			
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup

1 Children age 12 and older may be served larger portions based on their greater food needs. They MAY NOT be served less than the minimum quantities listed in this column.

2 Fruit or vegetable juice must be full-strength and may only be served once per day.

3 Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

**Child Meal Pattern
Lunch or Dinner**

Select One from Each Food Components Category for Meal

<i>Food Components</i>	<i>Ages 1-2</i>	<i>Ages 3-5</i>	<i>Ages 6-12¹</i>
1 milk	1/2 cup	3/4 cup 1% or skim	1 cup
fluid milk	whole		1% or non-fat
2 fruits/vegetables	1/4 cup	1/2 cup	3/4 cup
juice, ² fruit and/or vegetable			
1 grains/bread³	1/2 slice	1/2 slice	1 slice
bread or			
cornbread or biscuit or roll or	1/2 serving	1/2 serving	1 serving
muffin or			
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate meat or	1 ounce	1 1/2 ounces	2 ounces
poultry or fish ⁴ or alternate	1 ounce	1 1/2 ounces	2 ounces
protein product or cheese or	1 ounce 1/2	1 1/2 ounces 3/4	2 ounces
egg or	egg 1/4 cup	egg	1 egg 1/2 cup
cooked dry beans or peas or	2 Tbsp. 1/2	3/8 cup	4 Tbsp.
peanut or other nut or seed	ounce 4	3 Tbsp. 3/4 ounce 6	1 ounce
butters ⁵ or nuts and/or seeds ⁵ or	ounces	ounces	8 ounces
yogurt ⁶			

1 Children age 12 and older may be served larger portions based on their greater food needs. They MAY NOT be served less than the minimum quantities listed in this column.

2 Fruit or vegetable juice must be full-strength and may only be served once per day.

3 Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

4 A serving consists of the edible portion of cooked lean meat or poultry or fish.

5 Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

6 Yogurt may be plain or flavored, unsweetened or sweetened.

Child Meal Pattern Snack

Select Two of the Four Food Components for Snack

<i>Food Components</i>	<i>Ages 1-2</i>	<i>Ages 3-5</i>	<i>Ages 6-12¹</i>
1 milk fluid milk	1/2 cup whole	1/2 cup 1% or skim	1 cup 1% or non-fat
1 fruit/vegetable juice, ² fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving	1/2 slice 1/2 serving	1 slice 1 serving
1 meat/meat alternate meat or poultry or fish ⁴ or alternate protein product or cheese or Egg ⁵ or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds or yogurt ⁶	1/2 ounce 1/2 ounce 1/2 ounce 1/2 egg 1/8 cup 1 Tbsp. 1/2 ounce 2 ounces	1/2 ounce 1/2 ounce 1/2 ounce 1/2 egg 1/8 cup 1 Tbsp. 1/2 ounce 2 ounces	1 ounce 1 ounce 1 ounce 1/2 egg 1/4 cup 2 Tbsp. 1 ounce 4 ounces

1 Children age 12 and older may be served larger portions based on their greater food needs. They MAY NOT be served less than the minimum quantities listed in this column.

2 Fruit or vegetable juice must be full-strength and may only be served once per day. Juice cannot be served when milk is the only other snack component.

3 Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

4 A serving consists of the edible portion of cooked lean meat or poultry or fish.

5 One-half egg meets the required minimum amount (one ounce or less) of meat alternate.

6 Yogurt may be plain or flavored, unsweetened or sweetened.

Week 1		Monday	Tuesday	Wednesday	Thursday	Friday
Complete all	Breakfast: Milk					
	Fruit					
	Grains/Bread					
Complete all	Lunch: Milk					
	Fruit/Vegetable					
	Fruit/Vegetable					
	Grains/Bread					
Complete 2 per column	Meat/Meat alt					
	Snack: Milk					
	Fruit/vegetable					
	Grains/bread					
Complete 2 per column	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					

Circle all whole grains (should have at least 5 circles) (✓) _____ Green Vegetable _____ Orange Vegetable _____ Legume

Week 2		Monday	Tuesday	Wednesday	Thursday	Friday
Complete all	Breakfast: Milk					
	Fruit					
	Grains/Bread					
Complete all	Lunch: Milk					
	Fruit/Vegetable					
	Fruit/Vegetable					
	Grains/Bread					
Complete 2 per column	Meat/Meat alt					
	Snack: Milk					
	Fruit/vegetable					
	Grains/bread					
Complete 2 per column	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					

Circle all whole grains (should have at least 5 circles) (✓) _____ Green Vegetable _____ Orange Vegetable _____ Legume

Week 3		Monday	Tuesday	Wednesday	Thursday	Friday
Complete all	Breakfast: Milk					
	Fruit					
	Grains/Bread					
Complete all	Lunch: Milk					
	Fruit/Vegetable					
	Fruit/Vegetable					
	Grains/Bread					
Complete 2 per column	Meat/Meat alt					
	Snack: Milk					
	Fruit/vegetable					
	Grains/bread					
Complete 2 per column	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					

Circle all whole grains (should have at least 5 circles) (✓) _____ Green Vegetable _____ Orange Vegetable _____ Legume

Week 4		Monday	Tuesday	Wednesday	Thursday	Friday
Complete all	Breakfast: Milk					
	Fruit					
	Grains/Bread					
Complete all	Lunch: Milk					
	Fruit/Vegetable					
	Fruit/Vegetable					
	Grains/Bread					
Complete 2 per column	Meat/Meat alt					
	Snack: Milk					
	Fruit/vegetable					
	Grains/bread					
Complete 2 per column	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					
	Meat/meat alt					

Circle all whole grains (should have at least 5 circles) (✓) _____ Green Vegetable _____ Orange Vegetable _____ Legume

APPENDIX E Cleaning and SANITIZING

Cleaning Surfaces

- Wipe the surface clean of any loose material.
- Clean the surface using fresh, warm water and either soap, detergent or cleanser and a cleaning cloth.
- Wipe the surface with fresh water to remove soap and other residue.

SANITIZING Surfaces

Prior to using a bleach solution to SANITIZE, clean any visible soil from surface with a detergent and rinse well with water. Surfaces SHALL be SANITIZED by using one of the following methods along with required strength and appropriate contact time.

- Wiping the surface with a cloth or disposable towel soaked in an APPROVED SANITIZER solution.
 - The use of reusable cloths is prohibited in removal of body fluids and SANITIZING diaper areas.
- Surface application of an APPROVED SANITIZER solution from a properly labeled and APPROVED spray container.
- Submersing the articles in an APPROVED SANITIZER solution.

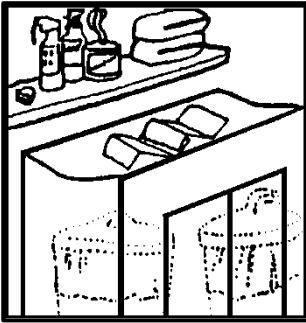
Following any of these applications of SANITIZER, the SANITIZED surface SHALL be allowed to air dry. A means of testing solution strength SHALL be provided and used to determine the proper strength. **Note: SANITIZING solution SHALL be made daily and more often as needed.**

Concentrations of APPROVED SANITIZING Solutions: Chlorine (common, unscented household bleach)

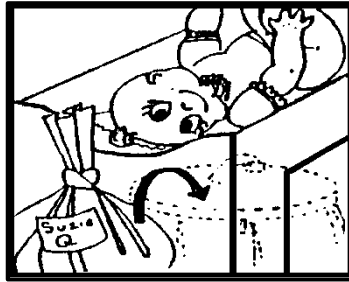
Area/ Item to be SANITIZED	Required strength	Mixture	Contact Time*
Diapering area, potty chairs, restrooms and surfaces contaminated by bodily fluids	400-800ppm	¼ cup bleach +1 gallon water or 1 tablespoon bleach + 1 quart water	2 minutes
Food contact surfaces, all food areas, toys	50-200ppm	1 tablespoon bleach +1 gallon water	½ minute

* Contact time is the time required to achieve sanitization; no further action is required after the allotted time.

APPENDIX F Diaper Changing Procedure



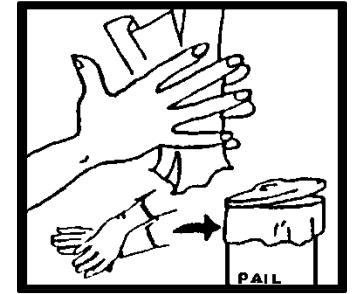
Check supplies **before** bringing the child to changing table. Place disposable paper on the diapering surface.



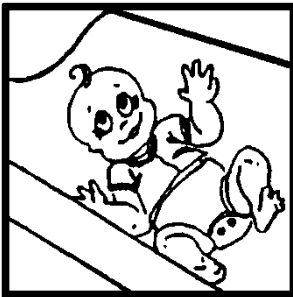
Place the child on the diapering surface. Put on your disposable gloves. Remove soiled diaper and/or clothing. Place the soiled diaper into a covered, plastic-lined container. Place soiled clothing into a labeled plastic bag and keep in a plastic lined container (for this purpose only) until pick-up.



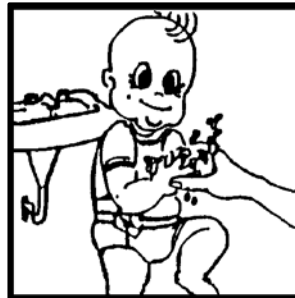
Clean the child's bottom with a disposable wipe. Throw soiled wipe and soiled table paper into the soiled diaper container.



Remove gloves and place them in the soiled diaper container. Use a pre-moistened disposable wipe to further clean your hands, if needed. **Limit** touching the environment or supplies with your gloved hands.



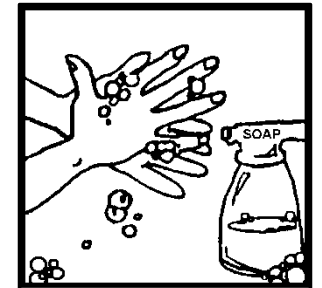
Put a clean diaper on the child and dress the child.



Wash the child's hands, **regardless** of age, with running water and soap or a pre-moistened, disposable towelette. Return the child to the activity area or crib.



Clean and **DISINFECT** the diapering surface and any surfaces that may have been contaminated.



Wash **your** hands with soap and water.

Wash away germs!

APPENDIX G
Cleaning Schedule

Item	Cleaning Frequency	SANITIZING Frequency
Carpet/Rugs	vacuum daily/clean	
Cleaning Cloths	daily/as needed	
Cribs (frame)	between users/as needed	between users/as needed
Cots COTS/MATS	weekly/between users/as needed	weekly/between users/as needed
Diapering table	after each use	after each use
Drinking fountains	daily/as needed	daily/as needed
Floors/Activity rooms	daily/as needed	daily/as needed
Floors/Toilet Rooms	daily/as needed	daily/as needed
Laundry Area	daily/as needed	daily/as needed
Lavatories	daily/as needed	daily/as needed
LINEN	weekly/between users/as needed	
Mattresses	daily/between users/as needed	between uses/as needed
PLATFORMS	daily/as needed	as needed
Potty Chairs	after each use	after each use
Tables	daily/as needed	daily/as needed
Toilets	daily/as needed	daily/as needed
Towels	after each use	
Toys	weekly/as needed	weekly/as needed
Toys (INFANTS and TODDLERS)	daily/as needed	daily/as needed
Trainer seats	daily/as needed	daily/as needed
Tubs	between users	between users
Urinals	daily/as needed	daily/as needed
Waste Receptacles	weekly/as needed	weekly/as needed

**Appendix H
Authorization for Administering Medication/Medical Procedures**

DHR-CDC-1949

Dear Parent/guardian,
Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility (home or center) must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, please complete the following information.

Child's Name _____

Prescription Number _____

Name of Medication _____

Amount of medication to be given at each dosage _____

Instructions (how to give or apply, such as give by mouth, apply to skin, inhale, drops in eyes, etc.)

Time and date of last dosage given at home _____

Time(s) of dosage(s) to be given at the child care facility _____

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

Signature of parent/guardian

Date

To be completed by licensee/staff/caregiver

Date medication given	Time medication given	Signature of person giving medication