



**CITY OF JONESBORO  
Regular Meeting  
170 SOUTH MAIN STREET  
July 11, 2016 – 6:00 PM**

**NOTE: As set forth in the Americans with Disabilities Act of 1990, the City of Jonesboro will assist citizens with special needs given proper notice to participate in any open meetings of the City of Jonesboro. Please contact the City Clerk's Office via telephone (770-478-3800) or email at [rclark@jonesboroga.com](mailto:rclark@jonesboroga.com) should you need assistance.**

**Agenda**

- I. CALL TO ORDER - MAYOR JOY B. DAY**
- II. ROLL CALL - RICKY L .CLARK, JR., CITY ADMINISTRATOR**
- III. ADOPTION OF AGENDA**
- IV. INVOCATION**
- V. PLEDGE OF ALLEGIANCE**
- VI. PRESENTATIONS - NONE**
- VII. PUBLIC HEARING**
  - A. Public Hearing regarding variance requests by CVS at property located at 8139 Tara Blvd. Jonesboro, Georgia 30236.**
  - B. Public Hearing regarding Conditional Use Permit No. 16CU-005 at 231 Stockbridge Road as requested by Breaking Down Barriers Ministry to allow for a "Place of Worship."**
  - C. Public Hearing regarding Conditional Use Permit No. 16CU-006 to allow a childcare center at 118 Stockbridge Road as requested by Ms. Pam's Precious Angels Family Childcare Center**
- VIII. PUBLIC COMMENT- (PLEASE LIMIT COMMENTS TO THREE (3) MINUTES)**
- IX. CONSIDER APPROVAL OF MINUTES OF THE FOLLOWING MEETINGS**
  - A. City Council - Regular Meeting - Jun 13, 2016 6:00 PM**
  - B. City Council - Work Session - Jul 5, 2016 6:00 PM**

**X. CONSENT AGENDA**

- A. Council to consider purchase of a 2011 Ford F-750 with 13 YD NewWay Viper, Winch & Cart Tipper.
- B. Council to consider FY' 16 Budget Amendments #16-03 & #16-04 totaling \$113,936.00.

**XI. OLD BUSINESS**

- A. Council to consider Conditional Use Permit No. 16CU-005 at 231 Stockbridge Road as requested by Breaking Down Barriers Ministry to allow for a "Place of Worship."
- B. Council to consider Conditional Use Permit #16CU-006 to allow a childcare center (Ms. Pam's Precious Angels Family Childcare Center) at property located at 118 Stockbridge Road by Tamarra Johnson.
- C. Council to consider various variances at property located at 8139 Tara Boulevard as requested by CVS.

**XII. NEW BUSINESS**

- A. Council to consider Ordinance #2016-08 establishing a moratorium on the acceptance of any occupational tax certificate application, zoning application, application for sign permits, use permits or other applications relating to the sale or maintenance services of new or used automobiles.
- B. Council to consider approval of Application 16ALCSUB-003, as submitted by Savoy Bar and Grill, requesting an alcohol sub-permit for Lee Street Park on July 30, 2016.
- C. Council to confirm appointment of Councilman Billy Powell to the City of Jonesboro Accident Review Committee.

**XIII. REPORT/ANNOUNCEMENT FROM MAYOR/CITY CLERK**

**XIV. REPORT OF COUNCILMEMBERS**

**XV. OTHER BUSINESS**

**XVI. ADJOURNMENT**

**CITY OF JONESBORO  
REGULAR MEETING  
170 SOUTH MAIN STREET  
June 13, 2016 – 6:00 PM**

**MINUTES**

The City of Jonesboro Mayor & Council held their Regular Meeting on Monday, June 13, 2016. The meeting was held at 6:00 PM at the Jonesboro Police Station, 170 South Main Street, Jonesboro, Georgia.

**I. CALL TO ORDER**

**II. ROLL CALL**

Attendee Name	Title	Status	Arrived
Joy B. Day	Mayor	Present	
Jack Bruce	Councilmember	Present	
Pat Sebo	Councilmember	Present	
Billy Powell	Councilmember	Present	
Larry Boak	Councilmember	Present	
Ed Wise	Councilmember	Present	
Ricky Clark	City Administrator	Present	

**III. ADOPTION OF AGENDA**

1. Motion to adopt agenda.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Ed Wise, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

Motion made by Councilman Wise, seconded by Councilwoman Sebo to make the following amendments to the agenda. Motion carried unanimously.

1. Add under New Business Item A: Council to consider approval of Resolution 2016-10 regarding necessary amendments to the Jonesboro Position Pay & Classification Pay Plan.
2. Add under New Business Item B: Council to consider approval of Application 16ALCSUB-002, as submitted by Savoy Bar & Grill, requesting an alcohol sub-permit for Lee Street Park on July 1, 2016.
3. Strike from agenda item B under Public Hearing & item E under Old Business regarding a Conditional Use Permit for Breaking Down Barriers Ministry.

**IV. INVOCATION**

Led by Councilwoman Sebo

**V. PLEDGE OF ALLEGIANCE**

## VI. PRESENTATIONS - NONE

## VII. PUBLIC HEARING

A. Public Hearing regarding a map amendment to the Official Jonesboro Zoning Map for rezoning of .852 acres of property located along Stockbridge Road from H-1 to H-2.

<b>RESULT:</b>	<b>ADJOURNED [UNANIMOUS]</b>
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

At this time the Public Hearing was opened. As none were present to speak for or against, the public hearing was duly adjourned.

B. Public Hearing regarding Conditional Use Permit No. 16CU-005 at 231 Stockbridge Road as requested by Breaking Down Barriers Ministry to allow for a "Place of Worship."

<b>RESULT:</b>	<b>MEETING CANCELLED</b>
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Item removed from Agenda.

C. Public Hearing regarding Application #ALC-002, a request for a Retail Package Dealer license to sell beer and wine beverages for property located at 226 N. Main Street by AK Sairose, Inc dba- Exxon Onestop Gas & Grocery.

<b>RESULT:</b>	<b>ADJOURNED [UNANIMOUS]</b>
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

At this time the Public Hearing was opened. As none were present to speak for or against, the public hearing was duly adjourned.

## VIII. PUBLIC COMMENT

Arlene Charles - Commended Mayor & Council on Lee Street Park. Mrs. Charles commented that it is pleasing to see the many smiles from park visitors.

## IX. CONSIDER APPROVAL OF MINUTES OF THE FOLLOWING MEETINGS

A. City Council - Work Session - Jun 6, 2016 6:00 PM

<b>RESULT:</b>	<b>ACCEPTED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Ed Wise, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

B. City Council - Special Called Meeting - May 31, 2016 1:00 PM

<b>RESULT:</b>	<b>ACCEPTED [UNANIMOUS]</b>
<b>MOVER:</b>	Billy Powell, Councilmember
<b>SECONDER:</b>	Larry Boak, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

## X. CONSENT AGENDA

<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Billy Powell, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

- A. Discussion regarding Intergovernmental Agreement for the provision of election services between Clayton County & the City of Jonesboro to conduct a Special Election on November 8, 2016.
- B. Discussion regarding Resolution #2016-09 to reappoint Therese Guidry to the Housing Authority of the City of Jonesboro, for a term to expire June 13, 2017.

## XI. OLD BUSINESS

- A. Discussion regarding awarding RFP#16-003 to TSW in the amount of \$100,000.00 for the purpose of completing a Livable Centers Initiative Major Update and to authorize the Mayor to execute all necessary contracts.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Ed Wise, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

- B. Discussion regarding approval to trade in two vehicles, plus an additional \$12,000 of seized funds to purchase a used replacement vehicle for the Narcotics Officer.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Ed Wise, Councilmember
<b>SECONDER:</b>	Pat Sebo, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

Pursuant to a request from Chief Allen, the total dollar amount was increased \$5,400 to include the purchase of a Covert APX6500 mobile radio.

- C. Discussion regarding Application #ALC-002, a request for a *Retail Package Dealer* license to sell beer and wine beverages for property located at 226 N. Main Street by AK Sairose, Inc dba- Exxon Onestop Gas & Grocery.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Billy Powell, Councilmember
<b>SECONDER:</b>	Ed Wise, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

- D. Discussion regarding a map amendment to the Official Jonesboro Zoning Map for rezoning of .852 acres of property located along Stockbridge Road from H-1 to H-2.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Billy Powell, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

E. Discussion regarding Conditional Use Permit No. 16CU-005 at 231 Stockbridge Road as requested by Breaking Down Barriers Ministry to allow for a "Place of Worship."

<b>RESULT:</b>	<b>WITHDRAWN</b>
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## XII. NEW BUSINESS

A. Council to consider Resolution #2016-10 regarding amendments to the Jonesboro Position Pay Classification & Pay Plan to add the City Administrator and Park Ranger positions as previously approved by Mayor & Council.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Billy Powell, Councilmember
<b>SECONDER:</b>	Larry Boak, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

B. Council to consider approval of Application 16ALCSUB-002, as submitted by Savoy Bar and Grill, requesting an alcohol sub-permit for Lee Street Park on July 1, 2016.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Ed Wise, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

## XIII. REPORT/ANNOUNCEMENTS

Mayor Day announced that the monthly covered dish supper will be held on Thursday, June 16th beginning at 6:00 p.m. at the Firehouse Museum.

## XIV. REPORT OF COUNCILMEMBERS

Councilman Boak - None  
 Councilman Bruce - None  
 Councilman Powell - None  
 Councilman Wise - None  
 Councilwoman Sebo - None

## XV. OTHER BUSINESS

City Administrator requests an Executive Session to discuss pending litigation and personnel related matters.

A. Motion to convene Executive Session to discuss pending litigation & personnel related matters at 6:21 p.m.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Ed Wise, Councilmember
<b>SECONDER:</b>	Billy Powell, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

B. Motion to adjourn Executive Session at 6:51 p.m. & enter back into Regular Meeting.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Ed Wise, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

## XVI. ADJOURNMENT

A. Motion to adjourn at 6:51 p.m.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Jack Bruce, Councilmember
<b>SECONDER:</b>	Ed Wise, Councilmember
<b>AYES:</b>	Day, Bruce, Sebo, Powell, Boak, Wise

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JOY B. DAY – MAYOR

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RICKY L. CLARK, JR. – CITY ADMINISTRATOR

**CITY OF JONESBORO  
WORK SESSION  
170 SOUTH MAIN STREET  
July 5, 2016 – 6:00 PM**

**MINUTES**

The City of Jonesboro Mayor & Council held their Work Session on Tuesday, July 5, 2016. The meeting was held at 6:00 PM at the Jonesboro Police Station, 170 South Main Street, Jonesboro, Georgia.

**I. CALL TO ORDER - MAYOR PRO TEM ED WISE**

**II. ROLL CALL - RICKY L .CLARK, JR., CITY ADMINISTRATOR**

Attendee Name	Title	Status	Arrived
Joy B. Day	Mayor	Absent	
Jack Bruce	Councilmember	Present	
Pat Sebo	Councilmember	Present	
Billy Powell	Councilmember	Present	
Larry Boak	Councilmember	Present	
Ed Wise	Councilmember	Present	

**III. ADOPTION OF AGENDA**

1. Motion to amend agenda by adding item E. Discussion regarding FY' 16 Budget Amendments #16-03 & 16-04 totaling \$113,936.00

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Billy Powell, Councilmember
<b>AYES:</b>	Bruce, Sebo, Powell, Boak, Wise
<b>ABSENT:</b>	Joy B. Day

2. Motion to adopt agenda with additions.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Pat Sebo, Councilmember
<b>SECONDER:</b>	Billy Powell, Councilmember
<b>AYES:</b>	Bruce, Sebo, Powell, Boak, Wise
<b>ABSENT:</b>	Joy B. Day

**IV. INVOCATION**

Led by Councilwoman Sebo

**V. WORK SESSION**

A. Discussion regarding various variances at property located at 8139 Tara Boulevard as requested by CVS.

<b>RESULT:</b>	<b>OLD BUSINESS</b>
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<b>Next: 7/11/2016 6:00 PM</b>
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Public Hearing scheduled for July 11, 2016. No action at this time.

B. Discussion regarding Conditional Use Permit #16CU-006 to allow a childcare center (Ms. Pam's Precious Angels Family Childcare Center) at property located at 118 Stockbridge Road by Tamarra Johnson.

**RESULT:**

**OLD BUSINESS**

**Next: 7/11/2016 6:00 PM**

Public Hearing scheduled for July 11, 2016. No action at this time.

C. Discussion regarding Conditional Use Permit No. 16CU-005 at 231 Stockbridge Road as requested by Breaking Down Barriers Ministry to allow for a "Place of Worship."

**RESULT:**

**OLD BUSINESS**

**Next: 7/11/2016 6:00 PM**

Public Hearing scheduled for July 11, 2016. No action at this time.

D. Discussion regarding purchase of a 2011 Ford F-750 with 13 YD NewWay Viper, Winch & Cart Tipper.

**RESULT:**

**CONSENT AGENDA ITEM**

**Next: 7/11/2016 6:00 PM**

E. Discussion regarding FY' 16 Budget Amendments #16-03 & #16-04 totaling \$113,936.00.

**RESULT:**

**CONSENT AGENDA ITEM**

**Next: 7/11/2016 6:00 PM**

## VI. OTHER BUSINESS - NONE

## VII. ADJOURNMENT

A. Motion to adjourn at 6:27 p.m.

**RESULT:**

**APPROVED [UNANIMOUS]**

**MOVER:**

Billy Powell, Councilmember

**SECONDER:**

Pat Sebo, Councilmember

**AYES:**

Bruce, Sebo, Powell, Boak, Wise

**ABSENT:**

Joy B. Day

JOY B. DAY – MAYOR

RICKY L. CLARK, JR. – CITY ADMINISTRATOR



# CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary

Agenda Item #  
- A

10.A

COUNCIL MEETING DATE  
July 11, 2016

Requesting Agency (Initiator)

Public Works

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Council to consider purchase of a 2011 Ford F-750 with 13 YD NewWay Viper, Winch & Cart Tipper.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Exceeds Cost for Staff Approval.

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Transportation Infrastructure

Summary & Background

*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

Public Works Director Joe Nettleton is requesting approval of purchasing a 2011 Ford F-750 with 13 YD NewWay Viper, Winch & Cart Tipper. The total cost of the truck is \$82,000.00. In the FY' 16 budget, Council appropriated \$75,000 for the purchase of an additional garbage truck.

Joe Nettleton to provide additional details.

Fiscal Impact

*(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)*

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Garbage Truck - Picture 1
- Garbage Truck - Picture 2
- Garbage Truck - Picture 3
- Garbage Truck - Picture 4

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Discussion

## FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title Ricky Clark, City Administrator	Date July, 11, 2016	07/05/16 ITEM	City Council CONSENT AGENDA Next: 07/11/16
Signature	City Clerk's Office		





Attachment: Garbage Truck - Picture 2 (1059 : Garbage Truck

10.A.c

Attachment: Garbage Truck - Picture 3 (1059 : Garbage Truck







## CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary

Agenda Item #  
- B

10.B

COUNCIL MEETING DATE  
July 11, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Council to consider FY' 16 Budget Amendments #16-03 & #16-04 totaling \$113,936.00.

Requirement for Board Action (Cite specific Council policy, statute or code requirement)

All Budget Amendments Must be Ratified by Council

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

Yes

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Due to various changes/additions during the year, Staff has prepared the necessary budget amendments. Please find attached a breakdown of the proposed amendments.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Total change in revenue/expenditures = \$113,936.00

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- Copy of Budget Amendment (Revenues) 16-03
- PROPOSED REVENUE BUDGET AMENDMENT NOTES 07-05-16
- Copy of Budget Amendment 16-04
- Proposed Expense Items Budget Amendments

Staff Recommendation (Type Name, Title, Agency and Phone)

Approval

### FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title Ricky Clark, City Administrator	Date July, 11, 2016	07/05/16 ITEM	City Council CONSENT AGENDA Next: 07/11/16
Signature	City Clerk's Office		



**CITY OF JONESBORO**  
**FY2016 BUDGET AMENDMENTS**

**DEPARTMENT:** VARIOUS REVENUE AMENDMENTS **DATE:** 07/05/16  
**FUND:** VARIOUS

Amendment Number
16-03

Revenues	Account Number	Account Name	Original	Amended	Net
			Budget	Budget	Change
31	1200	Real Property	\$2,600.00	\$8,600.00	\$6,000.00
31	1600	Intangible Tax	\$400.00	\$1,000.00	\$600.00
31	1710	Electric Franchise Tax	\$230,000.00	\$240,000.00	\$10,000.00
31	6100	Business Occupation	\$170,000.00	\$191,294.00	\$21,294.00
31	6300	Financial Institution Tax	\$20,000.00	\$25,000.00	\$5,000.00

Revenues	Account Number	Account Name	Original Budget	Amended Budget	Net Change
34	1930	Plan Review Fee	\$1,000.00	\$2,000.00	\$1,000.00
34	5410	AT&T Parking Fees	\$0.00	\$14,400.00	\$14,400.00
37	1025	Concert Sponsorships	\$6,000.00	\$21,795.00	\$15,795.00
38	1030	Event Vendors	\$0.00	\$5,000.00	\$5,000.00
38	9000	Misc. Revenue	\$0.00	\$1,500.00	\$1,500.00

Revenues	Account Number	Account Name	Original Budget	Amended Budget	Total Change
32	1103	Alcohol ID Fee	\$0.00	\$3,500.00	\$3,500.00
32	1110	Beer/Wine	\$18,000.00	\$24,000.00	\$6,000.00
32	1140	Alcohol Temp. Consum.	\$0.00	\$1,000.00	\$1,000.00
32	3120	Building Permit	\$10,000.00	\$15,000.00	\$5,000.00
32	3150	Demolition	\$0.00	\$200.00	\$200.00

Revenues	Account Number	Account Name	Original Budget	Amended Budget	Net Change
38	9050	Lee St. Concession Stand	\$0.00	\$3,000.00	\$3,000.00
39	2100	Sale of Assets	\$0.00	\$14,400.00	\$14,400.00

**Total Proposed Increase: \$113,689.00**

**JUSTIFICATION:** This budget amendment These amendments take into account various changes within our budget during the year.  
 See attached Budget Notes.

Department Director: Ricky L. Clark, Jr.	City Administrator Recommend Approval: Yes / No Date:	Yes / No	<b>City Council</b> Meeting Date: <b>Action:</b> Staff:		

## PROPOSED REVENUE BUDGET AMENDMENT NOTES

**31.1200 Real Property Prior Taxes** – 2016 Budget is set at **\$2,600** and with the additional taxes being collected the recommendation is to increase \$6,000 changing the line item to **\$8,847**.

**31.1600 Intangible Tax** – 2016 Budget is set at **\$400** and the recommendation is to increase the line item \$600 making the total **\$1,000**.

**31.1710 Electric Franchise Tax** – 2016 Budget is **\$230,000** and the recommendation is to increase \$10,000 making the line item **\$240,000**.

**31.6100 Business/Occupation License** – 2016 Budget is set at \$170,000 and the recommendation is to increase **\$21,294** making the line item **\$191,294**.

**31.6300 Financial Institutes Tax** – 2016 Budget for the banking institution tax fees is set at **\$20,000** and the recommendation is to increase **\$5,000** making the line item **\$25,000**.

**32.1103 Alcohol ID Fee** – This is a new line item added to the revenue budget. All businesses that sell beer and wine are required to have their employees to have a background check by the Police Department. The recommended budget for 2016 is **\$3,500**

**32.1110 Beer – Wine** – This line item is for beer and wine licenses. The 2016 Budget is \$18,000 and the proposed increase is **\$6,000** making the line item **\$24,000**.

**32.1140 – Alcohol Temporary Consumption** – This is new line item that coverage the license fee for businesses selling alcohol a special events. The recommendation for this revenue line item is **\$1,000**.

**32.3120 Building Permits** – The 2016 line item was set at **\$10,000** and the recommended increase is **\$5,000** making the line item **\$15,000**.

**32.3150 Demolition Permit** – This is a new revenue line item. In the past a demolition permit was included under the Building Permit Fees. The recommended 2016 Budget is **\$200**.

**34.1930 Plan Review Fee** – The 2016 Budget line item is **\$1,000**. The recommendation is to increase this line item **\$1,000** making the new amount at **\$2,000**.

**34.5410 – Parking Fee** – This is a new line item for fees collected from AT & T for their employees to park on a daily basis at the City's parking lot on Mill Street. This is a monthly fee of \$1,200. The recommended line item is **\$14,400**.

**37.1025 – Concert Sponsors** – The 2016 Budget line item was set at **\$6,000**. By the number of sponsors that paid it is the recommendation that we increase this line item by **\$15,795** making the new revenue amount at **\$21,795**.

**38.1030 Event Sponsors-** This is a new revenue line item that is a fee for anyone who rents space at the city's event. The recommended budget line item **\$5,000**.

**38.9000 Misc. Revenue** This line item is used for miscellaneous income from making copies, open record request etc. We normally do not budget revenue under this line item but it is recommended that we set the 2016 Budget to **\$1,500**.

**38.9050 Lee St Park Concession** – This is a new line item for 2016 and the recommendation is to set it at **\$3,000**.

**39.2100 Sale of Assets** – Normally we do not budget funds under this line item. The recommendation for 2016 Budget is **\$14,400**.

**CITY OF JONESBORO**  
**FY2016 BUDGET AMENDMENTS**

DEPARTMENT: ALL DATE: 07/05/16  
FUND: VARIOUS

Amendment Number
16-04

Line Item	Account Number	Account Name	Original	Amended	Net
			Budget	Budget	Change
1500	51.2400	Retirement	\$21,500.00	\$22,774.00	\$1,274.00
1500	52.2321	City Events	\$40,000.00	\$55,500.00	\$15,500.00
1500	52.3100	Insurance	\$25,000.00	\$26,710.00	\$1,710.00
1500	52.3211	Telephone (Mill St.)	\$1,200.00	\$1,700.00	\$500.00
1500	53.1110	Office Supplies	\$12,000.00	\$18,000.00	\$6,000.00
1500	53.1620	Furniture/Fixtures	\$0.00	\$ 9,100.00	\$ 9,100.00

Line Item	Account Number	Account Name	Original Budget	Amended Budget	Total Change
1500	53.1700	Lee Street Park	\$0.00	\$8,000.00	\$8,000.00
1500	52.2301	Furniture/Fixtures	\$0.00	\$10,900.00	\$10,900.00
1500	58.2300	Debt/Interest	\$0.00	\$30.00	\$30.00
2500	52.3600	Dues/Fees	\$300.00	\$700.00	\$400.00
3200	51.1100	Salaries	\$1,177,000.00	\$1,203,100.00	\$26,100.00

**JUSTIFICATION:** This budget amendment These amendments take into account various changes within our budget during the year. See attached Budget Notes.

**Total Increase**

**\$113,936.00**

Line Item	Account Number	Account Name	Original Budget	Amended Budget	Net Change
3200	51.2200	Social Security	\$69,300.00	\$71,000.00	\$1,700.
3200	51.2300	Medicare	\$15,500.00	\$15,900.00	\$400.
3200	52.2400	Retirement	\$60,000.00	\$61,274.00	\$1,274.
3200	52.3100	Insurance	\$52,000.00	\$67,000.00	\$15,000.
3200	52.3210	Telephone	\$8,000.00	\$10,000.00	\$2,000.

Line Item	Account Number	Account Name	Original Budget	Amended Budget	Net Change
3200	52.3310	Legal Notices	\$1,000.00	\$2,000.00	\$1,000.
4100	51.2400	Retirement	\$25,000.00	\$26,274.00	\$1,274.
4100	52.3100	Insurance	\$17,000.00	\$26,000.00	\$9,000.
7450	51.2100	Group Insurance	\$9,000.00	\$11,500.00	\$2,500.
7450	51.2400	Retirement	\$1,000.00	\$1,274.00	\$274.

Department Director: Ricky L. Clark, Jr.	City Administrator Recommend Approval: Yes / No Date:	Yes / No	City Council Meeting Date: Action: Staff:	

### Proposed Expense Items Budget Amendments

**1500.51.2400 Retirement (GMA)** This line item is the City's contribution to the retirement program through GMA. The 2016 Budget was **\$21,500** and the recommended change is **\$22,774**.

**1500 52.2321 City Events** – This line item is covers city concerts, Jonesboro Days, Christmas Tree Lighting, Business Breakfast meetings. The 2016 Budget was **\$40,000** and the recommended amendment is **\$55,500**.

**1500 52.3100 Insurance** – This line item covers the City's liability, public officials coverage, property, and vehicle. The 2016 Budget was **\$25,000** and the recommendation is to increase to **\$26,710**.

**1500 52.3210 Telephone – Mill St.** – Line item is for the Firehouse Museum and this cover the telephone service and internet service. The 2016 Budget is **\$1,200** and the recommendation is to increase to **\$1,700**.

**1500 53.1110 – Supplies** – This line item covers all office supplies, cleaning and building supplies, we also cover the cost of city shirts for the elected officials and city hall employees. The 2016 Budget was **\$12,000** and the recommendation is to increase to **\$18,000**.

**1500 53.1620 – Furniture/Fixtures** – This line item was used for the purchases in the remodeling on the Firehouse Museum and Lee Street Park. There were no funds budgeted for 2016 and the recommendation is to amend the budget to add this line item with a budget of **\$9,100**.

**1500 53.1700** – This is a new line item for supplies for Lee Street Park. There were no funds budgeted for 2016 and the recommendation is to amend the budget to include this line item with a budget of **\$8,000**.

**1500 54.2301 – Furniture and Fixtures** – This is also a new line for 2016 and no funds were budgeted. This line item covered the cost of the bronze plaques for Lee Street Park. The recommended budget is **\$10,900**.

**1500 58.2300** – In January we were billed for \$30 interest on the loan that was paid off in August last year. No funds were originally budgeted. The recommendation is to amend the budget to cover the fee of \$30. 2016 Budget at **\$30**.

**2500 52.3600** – This line item is used for dues and fees for Court Services. The 2016 Budget was \$300 and the recommendation is to increase to **\$700 for 2016 Budget**.

**3200 51.1100 Salaries** – This line item is for the Police Department Salaries. The 2016 Budget was **\$1,177,000** and the increase to **\$1,203,000** will include the salaries of the two park rangers.

**3200 51.2200 Social Security** – This line item is for the City's portion of Social Security and the increase is for the cost of the Park Rangers for 2016. Budget recommendation is **\$71,000**.

**3200 51.2300 Medicare** – This line item is for the City's portion of Medicare and the increase is for the cost of the Park Rangers for 2016. The recommendation for the budget amendment is **\$15,900**.

**3200 52.2400 Retirement** – This line item is for the City's contribution in the GMA Retirement Program. The 2016 Budget was approved for **\$60,000** and the recommendation is to increase the line item to **\$61,274**.

**3200 52.3100 – Insurance** – This line item covers the cost of property, public officials liability and auto coverage. The 2016 Budget is **\$52,000** and the recommendation is to increase the amount to **\$67,000**.

**3200 52.3210 – Telephone** – Line item is for the telephone service in the Police Department and the 2016 Budget was approved at **\$8,000**. Recommend to increase to **\$10,000**. This is due to adding telephone lines to the back building of the Department.

**3200 52.3310 – Legal Notices** – This line item is used for advertising job positions and DUI notices that are required by law. The 2016 Budget is **\$1,000** and the recommendation is to increase to **\$2,000**.

**4100 51.2400 – Retirement** – Line item is for the contribution to the Retirement Program with GMA. The 2016 Budget was for **\$25,000** and the recommendation is to increase the budget to **\$26,274**.

**4100 52.3100 – Insurance** – Line item is for liability, public officials liability, property and auto. The 2016 Budget is **\$17,000** and the recommendation is to increase the amount to **\$26,000**.

**7450 51.2100 – Group Insurance** – Line item is for the cost of health, dental and life insurance. The 2016 Budget is **\$9,000** and the recommendation is to increase to **\$11,500**.

**7450 51.2400 – Retirement** – The line item is for the City contribution to the retirement program with GMA. The 2016 Budget was \$1,000 and the recommendation is to increase to **\$1,274**.



## CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary

Agenda Item #

11.A

OTHER BUSINESS – A

COUNCIL MEETING DATE

July 11, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

**Requested Action** (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Council to consider Conditional Use Permit No. 16CU-005 at 231 Stockbridge Road as requested by Breaking Down Barriers Ministry to allow for a "Place of Worship."

**Requirement for Board Action** (Cite specific Council policy, statute or code requirement)

**Is this Item Goal Related?** (If yes, describe how this action meets the specific Board Focus Area or Goal)

**Summary & Background**

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

### PURPOSE:

1. To consider a Conditional Use Permit to allow a "Churches and other Places of Worship" at property located at 231 Stockbridge Road by Breaking Down Barriers Ministry Atlanta.

### HISTORY:

1. The location has been vacant for roughly two years. According to the City's 2025 Future Land Use Map identifies the property as "Office/Business". "Office/Business" includes more intensive office-oriented developments such as "office parks" and "business parks" that are directly accessible to the interstate highway system.
2. This property served as home to Mitchell's Appliance, Cut Creators, & Hands on Salon of Beauty.

### FACTS & ISSUES:

1. Article VI of the Zoning Ordinance outlines the procedure for bringing a Conditional Use Permit application to the Mayor and Council.
2. The Conditional Use requires one acre with a 150 foot frontage to operate a daycare center, however, the site has 0.59 acres and 7120 sq. ft. Although the site lacks a full acre, Staff does not see where the request could cause detriment to the City's wellbeing and/or character.
3. The Conditional Use also requires that "Churches and other Places of Worship" site be located along a collector road or greater. The site is located along Stockbridge Road.
4. One space shall be provided for the larger of every four seats or for each 25 square feet of floor area available for chairs in the largest assembly room in the auditoriums or stadiums of schools and public buildings, places of worship or other locations of public assembly. Lodges and fraternal or social organizations shall provide one space for each 100 square feet of gross floor area.

The structure has a total of 7,120 square feet of sanitary and office space.

1 space/25 square feet = 240 parking spaces are needed to operate the proposed use.

### FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title Ricky Clark, City Administrator	Date July, 11, 2016	06/06/16 06/13/16	City Council City Council WITHDRAWN
Signature	City Clerk's Office	07/05/16	City Council OLD BUSINESS Next: 07/11/16

**Fiscal Impact**

*(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)*

**11.A**

**Exhibits Attached** (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- Breaking Down Barriers - CU005 Application

**Staff Recommendation** *(Type Name, Title, Agency and Phone)*

**Denial**

Paid \$700 5-2-16



**CITY OF JONESBORO**  
 124 North Avenue  
 Jonesboro, Georgia 30236  
 City Hall: (770) 478-3800  
 Fax: (770) 478-3775  
[www.jonesboroga.com](http://www.jonesboroga.com)

## CONDITIONAL USE PERMIT APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

**APPLICATION FEE: \$700.00** (Non-Refundable). The Sign Permit fee is an additional cost. The City of Jonesboro will calculate and advise fees due.

Date of Application:

5-2-16

### Property Owner Authorization

I (We) Breaking Down Barriers Ministry the  
 owner(s) of the following property located at: 231 Stockbridge Rd.  
Jonesboro, GA. 30296

Tax Parcel Number: \_\_\_\_\_ Size of Property: \_\_\_\_\_

Located in Zoning District O & I do hereby request permission for a  
 conditional use for the above described property under the Zoning Ordinance zoned for  
 the following purposes:

Ministry

\_\_\_\_\_ Date of site plan and revision dates, as appropriate.

\_\_\_\_\_ North arrow and scale, not to exceed one inch equals 50 feet.

The City may require submission of additional information as may be useful in understanding the proposed use and development of the property.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ALL ATTACHED INFORMATION IS TRUE AND CORRECT:

Date: 5-2-16

Signed: Rev. Jerome Williams

Notary: Pat Daniel

SEAL





**CITY OF JONESBORO**  
 124 North Avenue  
 Jonesboro, Georgia 30236  
 City Hall: (770) 478-3800  
 Fax: (770) 478-3775  
[www.jonesboroga.com](http://www.jonesboroga.com)

revLwms@yahoo.co

## ZONING VERIFICATION REQUEST

### Important Notice:

BEFORE leasing, purchasing, or otherwise committing to a property you are STRONGLY ADVISED to confirm that the zoning and physical layout of the building and site are appropriate for the business use intended and will comply with the City's Zoning Ordinance. This includes having a clear understanding of any code restrictions, limitations or architectural guidelines that may impact your operation and any building and site modifications that may be necessary to open your business. This document does not authorize a business to conduct business without an Occupational Tax Certificate. This could result in closure and/or ticketing.

### Applicant's Information

Name of Applicant: Leverna Williams

Name of Business: Breaking Down Barriers Ministry Atlanta

Property's Address: 231 Stockbridge Rd. Jonesboro, Georgia

Phone: (Day): 678-296-2358 (Evening): 678-296-2358

### Property Information

Current Use of Property: Vacant

Proposed Use of Property (Please provide in great detail the intended use of the property):  
Church

  
Leverna Williams  
 Applicant's Signature

12-21-15

Date

### FOR OFFICE USE ONLY:

Current Zoning: O - I

NAICS Code: \_\_\_\_\_

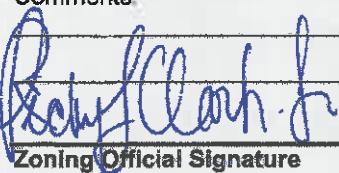
Required Zoning: O - I

Conditional Use Needed?  Yes or  No

Comments:

APPROVED

DENIED

  
Rocky Clark Jr.  
 Zoning Official Signature

12/22/15  
 Date

**BREAKING DOWN BARRIERS MINISTRY ATLANTA**

**Proposed Site Plan**  
**For: 231 Stockbridge Road Unit C**  
**Jonesboro, Georgia 30239**

**Property Details:**

<b>MISCELLANEOUS</b>	<b>Home Size: 7,120 sq ft</b>
<b>Lot Size: 1 acres</b>	<b>Built in: 1999</b>
<b>Parcel Number: 12017C E003</b>	<b>County: Clayton</b>
<b>Subdivision: ADAMSONS WHITE LINE</b>	
<b>Census: 1</b>	<b>Tract: 40609</b>
<b>Lot: 3</b>	<b>Zoning: GB</b>
<b>Legal: BLK C LOT 3</b>	

**Lot Features**

**Lot Size Range: 1/2 to 1 Acre**  
**Lot Size Source: Acreage Not Entered**  
**Frontage: County/City Road, Pavement**  
**Zoning: COMM**  
**Water Features**

**Water Front Name:** None

**Structural Information**

- **Construction:** Block, Brick, Steel/Metal
- **Roof:** Tar/Gravel
- **Disability Access:** Stepless Entry
- **Total Entrances/Exits:** 1 each

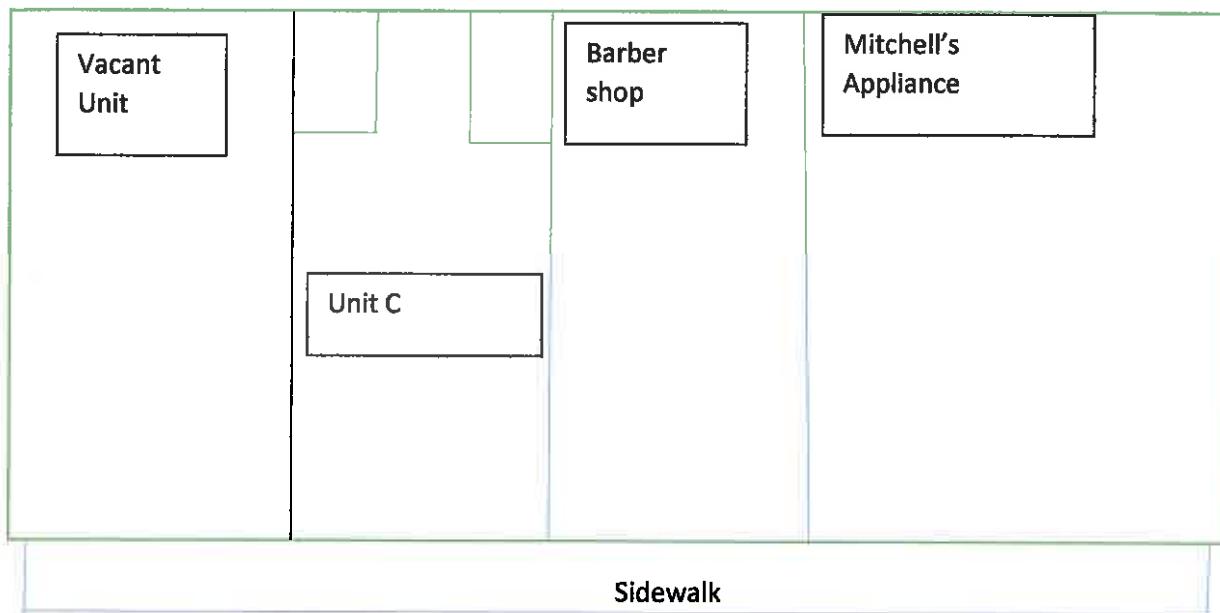
**Heating & Cooling**

**Cooling Type:** Central Air Conditioning  
**Heating Type:** Central  
**Heating Fuel:** Gas

**Location Improvements:**

- The overall physical structure of the location will not be altered in any way.
- A raised platform (with a minimum height of 6 inches and a maximum height of 12 inches) will be constructed inside the of Unit C to be used as a stage

## Rear of Building



Attachment: Breaking Down Barriers - CU005 Application (1050 : Breaking Down Barriers Ministry Atlanta)

Stockbridge Road

Green Space



# CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary

Agenda Item #  
**OLD BUSINESS – B**

11.B

COUNCIL MEETING DATE  
July 11, 2016

Requesting Agency (Initiator) Office of the City Administrator	Sponsor(s)
<b>Requested Action</b> (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.) Council to consider Conditional Use Permit #16CU-006 to allow a childcare center (Ms. Pam's Precious Angels Family Childcare Center) at property located at 118 Stockbridge Road by Tamarra Johnson.	
<b>Requirement for Board Action</b> (Cite specific Council policy, statute or code requirement) Article VI of the Code of Ordinances	
<b>Is this Item Goal Related?</b> (If yes, describe how this action meets the specific Board Focus Area or Goal) Community Planning, Neighborhood and Business Revitalization	
Summary & Background	(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)
<b>Purpose:</b> <ol style="list-style-type: none"><li>1. To consider a Conditional Use Permit to allow a Childcare Facility at property located at 118 Stockbridge Road.</li></ol>	
<b>History:</b> <ol style="list-style-type: none"><li>1. The location has been vacant for a number of years. According to the City's 2025 Future Land Use Map identifies the property as "Office/Business". "Office/Business" includes more intensive office-oriented developments such as "office parks" and "business parks" that are directly accessible to the interstate highway system.</li><li>2. City records do not show where a business license was obtained for this location in previous years.</li><li>3. This location went before the Jonesboro Mayor &amp; Council in June of 2016 to rezone the property from H-1 Historic District to H-2 District.</li><li>4. The applicant applied for a zoning verification on April 15, 2016 to house a Childcare Center at the subject property located at 118 Stockbridge Road. The application was denied due to the H-1 District not allowing for such use. In the H-2 District, the use is permitted.</li><li>5. On May 13, 2013, by a unanimous vote, a conditional use was approved for the current property to operate a pre school/day care.</li></ol>	
<b>FACTS &amp; ISSUES:</b> <ol style="list-style-type: none"><li>1. Article VI of the Zoning Ordinance outlines the procedure for bringing a Conditional Use Permit application to the Mayor and Council.</li><li>2. The Conditional Use Permit also requires that a daycare site be located along a collector road or greater. The site is located at Stockbridge Road.</li><li>3. The Conditional Use Permit requires one acre with 150 feet of road frontage to operate a daycare center. However, the site has 0.82 acres and 105 feet of road frontage. <u>Requirement not met.</u></li><li>4. The applicant has advised that the site will have a maximum occupancy of 138 kids and a max of 15 teachers.</li><li>5. Section 86-410 of the Code of Ordinances states that there must be 1 space for each employee and 1 space for every ten students, and area sufficient for safe and convenient loading of students. Section 86-407 provides guidelines for handicap accessible spaces.</li></ol>	

## FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title Ricky Clark, City Administrator	Date July, 11, 2016	07/05/16	City Council    OLD BUSINESS Next: 07/11/16
Signature	City Clerk's Office		

6. According to the attached drawings, the site shows a proposed 12 spaces. With 5 employees and 50 children, 11 spaces are needed. Requirement met (according to drawing).

7. 15 teachers = 15 parking spaces ; 138 kids = 14 parking spaces. Total of 29 parking spaces to include 2 handicap accessible.

8. The site must provide an outdoor play area containing 100 square feet for each child at play. With 138 proposed children, the site would need 13,800 sq. ft.. In addition, such play area shall be fenced using a minimum fence height of four feet and established in the rear yard.

11.B

**Fiscal Impact**

*(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)*

\$700.00 – Application Fee

**Exhibits Attached** (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- BOUNDARY (2)
- Daycare-draft fence for playground
- Conditional Use - 118 Stockbridge Road - Legal Notice
- Credentail Letter
- Bright from the Start - Licensing

**Staff Recommendation** *(Type Name, Title, Agency and Phone)*

**Discussion**

THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF ONE FOOT IN 23,565 FEET AND AN ANGULAR ERROR OF  $0.01^{\circ}$  PER ANGLE POINT AND WAS ADJUSTED USING THE COMPASS RULE. THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND WAS FOUND TO BE ACCURATE WITHIN ONE FOOT IN 10,000+ FEET.

EQUIPMENT USED: TOPCON GTS-313.

AS PER OFFICIAL FLOOD INSURANCE MAPS BY THE F.E.M.A. THIS PROPERTY IS NOT LOCATED WITHIN A DESIGNATED FLOOD HAZARD AREA.

AS PER COMMUNITY – PANEL NUMBER 13063C0086E.

DATED: SEPTEMBER 5, 2007

SURVEYOR'S CERTIFICATION:

I HEREBY CERTIFY THAT THIS PLAT IS TRUE AND CORRECT AND WAS PREPARED FROM AN ACTUAL SURVEY OF THE PROPERTY MADE ON THE GROUND BY ME OR UNDER MY SUPERVISION, AND THAT THE MONUMENTS REFERENCED HEREON, EXIST AND THEIR SIZES, LOCATIONS AND MATERIALS ARE CORRECTLY SHOWN.

CURVE DATA CHART			
CURVE	RADIUS	ARC LENGTH	CHORD LENGTH
C1	1390.52'	15.79'	15.79'
C2	3575.66'	105.33'	S 05°59'25" W
C3	1390.52'	208.15'	S 00°38'08" W
C4	3420.02'	110.39'	S 89°17'21" W

LINE	BEARING	LINE CALL CHART	DISTANCE
L1	S 04°40'23" W		59.55'
L2	S 89°28'53" E		66.23'



N/F  
CLAYTON COUNTY GA.  
DB. 2168 PG. 25

N/F  
KING STREET PROPERTIES LLC  
DB. 9659 PG. 568

REBAR FOUND  
0.86' SOUTH OF  
WEST LINE AND  
ON-LINE BETWEEN  
TRACTS

IPS

1 STORY BRICK  
BUILDING

206.94'

REBAR  
FOUND

STOCKBRIDGE RD.  
40' R/W  
ASPHALT

## BOUNDARY SURVEY

JONESBORO HOLDINGS LLC  
TRACT 1 0.696 ACRES  
TRACT 2 0.852 ACRES

LAND LOT 241, 13th. DISTRICT  
JONESBORO, CLAYTON COUNTY, GEORGIA

**SIBLEY-MILLER**  
SURVEYING & PLANNING INC.  
2062 HWY. 42 NORTH  
McDONOUGH, GA. 30253  
PHONE: (770) 320-7555  
FAX: (770) 320-7333  
www.sibleysurveying.com

\*TOPOGRAPHICAL SURVEYS  
\*LAND SURVEYING  
\*LAND PLANNING  
\*CONSTRUCTION LAYOUT  
\*LAND DEVELOPMENT DESIGN  
\*CIVIL ENGINEERING

THIS PROPERTY IS SUBJECT TO ALL RIGHT OF WAYS AND EASEMENTS SHOWN OR NOT SHOWN, RECORDED OR UNRECORDED.

THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT WHICH COULD REVEAL ENCUMBRANCES NOT SHOWN.

UTILITIES SHOWN ARE LOCATION VISIBLE AT TIME OF SURVEY. ADDITIONAL UTILITIES MAY EXIST ABOVE OR BELOW GROUND. THE SURVEYOR ACCEPTS NO RESPONSIBILITY FOR THE COMPLETENESS OF THIS DATA.

0' 30' 60' 90'  
GRAPHIC SCALE = FEET

PROJECT NO.: B11073  
DRAWN BY: TLM  
SCALE: 1" = 30'  
DATE: 9-28-2011

THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF ONE FOOT IN 23,565 FEET AND AN ANGULAR ERROR OF  $0.01''$  PER ANGLE POINT AND WAS ADJUSTED USING THE COMPASS RULE. THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND WAS FOUND TO BE ACCURATE WITHIN ONE FOOT IN 10,000+ FEET.

EQUIPMENT USED: TOPCON GTS-313.

AS PER OFFICIAL FLOOD INSURANCE MAPS BY THE F.E.M.A. THIS PROPERTY IS NOT LOCATED WITHIN A DESIGNATED FLOOD HAZARD AREA.

AS PER COMMUNITY – PANEL NUMBER 13063C0086E.

DATED: SEPTEMBER 5, 2007

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CURVE DATA CHART			
CURVE	RADIUS	ARC LENGTH	CHORD LENGTH
C1	1390.52'	15.79'	15.79'
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C3	1390.52'	208.15'	S 00°38'08" W
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LINE	BEARING	DISTANCE
L1	S 04°40'43" W	59.55'
L2	S 89°28'53" E	66.23'



N/F  
CLAYTON COUNTY GA.  
DB. 2168 PG. 25

N/F  
KING STREET PROPERTIES LLC  
DB. 9659 PG. 568

REBAR FOUND  
0.86' SOUTH OF  
WEST LINE AND  
ON-LINE BETWEEN  
TRACTS

4 foot chain link fence

REBAR FOUND

LEGEND	
WOOD POWER POLE	—○—
STEEL POWER POLE	—○—
EX. OVERHEAD POWER LINES	—E—E
LIGHT POLE	—●—
EX. FENCE	—*—*
IPS	—IRON PIN SET (#4 REBAR)
OPT	—OPEN TOP PIPE
PB	—DEED BOOK
PC	—PAGE
N/F	—NOW OR FORMERLY
EX.	—EXISTING
OPP	—OPEN BOOK
PLAT	—BOOK
DB.	—DEED
PG.	—PAGE
EX.	—BUILDING
ASPHALT	—●—
STORM GRATE INLET	—○—
HANDICAP PARKING	—G—
EX. CONCRETE	——
ROCK WALL	—○○○○○—

PROJECT NO.: B11073  
DRAWN BY: TLM  
SCALE: 1" = 30'  
DATE: 9-28-2011

BOUNDARY SURVEY  
JONESBORO HOLDINGS LLC  
TRACT 1 0.696 ACRES  
TRACT 2 0.852 ACRES  
LAND LOT 241, 13th. DISTRICT  
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0' 30' 60' 90'  
GRAPHIC SCALE = FEET

## Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on July 11, 2016 in the chambers of the Jonesboro Municipal Court facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow a Child Care Center at property located at 118 Stockbridge Road, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.  
City Administrator

Publish 6/25 and 6/29

June 25, 2016

To Whom It May Concern,

My name is Elizabeth Abdinoor Burns, M. Ed and I am the President of NOOR Childcare Solutions, LLC.

I have worked in the childcare industry for over 25 years assisting programs with national accreditation, providing technical assistance in the classroom and helping administrators navigate the states rules and regulations.

I was a licensing consultant with Bright from the Start for 10 years and spent 4 of those years opening programs throughout the state. I have taken that extensive knowledge and now assist potential childcare owners with opening their own centers. Some of the work I do is scout locations, complete the application paperwork, work with the county Fire Marshall and county officials on local ordinances, arrange classrooms and purchase materials.

My goal is to ensure applicants are successful throughout the licensing process and that they are able to receive their license within a timely manner.

Sincerely,

Elizabeth Abdinoor Burns, M.Ed

# Applicant's Guide to Licensing for Child Care Learning Centers



Bright from the Start  
Georgia Department of Early Care and Learning  
2 Martin Luther King Jr. Drive, SE  
Suite 670, East Tower  
Atlanta, Georgia 30334  
404-657-5562  
[www.decal.ga.gov](http://www.decal.ga.gov)

**Revised January 2016**

# Applicant's Guide to Licensing

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# Section A: Introduction

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Application Definitions.....	2A

## STEPS FOR SUCCESSFUL APPLICATION

1. Obtain the licensing application package (Applicant's Guide to Licensing) and become familiar with appropriate rules for the type of facility you are planning. The package may be downloaded from Bright from the Start website [www.decal.ga.gov](http://www.decal.ga.gov)
2. Attend a Licensure Orientation Meeting (LOM) conducted by Bright from the Start: Georgia Department of Early Care and Learning. Classes are held monthly and schedules are posted on the website at [www.decal.ga.gov](http://www.decal.ga.gov)
3. Classes are free and no registration is required, but space is limited.
4. Determine what other local and state agencies have jurisdiction for the facility and become familiar with their requirements. Examples are agencies that have jurisdiction for fire, zoning, building, and health regulations and/or requirements that will apply to the facility. Begin securing the appropriate approvals needed for the facility from these agencies.

5. Plan your facility for compliance with the rules and submit your completed application to the Applicant Services Unit (ASU) at Bright from the Start: Georgia Department of Early Care and Learning. The mailing address is: 2 Martin Luther King Jr. Drive SE, Suite 670, East Tower, Atlanta, GA 30334.

Submit your Application Part A including a detailed and readable floor and site plan and the facility's detailed operation plan along with the applicable checklist for each. Each checklist should be very detailed and should provide all the information requested.

Part A application includes:

- Written zoning approval for the type of facility you are planning must be included with this initial application. This approval must state that the property is zoned for the type of facility you are planning.
- A certificate of completion from a Licensure Orientation Meeting must be submitted with the application. A copy is acceptable.
- If you do not own the property/building where the facility will be located, a lease agreement must be included with the application.
- Specifically for corporations, a certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable.
- Also for corporations, all information listed on the application regarding your corporation should match the information listed with Secretary of State. This can be verified at [www.sos.ga.gov/corporations](http://www.sos.ga.gov/corporations)

6. After Part A, floor, site, and operation plans have been approved by an ASU consultant and all work is completed, submit application Part B with all required remaining approvals to the ASU consultant for review and approval.

Part B approvals include:

- a. Complete Part B application.
- b. A certificate of completion of a 40-hour director's training course that has been approved by the Department. The director responsible for the day-to-day operation of the center shall complete the training.
- c. Results of satisfactory fingerprint record checks for all staff completed via Live Scan.
- d. Confirmation of public sewage and public water, or an approval letter from the local health department indicating safe drinking water and an approval for septic tank usage for the capacity of the facility.
- e. Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for fire approval.
- f. Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for building approval and occupancy, or a letter stating no building inspection/approval needed for occupancy.
- g. Completed vehicle inspection.
- h. Completed Initial Licensing Study Staff Profile form for facility staff.
- i. Map or directions to the facility.
- j. Director's employment application and director's education credential (i.e. copy of degree, CDA, etc.).

7. After approval of application Part B, your ASU consultant will contact you to review the 28 page Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations. If your facility is approved during the on-site inspection, post "**Permission to Operate**" notice, begin operation, and pay your annual licensing fee within 30 days in order to receive your licensing certificate. License fee payments can be made at [www.decalkoala.com](http://www.decalkoala.com) once you have created an account.

## APPLICATION DEFINITIONS

### **Child Care Learning Center:**

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

**NOTE:** If you plan to operate a Family Child Care Learning Home in a private residence to serve 3 to 6 children not related to you, you **do not** need to obtain a license through the process described in this manual. You **will** need to contact the Bright from the Start: Georgia Department of Early Care and Learning to obtain the necessary registration materials.

# Section B:

## Application for License

### Part A

Application Part A.....	1B
Affidavit for Lawful Presence Verification Information and Form.....	2B
Instructions for Completing Application Part A.....	3B
Application Part A Checklist.....	4B



### BRIGHT FROM THE START

Georgia Department of Early Care and Learning  
 2 Martin Luther King Jr. Drive, SE  
 Suite 670, East Tower  
 Atlanta, Georgia 30334  
 www.decal.ga.gov

## APPLICATION FOR LICENSE PART A

License or Commission (CHECK ONE)

Child Care Learning Center:  License  Commission

A license to operate a Child Care Learning Center is issued to the governing body of the center, meaning the person or entity that owns the center.

**Owner/Applicant Information:**

(Name of Corporation/LLC/Individual  
Owner/Board)

(Mailing Address) (City/Zip) (County)

(Daytime Telephone No.)

(E-mail Address) (required)

**Facility/Site Information:**

(Name of Center)

(Site Address) (City/Zip) (County)

(Facility Telephone No.)

(Facility fax number)

**Type of Ownership (CHECK ONE)**

Individual  
 Partnership

Corporation  
 Board-Sponsored

**Profit/Nonprofit (CHECK ONE)**

Profit  
 Nonprofit

Location Change?  Yes  No (NOTE: If this is a change of ownership, a different application is required.)  
 If yes, this is a change in location, please provide the current address of the facility:

Facility Name/ Current Address \_\_\_\_\_

Is facility currently operating?  Yes  No

Corporation EIN# \_\_\_\_\_ or Individual Owner SSN# \_\_\_\_\_

A corporate owner must submit a copy of corporation papers including Certificate of Incorporation, Articles and By-Laws, when applicable. Board-sponsored facilities must submit a list of board members and minutes from the most recent board meeting approving the facility.

Person Legally Responsible for business and Official Address for all Correspondence:	For Corporations and LLCs Only: Name and Address of Agent for Service for Facility: (person registered with the Secretary of State's office as the agent)
Name	Name
Street or P.O. Box	Street or P.O. Box
City/State/Zip	City/State/Zip
E-mail Address	E-mail Address

Do you own any exempt child care facilities in the State of Georgia?  Yes  No  
If yes, list the official name and address of the exempted program.

(Name, Site Address, City, State, Zip and County)

Do you own the building in which the program is housed?  Yes  No

If no, please provide the landlord's name and address and include a copy of the current lease agreement:  
Landlord's Name and Mailing Address: \_\_\_\_\_

**Proposed Schedule:**

Proposed Months of Operation: \_\_\_\_\_  
Proposed Days of Operation: \_\_\_\_\_  
Proposed Hours of Operation: \_\_\_\_\_

**Note:** Please list specific months, specific days of the week and actual clock hours.

Proposed Age Range of Children to be served:

From \_\_\_\_\_ Through \_\_\_\_\_

**Note:** Please list actual ages (i.e. 6 weeks through 12 years)

Check all that apply:

<input type="checkbox"/> Infants & Toddlers (Ages 0-2)	<input type="checkbox"/> Transportation/Field Trips
<input type="checkbox"/> Preschoolers (ages 3-4)	<input type="checkbox"/> Evening Care (7:00 pm – 12 midnight)
<input type="checkbox"/> School Age (Ages 5+)	<input type="checkbox"/> Night Care (12 midnight – 6:00 am)
<input type="checkbox"/> School Age Only	<input type="checkbox"/> Mildly Ill Care
<input type="checkbox"/> Subsidized Care	<input type="checkbox"/> Swimming

The following items must be submitted with this application. Please check that all are attached:

- Two (2) copies of readable Floor Plan (1 copy must be 8 1/2 " x 11")
- Two (2) copies of readable Site Plan (1 copy must be 8 1/2 " x 11")
- Completed Floor Plan Checklist and Site Plan Checklist
- One (1) copy of detailed Operation Plan with completed checklist
- Large, self-addressed stamped envelope for return of your plans
- Copy of zoning approval from the agency with jurisdiction or letter stating no zoning is required
- Copy of Certificate of Licensure Orientation Training
- Signed and notarized "Affidavit for Lawful Presence Verification" form (owner completes)
- Signed lease agreement for facility, if applicable

Has the center identified the facility director?  yes  no

If yes, please list director's name: \_\_\_\_\_

Please note that in order to obtain a valid license; the director, and required employees, must have received a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your license application is completed more than twelve months from the date the director and employees received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you submit a new national fingerprint criminal record check application for the director and the required employees through Cogent.

I hereby apply for a license and agree to the following:

- A. I understand that submission of this application is the initial step in obtaining a license. Upon receipt, review, and approval of the completed application, a Child Care Consultant will conduct an inspection of the center. This inspection includes an assessment of required approvals, such as fire safety, an evaluation of the physical plant, staffing, and services.
- B. I understand that the issuance of a new license may be denied for failure to comply with licensing requirements.
- C. I understand that a child care license is nontransferable.
- D. I will ensure that the child care learning center adheres to all licensing requirements.
- E. I assume responsibility for conducting the affairs of the child care learning center herein described and for meeting all applicable regulations.
- F. I understand that the child care learning center is subject to unannounced inspections by Bright from the Start: Georgia Department of Early Care and Learning at any time during operation hours.
- G. I understand that a license to operate a child care learning center is not transferable to another individual or location.
- H. I understand that remodeling or modification to the child care learning center requires a plan review by Bright from the Start: Georgia Department of Early Care and Learning before new construction, alterations, or additions can begin.
- I. I understand that rule violations, which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care, may result in adverse action by Bright from the Start.
- J. I understand that, if incorporated, I am required to retain an attorney to represent the corporation in any appeal or other litigation scheduled to be heard before the Office of State Administrative Hearings or any other judicial body. "(O)nly a licensed attorney is authorized to represent a corporation in a proceeding in a court of record, including any proceeding that may be transferred to a court of record from a court not of record." Eckles d/b/a/ Atlanta Technology Group v. Atlanta Technology Group, Inc., 267 GA. 801 (1977). See also Office of State Administrative Hearings Administrative Rules of Procedure, Ga. Comp. R & Regs. 616-1-2-.34(1).
- K. I understand that, pursuant to O.C.G.A. § 20-1A-4(9), Bright from the Start: Georgia Department of Early Care and Learning recommends that all child care providers licensed or registered by the Department maintain insurance coverage sufficient to protect the provider's clients. I understand that if I do not maintain liability insurance, I will have to notify parents, obtain a written acknowledgment from parents, and post a notice at the child care facility stating that I do not maintain liability insurance.

False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof.

\_\_\_\_\_  
Signature of individual owner **or** Corporation/LLC name

\_\_\_\_\_  
Date

\*  
\_\_\_\_\_  
Signature of Board Chairman/President/CEO  
(\*use this line only if you are a corporation/LLC/Board-sponsored)

\_\_\_\_\_  
Date

## Frequently Asked Questions for Lawful Presence Verification

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

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

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

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

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

### 3. What is an Affirmation for Lawful Presence Verification?

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

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

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

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

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

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

An entire list of acceptable documents can be found below.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Contact [ccsaffidavit@decal.ga.gov](mailto:ccsaffidavit@decal.ga.gov) for assistance with the Affidavit or Affirmation for Verification of Lawful Presence.



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

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

License Number \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Owner \_\_\_\_\_

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

*[printed name of person]*

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

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Submit a *legible* front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**

2) \_\_\_\_\_ I am a legal permanent resident of the United States, 18 years of age or older. **Submit a *legible* front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**

3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a *legible* front and back copy of secure and verifiable document from the list below that includes your alien number.**

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

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

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

Completed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature of Applicant

Printed Name of Applicant

Mailing Address: \_\_\_\_\_

Street or P.O. Box

City

State Zip

Contact Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSE – PART A

1. License or Commission: Check either License or Commission. Note that a Child Care Learning Center is defined as providing group care, for pay, without transfer of legal custody, for seven (7) or more children.

Commission: A certificate conferring authority to perform various acts or duties.

\*\*You are required to complete the same process whether you are seeking a license or commission to operate.

2. Applicant Information: The applicant information defines the person or entity that has legal ownership of the business. (This information will be the same for owner/applicant on page 1 and page 3.)

Sole Proprietorship: Complete this section if one person owns all the assets of the business and is solely liable for all debts of the business.

Partnership: Complete this section if two or more people own the business. A partnership is a voluntary contract between two or more persons to carry on as co-owners, a business for profit. (Reference Formal Partnership Requirements document.)

Corporation: Complete this section if a corporation owns the business. The **name of the corporation** will be shown as **applicant**.

The mailing address is the same as the principal mailing address of the corporation. This information must be consistent with documents filed with the Secretary of State's Office. The Certificate of Incorporation, Articles of Incorporation, and the By-Laws must also be attached to the application.

Board Sponsored: Complete this section if a board **owns** the business. The name of the Board will be shown as applicant. Minutes from the board meeting approving the facility's operation, and a list of board members must also be attached to the application.

Association: Complete this section if an association such as a community association or parent association owns the business. An association is used to indicate a collection or organization of persons who have joined together for a certain or common purpose. The name of the association and the primary mailing address will be shown as the applicant.

Limited Partnership: Complete this section if a Limited Liability Partnership or Limited Liability Company owns the business. The name of the LLP/LLC will be shown as applicant. The Certificate of Organization and the Articles of Organization are also

required to be attached to the application. The applicant information listed for the LLP/LLC must be consistent with documents filed with the Secretary of State's Office.

3. Name of Center: Write the name of the center exactly as you want it to appear on the license/commission. Show the complete address for where the center will be located including the county and zip code. Effective 5/7/09 all centers are required to furnish the Department e-mail contact information so that this agency may contact the center and send information via e-mail. Please be sure to list your e-mail address accurately in this section. (Rule #591-1-1-.16(g) in the Rules for Child Care Learning Centers)
4. Type of Ownership: Check the one that applies to your center. Remember to attach supporting documentation depending on the type of ownership.
5. Person Legally Responsible and Official Address for all Communication: This information is the same for an individual owner as shown on Page 1 of Application Part A under Applicant Information. For facilities owned by a corporation or a board, this would be the Chief Executive Officer (CEO) or Board Chairman.
6. Name and Address of Agent for Service for Facility: This section is to be completed only for corporations, Limited Liability Partnerships, and Limited Liability Companies. The agent's name and address must be consistent with documents filed with the Secretary of State's Office.
7. Miscellaneous Information: (A) Provide specific information about any exempt programs operated by you in Georgia. (B) If you do not own the building where the business is to be located, provide the name and complete address of the landlord. You are also required to attach a copy of the signed Lease Agreement with the application. (C) Be specific on the proposed months of operation (January-December), the proposed days of operation (Monday-Friday), and the proposed hours of operation (6:30 a.m.-7:00 p.m.). (D) Be specific and show the actual ages of the children you propose to serve (6 weeks-12 years). (E) Check all the services you propose to provide.

\*Attach the required copies of the Floor Plan, the Site Plan, the Operation Plan, and the completed checklists, as well as a self-addressed, stamped envelope to the application.

8. Owner(s) of Center: This information should be consistent with Page 1, Applicant Information. If owned by an individual, the individual owner will sign on this line. If owned by a corporation, the **corporation name** will go on Page 3 and the CEO will sign below (this should be a signature for the CEO - not a printed name).
9. Board Chairman/President: This information should be consistent with Page 2, Person Legally Responsible, and should be a signature - not a printed name.



Georgia Department of Early Care and Learning

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

**Nathan Deal**  
*Governor*

**Amy Jacobs**  
*Commissioner*

### **Formal Partnership Requirements**

A license can only be issued to one individual, and cannot be shared. So, *for example*, if John Smith and Susan Jones apply for a Child Care Learning Center license to operate ABC Day Care, we can only grant a license to John Smith OR Susan Jones to operate ABC Day Care at a specific location. If Mr. Smith elects to be the license holder, the license would be held by John Smith d/b/a ABC Day Care. He would be listed as an individual owner.

If two individuals wish to apply for a license as a partnership, the applicant(s) will be required to provide the Department with a **Partnership Agreement**.

A **Partnership Agreement** is a legal document. Partnerships do not have to register with the Georgia Secretary of State, but they are required to have a partnership agreement, business name and Employer ID Number. A partnership agreement would include a business name. The license could then be granted to the partnership.

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

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

Using the examples from last time:

John Smith and Susan Jones form Smith Jones Partnership. In order for us to grant a license to Smith Jones Partnership, all we need to see is a document with the title "Partnership Agreement" that is signed by Mr. Smith and Ms. Jones. They could write it themselves.

*However*, if John Smith and Susan Jones form Kid Care Partnership, we can only grant a license to Kid Care Partnership if we have 1) a document with the title "Partnership Agreement" signed by Mr. Smith and Ms. Jones (it can be written by Mr. Smith and Ms. Jones), and 2) proof that Mr. Jones and/or Ms. Smith registered the trade name Kid Care Partnership with the state of GA. This is done by completing a filing with the appropriate county superior court clerk and paying a fee. If we receive an application from Kid Care Partnership, we would respond by asking for the partnership agreement and proof of registration of the trade name.

April 28, 2015

## CHECKLIST – APPLICATION PART A

Applicant's Name: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Owner/Applicant information correct: \_\_\_\_\_

EIN Number or SSN: \_\_\_\_\_

Corporation/LLC information correct: \_\_\_\_\_

Certificate of Incorporation/Certificate of Organization: \_\_\_\_\_

Articles of Incorporation/Organization: \_\_\_\_\_

Corporation by-laws or Operating Agreement: \_\_\_\_\_

Name reservation Certificate, Trade Name: \_\_\_\_\_

Copy of Zoning Approval from appropriate agency with local jurisdiction attached, or a letter stating no zoning required: \_\_\_\_\_ (Must be dated within the past 12 months)

Agent for Service information complete: \_\_\_\_\_ (Must match Sec. of State)

Owner of building is applicant: Yes \_\_\_\_\_ or No \_\_\_\_\_ Landlord information: \_\_\_\_\_

Copy of lease agreement (with all signatures) included: \_\_\_\_\_

Center's proposed months, days, and hours of operation shown: \_\_\_\_\_

Months of operation: \_\_\_\_\_

Days of operation: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Age range of children to be served: \_\_\_\_\_

Application includes all appropriate signatures: \_\_\_\_\_

Large, self-addressed, stamped envelope included: \_\_\_\_\_

LOM certificate attached: \_\_\_\_\_

Completed and Notarized “Affidavit for Lawful Presence Verification” form from owner and Verifiable documents (front and back copy) attached: \_\_\_\_\_

### ADDITIONAL COMMENT:

Please note: Your parent policies and daily schedules should match Application Part A for the months, days, hours, and age range of children to be served.

# Section C:

# Criminal Records Checks

Criminal Records Checks Guidelines.....	1C
Livescan Procedure.....	2C
Criminal Records Check Application.....	3C
Criminal Records Check Application Instructions.....	4C

## CRIMINAL RECORDS CHECK GUIDELINES

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires satisfactory criminal records checks on directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or director of a child care facility.

Director is defined as the chief administrative or executive officer of a facility. This person is responsible for the daily on-premises supervision, operation and maintenance of the facility.

Georgia law requires that a criminal records check clearance for an employee or director be on file before the person begins employment. This clearance must be on file for the director before the center can be initially licensed.

**FINGERPRINT PROCESSING:** The director and all employees are required to contact Cogent Systems to register for fingerprinting. They may register online at [www.ga.cogentid.com](http://www.ga.cogentid.com) or by calling 1-888-439-2512. They must also submit a notarized criminal records check application to Bright from the Start by fax to 404-657-8936 or mail to Criminal Records Check office; 2 Martin Luther King Jr. Drive, SE; Suite 754, East Tower; Atlanta, Georgia 30334.

### **Who must be fingerprinted?**

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

Please note that in order to obtain a valid license the director and all employees must have had a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your application is completed more than twelve months from the date the director and employees received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you submit a new national fingerprint criminal record check application through Cogent.

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

**Who must have a criminal records check determination?****All Employees must have them.**

An Employee is defined as anyone who:

A. Performs duties for the facility with or without compensation

AND

B. Involves personal contact with child(ren) in care

OR

C. Resides at the facility

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**  
**FINGERPRINT RECORDS CHECK APPLICATION**

**TO BE COMPLETED BY APPLICANT:***(Please read instructions on the following pages before completing this application.)*

1. APPLICANT/  Owner (present in facility)      2. PROGRAM TYPE:  Child Care Learning Center  
 EMPLOYEE  Director/Provider  Family Child Care Learning Home  
 TYPE:  Employee /Resident  Exempt Program  
 Temporary/Substitute Caregiver  Head Start Program  
 Independent Contractor  Support Center  
 Volunteer  
 Student-In-Training (must submit proof of enrollment with this application)      Date of Hire: \_\_\_\_\_

## 3. PRINT FULL NAME:

LAST	FIRST	MIDDLE	MAIDEN/ALIAS	DATE OF BIRTH
------	-------	--------	--------------	---------------

GENDER	RACE	SOCIAL SECURITY NUMBER		STATE/COUNTRY OF BIRTH
--------	------	------------------------	--	------------------------

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	( ) HOME TELEPHONE NUMBER
--------	--------	-----------	------------	---------------------------

( ) CELL PHONE NUMBER		PERSONAL E-MAIL ADDRESS		
-----------------------	--	-------------------------	--	--

HOME ADDRESS: STREET	CITY	STATE	ZIP
----------------------	------	-------	-----

MAILING ADDRESS: STREET/P.O. BOX	CITY	STATE	ZIP
----------------------------------	------	-------	-----

4. HAVE YOU RESIDED IN A STATE OR TERRITORY OTHER THAN GEORGIA IN THE PAST FIVE YEARS?  NO  YES

IF YES, PLEASE LIST \_\_\_\_\_

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning ("Department") to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States or its territories. I further authorize the Department to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature and that Georgia law authorizes the Department to require additional fingerprint records checks when the department has reason to believe that I have a criminal record that renders me ineligible to have contact with children in the center or during the course of a child abuse investigation.

APPLICANT'S SIGNATURE

DATE

## 6. TO BE COMPLETED BY DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR:

NAME OF PROGRAM

PROGRAM IDENTIFICATION NUMBER

PROGRAM STREET ADDRESS

CITY, STATE, ZIP

PROGRAM MAILING ADDRESS

CITY, STATE, ZIP

7. My signature indicates that I am the Director, Provider or Program Administrator, and that I have verified the above information on the applicant.

SIGNATURE

DATE

PROGRAM TELEPHONE NUMBER

NAME (PRINTED)

MAIL TO:

**BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING**  
 ATTENTION: RECORDS UNIT  
 2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower  
 Atlanta, Georgia 30334  
 (404) 656-5957

<u>FOR INTERNAL USE ONLY</u>	Received _____	Post Marked _____	<input type="checkbox"/> S-I-T - enrollment
<input type="checkbox"/> DUPLICATE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> NO RESULTS <input type="checkbox"/> REJECTED: reason code / quality of prints / other _____			

(SEE INSTRUCTIONS ON BACK OF FORM)

Revised 10/06/2015

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**  
**FINGERPRINT RECORDS CHECK APPLICATION**

To receive a fingerprint records check determination letter, you must complete all of the following steps:

1. Complete the online application and submit or complete this paper application and mail it to the DECAL Records Unit
2. Register with the COGENT system
3. Scan your fingerprints through COGENT

**INSTRUCTIONS FOR COMPLETING PAPER FINGERPRINT RECORDS CHECK APPLICATION**

(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

**APPLICANT WILL COMPLETE THE FOLLOWING SECTIONS:**

First, write your COGENT ID number at the top of the form in the space provided.

1. Check the box that identifies the type of fingerprint records check applicant.
2. Check the box that identifies the type of child care facility or program.
3. Print your full name, including your MAIDEN name and any known ALIASES. DO NOT use initials if you have a given name.

Print your date of birth.

Print your gender: Female, Male, Unknown.

Print your race: Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White (includes Mexicans and Latinos).

Print your Social Security Number.

Print your place of birth: List the state/territory if you were born in the United States. If you were born outside of the United States, list the country in which you were born.

Print your height.

Print your weight.

Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel, Maroon, Multicolored, Pink or Unknown.

Print the color of your hair: DO NOT abbreviate: Brown, Black, Blue, Grey, Red, Orange, Purple, Pink, Sandy, White, Blonde, or Unknown.

Print your home and cell telephone numbers with area code.

Print your complete home address.

Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line. *Note that record check results will be mailed both to the center and to the mailing address entered here.*

4. Indicate whether you have lived in a state or territory of the United States other than Georgia any time within the past five years. If you have, list those states or territories. DO NOT abbreviate.
5. Read the consent statement. Sign and date on the spaces provided if you agree to the terms of the consent statement.

**DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR WILL COMPLETE THE FOLLOWING SECTIONS:**

6. Print the name of your program as it appears on your license, registration, permit, exemption or commission certificate. Print the license, registration, permit, exemption or commission number of your program. Print the program's physical address. Print the program's mailing address, if different than the physical address. *Note that record check determination letters will be emailed ONLY to the primary email address on file with the state.*
7. Director, Provider or Program Administrator must sign his/her name as it would appear on business letter. Print the name of the Director, Provider or Program Administrator name below the signature. Print the date signed. Print the program telephone number.
8. MAIL the completed, and signed form to:

**BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING**

Attention: Records Unit

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

Revised 10/06/2015

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**  
**FINGERPRINT RECORDS CHECK APPLICATION**

**APPROVED IDENTITY VERIFICATION DOCUMENTS**

DECAL requires valid and unexpired picture identification documents.

As a primary form of picture identification one of the following will be accepted with your application:

**EITHER**

Primary Document (provide one of the following.)

1. State Issued Driver's License with Photograph
2. State Issued Identification Card with Photograph
3. US Passport with Photograph
4. US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
5. Government Issued Employee Identification Card with Photograph (Federal, State, County or City)
6. Tribal Identification Card with Photograph

**OR**

In the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

Secondary Documents:

One form of ID from this list:

7. State Government Issued Certificate of Birth
8. Social Security Card
9. Certificate of Citizenship (N560)
10. Certificate of Naturalization (N550)
11. INS I-551 Resident Alien Card Issued since 1997
12. NS 1-688 Temporary Resident Identification Card
13. INS I-688B, I-766 Employment Authorization Card

**AND**

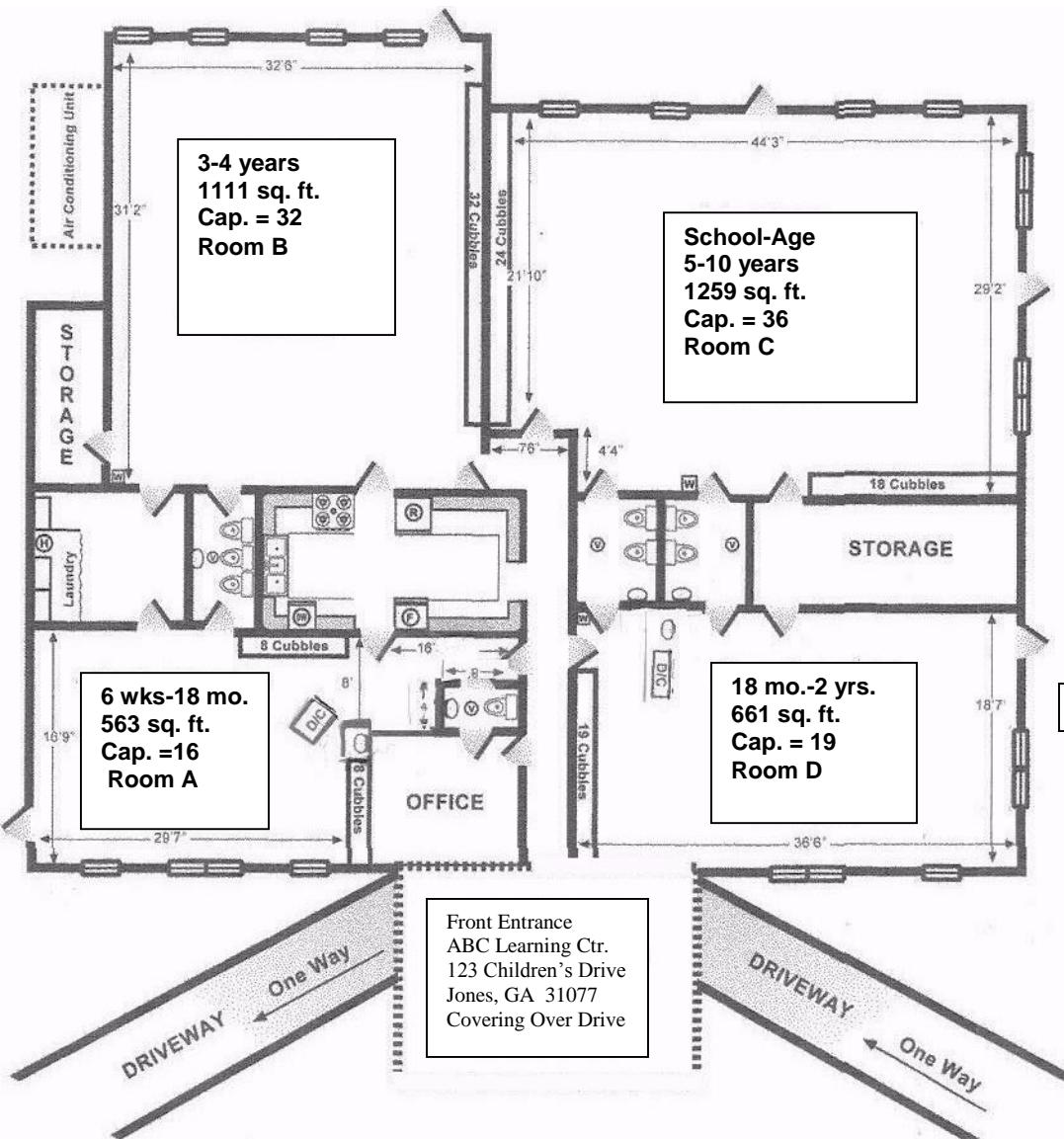
Two forms of ID from this list:

14. Utility Bill ( with current address)
15. Voter Registration Card
16. Vehicle Registration Card/Title
17. Paycheck Stub with Name/Address
18. Cancelled Check or Bank Statement

# Section D: Physical Plant Requirements

Sample Floor Plan .....	1D
Licensed Capacity Requirements/Conversion Table .....	2D
Example .....	3D
Windows .....	4D
Staff: Child Ratios .....	5D
Mixed Age Groups .....	6D
Diaper Changing Area .....	7D
Storage Space/ Bathrooms .....	8D
Kitchen/Laundry/ Building Safety and Repair .....	9D
Floor Plan Checklist .....	10D

# SAMPLE FLOOR PLAN



## General

Ceiling Height = 8'  
Built in Diaper Change Table (D/C) size = 8' \ 2'  
Hot and Cold Water at Diaper Change Tables.

Ill children will stay in office.

Six Double lights (fluorescent) in each room.  
Gas heat/cooling units located outside building.  
Hot Water Heater (gas) located in laundry room.

Building on ground level.

Floor: Carpet/Vinyl.

Walls: Painted Sheetrock

Ceiling: Acoustical Tile

## Windows

All Windows are 5' x 2'6" = 13 sq. ft.  
All Windows 38' from floor.  
50% of Windows screened and operable (S) portion 2'8" x 2'8").

Blinds at Windows to dim light during nap.

## Kitchen

Electric Stove, domestic.

Three-Compartment Sink.

One Dishwasher.

Formica Counters.

35' Linear foot of counters with Storage Area.

Wall hung cupboards over all counters for food storage, dishes and glasses.

Kitchen light shielded with glass protector.

## LICENSED CAPACITY REQUIREMENTS

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

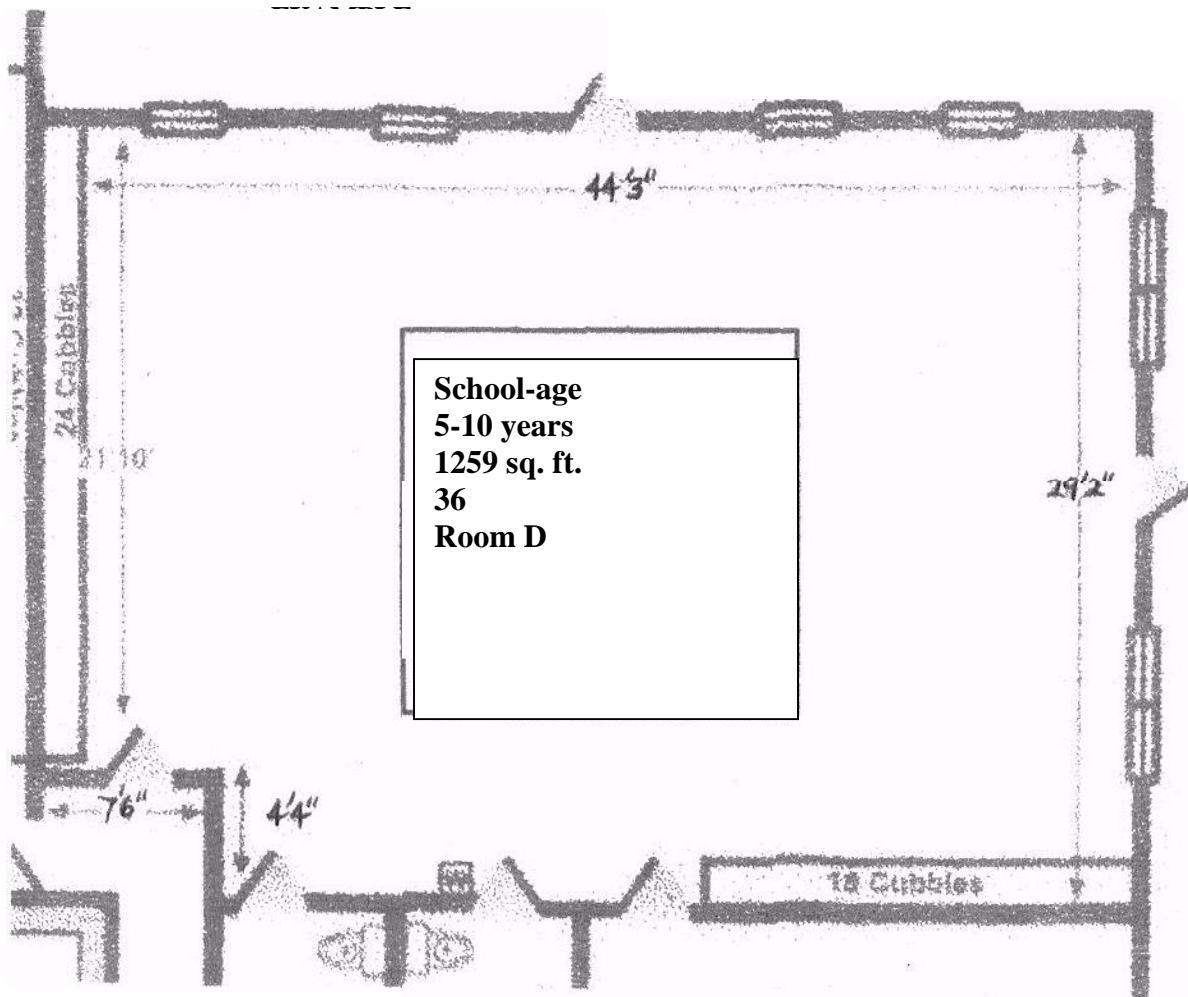
***The licensed capacity of each child care room is figured in the following way:***

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

- Measure the length and width of a room from inside wall to inside wall. (Use the conversion chart below to convert inches to decimals.)
- Multiply the length times the width to get the total square footage of the room/area.
- Space occupied by closets, door inserts, bathrooms and wall protrusions will not be counted to determine the licensed capacity of a room. These areas will be deducted from the total square footage of the room to get a measurement of usable floor space. Show the measurements of these areas on your floor plan.
- To determine the capacity of the room divide the useable floor space by 35 square feet. Express the figure as a whole number by rounding decimals of .50 and above up, and those of .49 and below down.
- After measuring all rooms used by children, add the capacity of each room together to get the total licensed capacity for the center.
- Kitchens, bathrooms, closets, halls, storage areas or rooms, offices, rooms designated for staff use and other single use areas shall be excluded in determining usable space.

### **CONVERSION TABLE (inches to decimals)**

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



**ROOM SPACE:**  $1291 - 32 = 1259$  divided by  $35 = 35.9$  = (round up) **36 children**

$$29'2" \times 44'3"$$

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

$$29.17 \times 44.25 = 1290.7 \text{ (round up)} = \mathbf{1291 \text{ square feet}}$$

Less the entrance protrusion:

$$7'6" \times 4'4"$$

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

$$7.50 \times 4.33 = 32.4 \text{ (round down)} = \mathbf{32}$$

## WINDOWS

**WINDOW SPACE REQUIREMENTS FOR CENTERS WITHOUT CENTRAL HEAT & AIR**

(NOTE: THIS ONLY APPLIES IF YOU DO NOT HAVE A CENTRAL UNIT OR AIR CONDITIONER UNITS.)

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

- When central heat and air is not provided total window space per room must be 5% of the useable floor space.
- Multiply useable floor space by .05 to determine required window space.
- 50% of required window space must be screened and operable.
- To determine amount of space of the window multiply the length times (X) the width of the window to obtain the total square footage.

**WINDOW SPACE REQUIREMENTS FOR CENTERS HAVING NO VENT FANS OVER THE DIAPERING SURFACES**

- If no exhaust/ventilation fan is over the diapering area, operable window space must equal 2.5% of the useable floor space.

Example: A room in the center has 1,259 square feet of usable floor space and will house diapered children, but there is no vented exhaust fan present in the room.

$1,259 \times 2.5\% = 31$  square feet of screened and operable window space needed.

To measure screened and operable window space:

Open the window to the maximum opening position.

Measure the screened open area.

(Ex.  $2'2" \times 2'0" = 4.3$  (round down) = 4 square feet of screened and operable space for this window.

If this room needs 31 square feet of screened and operable space, then you would need 8 windows screened and operable.

Note: Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

## STAFF: CHILD RATIOS

### CHILD CARE LEARNING CENTER Rule #591-1-1-.32(1)

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

## MIXED-AGE GROUPS FOR CHILD CARE LEARNING CENTERS

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

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

- Infants and children younger than three (3) years of age cannot be mixed with children three (3) years of age and older except as set forth below:
  - o During the first hour of the center's operation and the last hour of operation, infants and children younger than three (3) years may be grouped with older children as long as staff:child ratios and group size are met based on the age of the youngest child in the group.
  - o Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the agreement of the older child's parent(s) and is developmentally appropriate for the child.
- In mixed-age groups, the required staff:child ratios shall be based on the age of the youngest group of children that includes more than twenty percent (20%) of the total number of children in the mixed-age group.

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

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

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

## DIAPER CHANGING AREAS

*The rules require the diaper changing surface must:*

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

However, those children who sleep in their cribs may be changed in them.

*The diaper changing area must:*

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

**Note: Position diaper changing tables so that staff members can see the entire classroom as they diaper. This will enable staff to supervise all of the children during diapering activities. If diapering tables do not face the classroom, a written supervision plan for extra staff will be required. Diaper changing tables must be within arm's reach of the diapering sink.**

## STORAGE SPACE/BATHROOMS

### CHILDREN'S STORAGE

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

### TEACHERS' SUPPLIES

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

### HAZARDOUS ITEMS

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

### BATHROOMS

- Bathrooms must be fully enclosed.
- Bathrooms must have proper ventilation either through a screened and operable window or a functioning exhaust fan.
- If you install any toilet or lavatory of adult height that would be used by children in any room of your facility, you must provide steps or a platform.

- Refer to your copy of the Child Care Learning Center rule book for the required number of sinks/toilets. Note that all applications received after 12/22/09 are required to meet revised Rule 591-1-1-.06(1) for the correct number of toilets. Two potty chairs are no longer allowed as a substitute for an additional toilet.
- Your building should be designed to allow for supervision of children during toileting. Bathrooms must be in or adjacent to classrooms for children 2 years of age. This means a shared wall or immediately across from the classroom door with a direct line of sight. For children 3 years of age and older, bathrooms must be no more than 40 feet from the classroom door. A written supervision plan must be on file whenever bathrooms are not located in the classrooms.
- Toilet facilities for four-year-old and older children must be screened for privacy (for example: partitions or dividers between toilets).
- Supplies should be within children's reach (i.e. tissue should be within the child's reach when seated on the toilet, and liquid soap and paper towels should be within the child's reach at the sink). The use of a stool or platform is permissible for the child to reach the sink and all supplies.

## KITCHEN/LAUNDRY/BUILDING SAFETY & REPAIR

If you plan to use non-disposable eating and drinking utensils, kitchens must have proper dishwashing facilities.

- This includes either a three compartment sink, or a two compartment sink with a dishwasher that meets sanitizing criteria.
- An approved dishwasher must have a sani-cycle, or the dishwasher must maintain rinse water at a temperature of 150 degrees Fahrenheit or higher.

If you have difficulty locating a suitable dishwasher, you may consider installing a booster water heater, a separate hot water heater, or using an approved sanitizing agent.

- The refrigerator temperature must be 40 degrees or lower, and the freezer temperature must be 0 degrees.
- Areas for food preparation must be non-porous, easily cleaned, and free of unsealed cracks or seams.
- Areas for storage of food, eating utensils, and cookware must be provided.
- If your facility plans to serve catered food, the caterer must have a Food Service Permit and a current inspection report and provide you with current copies of both documents to maintain in your records.

## LAUNDRY

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

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

## BUILDING SAFETY AND REPAIR

- Walls, floors and ceilings should not have holes, cracks or tears, chipping paint, peeling wallpaper, or sharp edges.

- Carpeting and vinyl must be pulled tightly and the seams secured to avoid any hazards, such as tripping.
- Screens, guards or other types of barriers must protect any type of heating or cooling equipment accessible to children. Screens should not get hot to the touch.
- It is important to develop a system of maintaining the building in good repair.

FACILITY TYPE:

(CCLC) Child Care Learning Center  
(7 or more children)

**FLOOR PLAN CHECKLIST**

Applicant(s) Name(s)

Contact Person

Address

Telephone Number(s)

Facility Name

Address

Telephone Number(s)

County

**Instructions:**

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

1. Submit two (2) copies of a building floor plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8½" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. An evaluated copy will be returned to you.
2. Submit a copy of this completed Floor Plan Checklist.
3. Submit a self-addressed, stamped envelope (sufficient in size with adequate postage) for you to receive a copy of your reviewed plans and checklist.
4. Applicant Services Unit will use the checklist to evaluate your plan using the following key:  
**M** - Met, **NM** - Not Met, **NA** - Not Applicable, **D** - Discussion, and  
**?** - Question/Further clarification needed  
**CCLC** = Rules and Regulations for Child Care Learning Centers

Will the program operate in a private residence?  Yes  No

Office Use Only	Office Use Only	Office Use Only	<b>Please draw / clearly indicate the following information marked with a “” on your floor plan drawing AND answer questions noted on each item.</b> <b><u>Do not skip any item on this checklist. Write N/A if it does not apply.</u></b>
Review Date:	Review Date:	Review Date:	
			<p>1. Label each child care room with a letter and specify the age group to be housed in each room. (i.e. Room A- 6 wks. to 12 months) Please draw the entrance to the facility. (Account for all ages listed on Appl. Part A)</p>
			<p>2. Are there any partial walls (those not floor to ceiling)? _____ Yes _____ No   If yes, please draw partial walls with a broken line (---). Give dimensions (height and length) of these walls. Write N/A if there are no partial walls.</p>
			<p>3. Draw the location of all doors (interior and exterior).  </p>
			<p>4. Draw in the measurements of each child care room. Calculate and show the total square footage in each room. (Measurements are determined baseboard to baseboard. Measurements must also be shown for deductions in the room such as restrooms, closets, wall partition(s), wall inserts, heaters with protective barriers, etc.). Use the directions in the Applicant's Guide. (Ex. 16'2" x 9'7"= 155 sq. ft.) CCLC #591-1-1-19(1)  </p>
			<p>5. Are there any parts of the building or residence that will not be used for the child care program? If yes, explain the use of the other areas and draw in on your plan. (Child Care Learning Centers attached to a private residence should show child care room(s) in relation to the private residence) (Church or school centers should show child care rooms in relation to other rooms within the building and in relation to other buildings/offices on the grounds.) (If none, write N/A)</p> <hr/> <hr/> <p>CCLC #591-1-1-19(1)</p>
			<p>6. Draw the location of each bathroom in relation to the child care areas. The rules require that children's bathrooms be adjacent to the child care rooms. Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom- i.e. door is in classroom). Note: Bathrooms for children age 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or <b>less</b> from classroom door.  CCLC #591-1-1-06(2)  </p>
			<p>7. Are bathrooms fully enclosed? _____ Yes _____ No  NOTE: Bathrooms must be fully enclosed (i.e. no partial walls and no half doors).  CCLC #591-1-1-06(4)</p>

		<p> 8. Draw the location of each flush toilet, each potty chair, and each sink to be used by children. There are a total of _____ flush toilets _____ potty chairs and _____ sinks. (Fill in total numbers to be provided.)</p> <p>Do the sinks for children have warm, running water? _____ Yes _____ No CCLC #591-1-1-.06(1)</p>
		<p>9. Are the toilets and sinks child-sized? _____ Yes _____ No If not, explain your plan to make them accessible to children. (Ex. stools/ platforms) _____</p> <p>CCLC #591-1-1-.06(5)</p>
		<p>10. If you <b>do not</b> have central heat and air, draw the location of all windows. Give the measurements for the screened area of the window. If you <b>do</b> have central heat/ air, write N/A. _____</p> <p> CCLC #591-1-1-.25(4)</p>
		<p>11. Are there any windows with glass 24" or less from the floor? _____ Yes _____ No</p> <p>12. Are there any full length glass doors in the building? _____ Yes _____ No If yes, do those windows/doors have an etching/label indicating they are "tempered/safety glass"? _____ Yes _____ No If not, indicate the method used to provide a protective barrier over the windows/doors. (Ex. plastic lattice, Plexiglas)</p> <p> CCLC #591-1-1-.25(21)</p>
		<p>13. Draw the location of the hot water heater(s). If accessible to children, describe the barrier that will be used. (Ex. In a latched closet, or cabinet with a latch) _____</p> <p> CCLC #591-1-1-.25(12)</p>
		<p>14. Draw the location of laundry areas. If accessible to children, describe the barrier that will be used. (Ex. Latch/ lock on door) (If no laundry area is on site, describe your <b>plan</b> for laundry.)</p> <p> CCLC #591-1-1-.17(9)</p>

15. Draw the location of the diaper changing area in each room housing children 2 years of age and younger. Regulations state that children's diapers or disposable pull-ups may be changed in their own crib, or on a non-porous diapering surface with guards or rails. Describe which surface you will use and indicate what type of safety barrier you will have to prevent falls.

Note: It is recommended that diapering tables be positioned so that staff can see the classroom while diapering.

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Do your diaper changing tables face a wall?  Yes  No

If yes, please provide a written supervision plan which requires additional staff to be present in the classroom during diaper changing activities.

CCLC #591-1-1-.10(3)

16. A sink is required next to each diapering area for hand washing. Draw the location of the diapering sink on the plan. The diapering sink must be in the classroom and not inside the bathroom.

Do the diapering sinks have running heated water?  Yes  No

Are the diapering sinks within arm's reach from the diapering surface?  Yes  No

CCLC #591-1-1-.10(2)

17. Are there any child care areas situated in a basement?  Yes  No

Note: The rules prohibit the use of any basement areas more than 25 linear feet from a window as well as the use of rooms with floor levels lower than three feet or more below ground level on all sides.

CCLC #591-1-1-25(19)

18. Draw the location of the kitchen and label the kitchen sink and all major appliances. (Ex. Stove, microwave, refrigerator).

What method of dishwashing will you use? (check one)

Triple basin sink

Two basin sink and dishwasher with Sani-cycle or capability of maintaining a rinse water temperature of 150 degrees Fahrenheit

Two basin sink and use of all disposable service items for children's use (dishes, cups/glasses, utensils)

CCLC #591-1-1-.18(4)

19. Are any ceiling heights less than 7 feet?  Yes  No

If yes, specify which rooms and indicate the height:

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CCLC #591-1-1-.25 (1)

		<p>20. What type of heating system (i.e. central, space heater, or floor furnace) is used? _____</p> <p>☞ If floor furnace or space heater, please show on plan where are units located. Describe the barriers that will be used to prohibit the children's accessibility (Barriers should not get hot to the touch.)</p> <p>CCLC #591-1-1-.25(12)</p>
		<p>21. What type of cooling system (i.e. central, window unit) is used?</p> <p>☞ If window unit or fans, please draw on plans where these are located. Describe the barriers that will be used to prohibit the children's accessibility. (Children should not be able to touch control knobs)</p> <p>CCLC #591-1-1-.25(12)</p>
		<p>22. Regulations require ventilation in diapering rooms, bathrooms, and kitchen. This can be provided by functioning exhaust fans and a duct system, or by operable, screened windows. Describe below the type of ventilation to be provided in each area. <u>If windows are used in the diapering areas, please give the number of windows and measurements of the operable, screened portion of each window.</u> (Ex. 3 windows @ 24" x 22" each)</p> <p>1. Diaper rooms      Exhaust fan or windows?</p> <p>CCLC #591-1-1-25(4)</p> <p>2. Bathrooms      Exhaust fan or windows?</p> <p>CCLC #591-1-1-.25(4)</p> <p>3. Kitchen      Exhaust fan or windows?</p> <p>CCLC #591-1-1-.18(2)</p>
		<p>23. Do you have any water fountains in the building? _____ Yes _____ No  CCLC #591-1-1-.18(2)  If yes, list below the manufacturer's name and the <u>model #</u> of the water fountains.</p> <p>If no, please describe how you will offer water to children. (Ex. Water pitcher &amp; disposable cups)</p> <p>CCLC #591-1-1-.17(5)</p>

		<p>24. Describe the type of materials used for:</p> <table border="1"> <tr> <td>A. Floors (Ex. Carpet/tile)</td> <td></td> </tr> </table>	A. Floors (Ex. Carpet/tile)	
A. Floors (Ex. Carpet/tile)				
		<p>25. Describe the individual storage areas/cubbies for each child's possessions and draw their location <u>in</u> each room. Children's individual storage for outer garments and personal possessions must be within children's reach. Diaper bags must be stored <u>out</u> of children's reach. (The number of storage bins/cubbies must match the capacity of each room.)</p> <p> _____</p> <p>CCLC #591-1-1-.25(6)</p>		
		<p>26. Where will you store hazardous/bulk/seasonal supplies? These must be inaccessible to children in a locked or latched storage area. (Draw on the floor plan if in the building.)</p> <p> _____</p> <p>CCLC #591-1-1-.25(13)</p>		
		<p>27. Describe below your plan for food service (Ex. Cooking done on-site, parent provided, catered).</p> <p>_____</p> <p>28. If food is provided by a source other than the center, the food must come from a facility with a food service permit and current food inspection score. Give the name of the food service facility.</p> <p>_____</p> <p>CCLC #591-1-1-.15(10)</p>		
		<p>29. What type of counter surface (Ex. Formica, stainless steel) will be used for food preparation?</p> <p>_____</p> <p>CCLC #591-1-1-.18(2)</p>		
		<p>30. Where will supplies of food be stored? (Draw on plan-shelves or pantry)</p> <p> _____</p> <p>CCLC #591-1-1-.18(5)</p>		
		<p>31. Where will food service equipment (i.e. pots, pans) be stored?</p> <p>_____</p> <p>CCLC #591-1-1-18(2)</p>		
		<p>32. Describe type of protective shield or guard on kitchen lights and stove hood light(s). (This shield would prevent glass from falling into food if a bulb breaks.)</p> <p>_____</p> <p>_____</p> <p>CCLC #591-1-1-.18(2)</p>		

		<p>33. Indicate the source of water supply: _____ County/City        If not on city or county water, you will be required to submit written approval from local county health department officials with Part B of your application. If county officials will not give you written approval, follow their instructions to obtain approval from the agency having jurisdiction over the well. (Ex. Environmental Protection Division)</p> <p>CCLC #591-1-1-.25(20)</p>
		<p>34. Indicate the source of sewage disposal: _____ County/City or _____ Septic Tank. If a septic tank is used, you will be required to submit written approval from the local county health department officials with Part B of your application. Ask the health official to document the number of children the septic tank will accommodate.</p> <p>CCLC #591-1-1-.25(20)</p>

**(PLEASE DO NOT WRITE BELOW THIS LINE)**

**OFFICE USE ONLY:**

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

FLOOR PLAN APPROVED  
 FLOOR PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

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FLOOR PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review. Please include a **large** self-addressed, stamped envelope.

**COMMENTS:**

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**REVIEWED BY:** \_\_\_\_\_

**DATE** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**DATE** \_\_\_\_\_

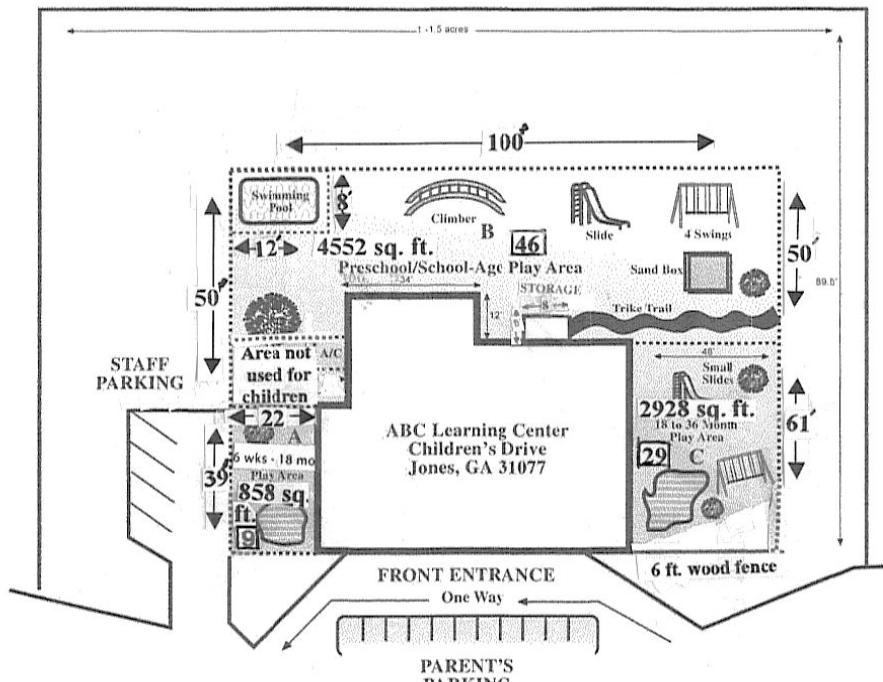
**REVIEWED BY:** \_\_\_\_\_

**DATE** \_\_\_\_\_

# Section E: Site Requirements

Sample Site Plan.....	1E
Playground Location/Size .....	2E
Ground Covering/Shade.....	3E
Fencing.....	4E
Play Equipment and Surfaces .....	5E
Fall Zone Swings.....	6E
Fall Zone Slides.....	7E
Fall Zone Revolving Devices .....	8E
Playground Maintenance Checklist.....	9E
Site Plan Checklist.....	10E

## SAMPLE SITE PLAN



Paved riding area is 12' x 10'.  
Area not used for children is 12' x 10'.

Swimming Pool is surrounded by a 6' high chain link fence.

Playground surface is grass and sand.

Tree = Trees for shade

Play Area = Play Area

A/C = Air Conditioner Unit

\*\*\*\* = 4' Chain Link Fence

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

## PLAYGROUND LOCATION

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

## PLAYGROUND SIZE

### How to calculate useable playground space

- Child care learning centers are required to have 100 square feet of useable play space per child for each group using the play area at any one time.
  - Child care learning centers with a capacity of 19 or more children must have enough playground space to accommodate at least 1/3 of the center's total licensed capacity.
  - Child care learning centers with a capacity of 7 to 18 children must have enough playground space to accommodate the facility's total licensed capacity at one time.
- Document the exact dimensions of the playground in feet and inches on your plans.
- To obtain the square footage, multiply the length times the width of the playground. To determine the capacity divide the total square footage by 100.
  - If the playground is not uniformly shaped (i.e. square or rectangular), please measure it in segments.

- Remember to deduct any areas that subtract from useable space such as areas for storage buildings, swimming pools, and heating or cooling units.
- If the playground is divided into individual sections to accommodate individual age groups, each fenced area must comply with the rules.

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

## GROUND COVERING

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

## SHADE

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

## FENCING

- **Provide at least a 4-foot-high fence around the play area.**
  - **Fencing material must be non-hazardous without any protruding metal or wires.**

The following are approved fencing materials, if they are at least 4 feet tall:

- Chain Link (with closed, bent wire - no sharp points exposed along the top or the bottom)
- Wooden (no gaps between boards, no splinters, no nail points or protruding nail heads)
- PVC/plastic picket fence (gaps between pickets must be less than 3 ½ inches)
- Wrought Iron (gaps between rails must be less than 3 ½ inches)

Materials not approved: Barbed wire, chicken wire, farm wire (rectangular openings), lattice (plastic or wood)

- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.
- Any bolts used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.
- Bolts and screws protruding from the playground entrance gate or from divider fences could present a hazard to children on either side.
- Any barrier other than fencing must be approved by the Department.
- The location of the gas meter and/or the heating and cooling equipment must be indicated on the site plan.
  - The type of barrier/fence used to prevent children from coming into contact with this equipment must also be noted on the site plan.

**NOTE:** If barriers (i.e. landscape timbers, PVC pipe perimeters) are used on the playground to contain loose fill materials like sand/mulch, do not install the barriers close to the fence line as the height of the barrier would

reduce the overall height of the fence. This can also create a gap (between the fence and the barrier) where children's feet can slip causing a potential injury.

## PLAY EQUIPMENT AND SURFACES

- Provide enough age appropriate outdoor play equipment to offer a variety of activities.
- Equipment must be in safe operating condition with no rusted, broken, or missing parts, and with no protruding nails or screws.
- Tires used for play must have holes bored in them so that water drains out.
- Specific requirements for swings and climbing equipment include:
  - Must be anchored securely in the ground.
  - Chain hooks on swings must be clamped tight.
  - Slides should be installed in shaded areas.
  - A resilient or bouncy surface such as wood chips, sand, mulch, or pea gravel must be provided underneath and in the fall zone.
  - The depth of the resilient surface is determined by the height of the equipment.
  - Six inches of resilient surface is required underneath and within the fall zone of equipment five feet or higher.
  - If the equipment is less than five feet in height, the required depth of the resilient surface is three inches.
  - Barriers may be needed to maintain loose fill materials at the proper depth (see note above regarding placement of barriers).
  - Any barrier, such as timbers or PVC pipes, built to contain the resilient surface must be installed outside of the fall zone of the equipment.

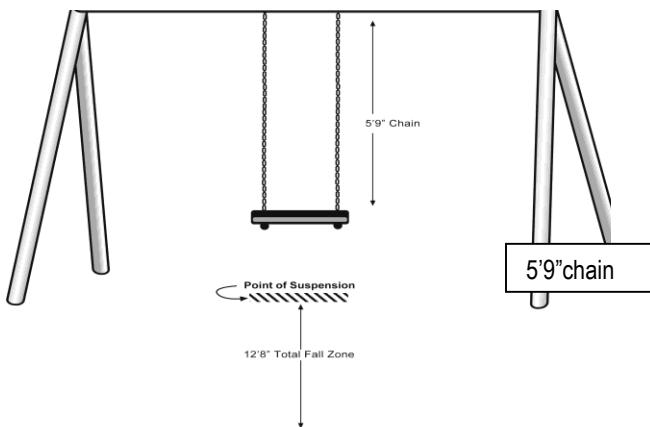
- If a synthetic material is to be used for the resilient surfacing, contact the Applicant Services Unit for approval of the material prior to installation. You will be required to provide testing specifications on the product you plan to install.
- It is important to develop a system to check the playground equipment and to measure the resilient surface regularly to ensure that both are maintained adequately.
- Safety or encroachment zones of at least 6 feet should be created between pieces of equipment as well as between the equipment and fencing.

## FALL ZONES

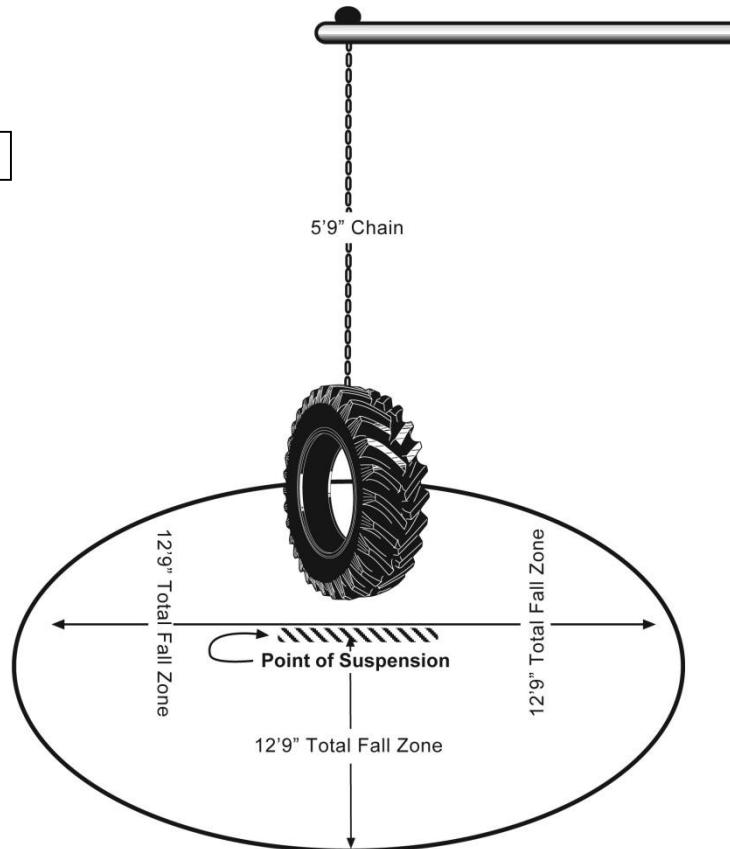
An area extending four feet from climbing structures; five feet from the bottom and side of the exit area of a slide (other parts of the slide are climbing structures); seven feet plus the length of the chain from a swing's point of suspension in each direction; and seven feet from a merry-go-round and other revolving device.

### Fall Zones – Swings

(Seven feet plus the length of the chain from swing's point of suspension, must extend in front and in back of the stationary swing)



Tire Swing



**Example:**

Chain = 5'9"

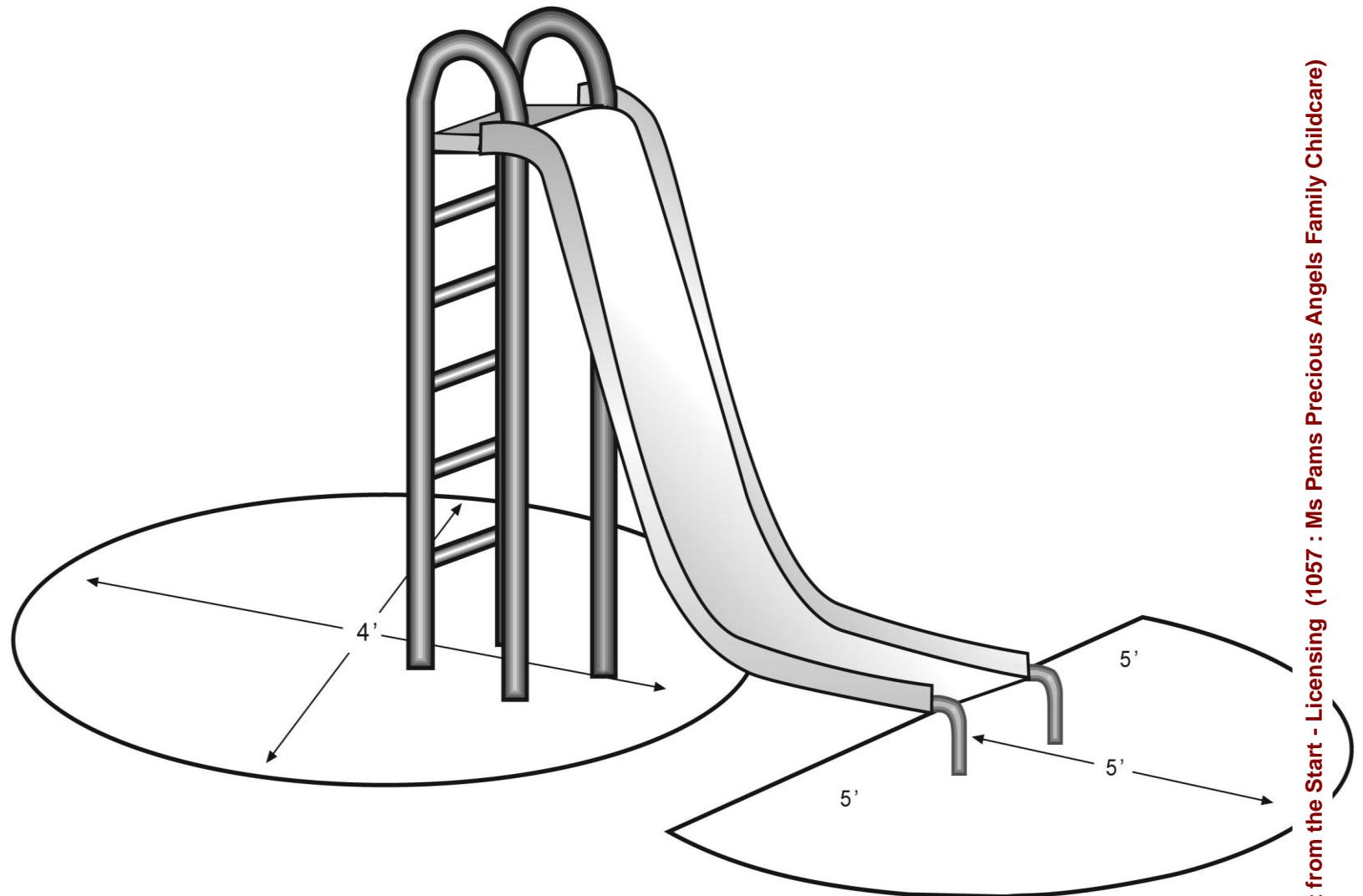
$5'9" + 7' = 12'9"$  fall zone

(Required in front & in back of stationary swing)

### Entrapping Equipment

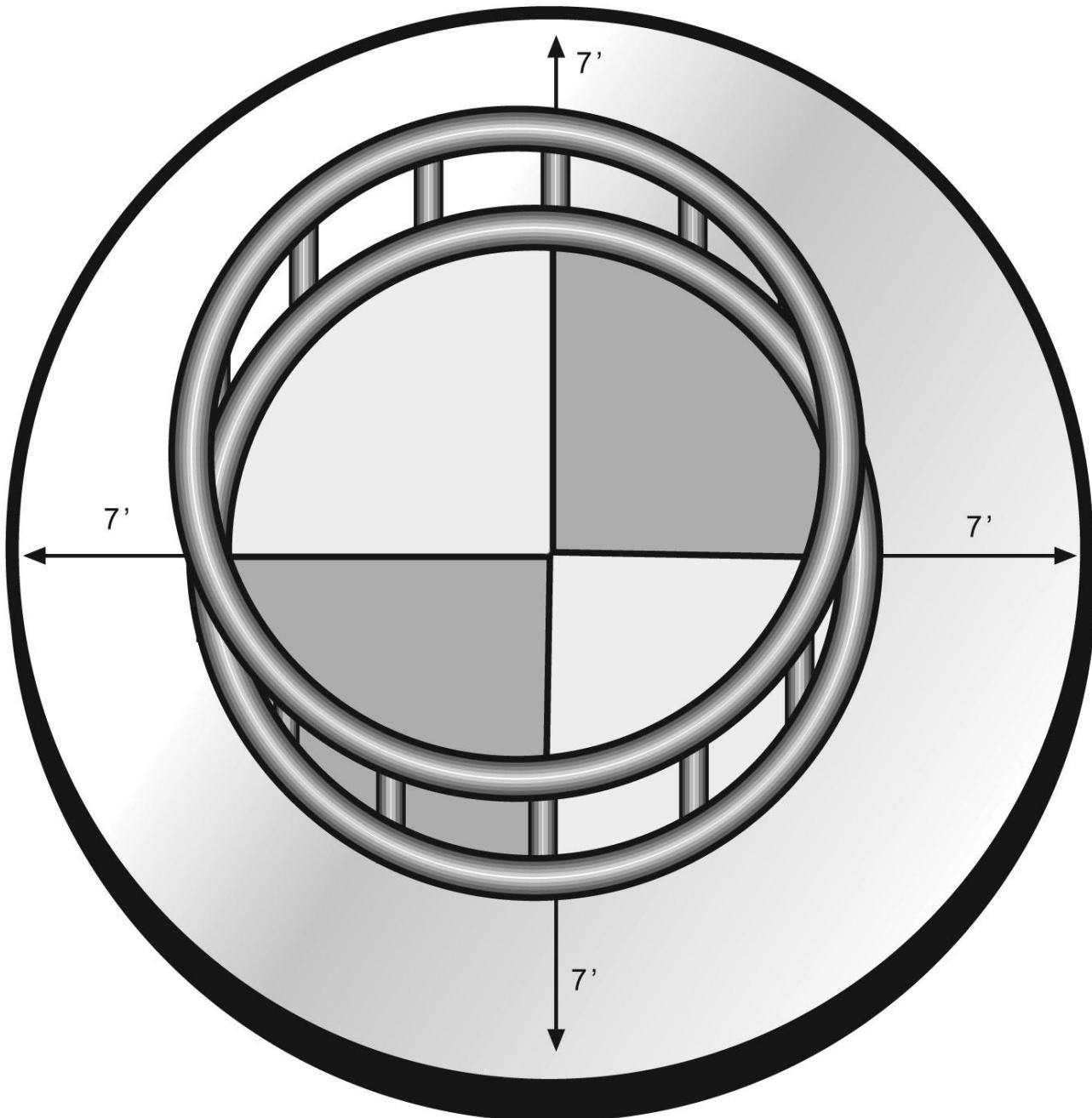
A component or group of components on play equipment that forms angles or openings that could entrap a child's head by being, (1) too small to allow the child to withdraw his/her head easily, and (2) placed so that the child would be unable to support his/her weight by means other than the head or neck.

## Fall Zones - Slides



**(Area extending four feet from climbing structures; five feet from bottom and sides of the exit zone of the slide.)**

# Fall Zones - Revolving Devices



(Merry-Go-Rounds, rotating teeter totters, swing-on gates.)

## PLAYGROUND MAINTENANCE CHECKLIST

Instructions: Check the entire playground at least once each week. Train all personnel to be alert to playground hazards, and report them promptly. Avoid the use of hazardous equipment until repaired.	Date Checked	Repair or Removal Needed	Date Repaired or Removed
<p>1. Is there at least six to ten inches of deep resilient ground cover (sand, pea gravel, wood chips, etc.) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?</p>			
<p>2. Is the entire outside play area free of hazards? Such as:</p>			
<p>Poisonous plants _____      Glass _____      Trip hazards _____      Uneven turf _____      Exposed bricks/cinder blocks _____      Exposed concrete edges _____      Open grating _____      Slippery areas _____      Dead tree limbs _____      Briars/thorny plants _____      Exposed tree roots/rocks _____      Accessible sharp fence wire _____      Accessible woods _____      Inadequate clearance between equip. _____      Poor drainage areas _____      Ants/Bees/Spiders _____</p>			
<p>3. Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?</p>			
<p>4. Are there outdoor equipment hazards such as:</p> <p>Exposed nails/screws/nuts/bolts      /pipes _____      Splintered/deteriorated wood _____      Open/deformed "S" or "C" hooks/      rings/links, etc. _____        Crush/pinch points _____      Areas of entrapment _____      Unprotected protrusions _____</p>			

Broken/missing steps/rungs/hand rails/handles/slides/ladders _____			
Sharp edges _____			
Broken seats/parts/equipment _____			
Obstructions on slides _____			
Equipment off track/unsecured to fulcrum _____			
Frayed/broken ropes _____			
Chipped/peeling paint _____			
Worn swing hangers/chains _____			
Broken supports/anchors _____			
Bars/rungs/handholds stay in place when grasped; don't wobble/turn _____			
5. Are there openings that could trap a child's head? (Gaps should be less than 3½ inches or greater than 9 inches.)			
6. Are timbers rotting, splitting, termite infested, excessively worn, or splintering?			
7. Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)			
8. Are there protrusions on any equipment that can catch clothing?			
9. Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?			
10. Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?			
11. Is the fence at least 4 feet high and in good repair? Can gates be secured? Any 4 inch gaps a child could squeeze through? Any sharp wires that could cut or scratch a child?			
12. Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?			
13. Do trees, grass, and shrubs need care/trimming?			
<b>SIGNATURE OF PERSON CONDUCTING THE PLAYGROUND CHECK _____</b>			

FACILITY TYPE:

(CCLC) Child Care Learning Center  
(7 or more children)

**SITE PLAN CHECKLIST**

Applicant(s) Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

County \_\_\_\_\_

**Instructions:**

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

1. Submit two (2) copies of a site plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8½" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. A copy will be returned to you.
2. Submit a copy of this completed Site Plan Checklist.
3. Submit a self-addressed, stamped envelope, sufficient in size with adequate postage to receive a copy of your reviewed plans and checklist.
4. Applicant Services Unit will use the checklist to evaluate your plan using the following key:  
**M** – Met, **NM** – Not Met, **NA** – Not Applicable, **D** - Discussion, and **?** - Question/Further clarification needed

CCLC = Rules and Regulations for Child Care Learning Centers

Office Use Only	Office Use Only	Office Use Only	<b>Please draw/clearly indicate the following information marked with a “” on your floor plan drawing AND answer questions noted on each item.</b> <b>Do not skip any item on this checklist. Write N/A if it does not apply.</b>
Review Date:	Review Date:	Review Date:	
			<p> 1. Draw the location of parking for parents and staff. (Assure that there is enough to accommodate staff vehicles and the peak arrival and departure times for the safe pick-up and delivery of children.)  CCLC #591-1-1.25(16)</p>
			<p> 2. Draw the measurements of each playground and the age range of children that will use each playground. (Ex. 120 feet x 90 feet= 10,800 sq. feet) If more than one playground is planned, show each playground and designate each with a letter. NOTE: Facilities are not required to have separate play areas for all age groups. Refer to Applicant's Guide for additional information. (Give dimensions of any heating/cooling equipment areas on the playground. These should be fenced off from children's access.)</p> <p>NOTE: For child care learning centers with a capacity of 19 or more children, the total playground capacity must accommodate at least 1/3 of the center's overall capacity. For child care learning centers with a capacity of 7 to 18 children, the playground capacity must match or exceed the center's overall capacity.</p> <p>CCLC #591-1-1.26(1)</p>
			<p> 3. Are there any buildings or storage areas on the playground? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please draw the location on the plan and give measurements of the building.  Are these buildings able to be locked? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is access blocked both underneath and behind these buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No  CCLC #591-1-1.26(1)</p>
			<p>4. Is there a swimming pool (in ground or above ground) on site?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, please draw the location on the plan and describe below the method used to make it inaccessible to children when not in use. (Ex. Locked fence)</p> <p>CCLC #591-1-1.35(2)</p>
			<p> 5. Draw the location of the playground in relationship to the building, and show the route children will use to safely reach the playground <b>from each room</b>. (Note: In CCLCs with a capacity of 19 or more children, children less than 3 years of age may not pass through older children's rooms to reach the playground, nor may children 3 years and older pass through the rooms of younger children.)  CCLC #591-1-1.26(3)</p>

		<p>6. Draw the location of the playground equipment (climbers, swings, sandboxes slides, etc.). A variety of age appropriate equipment for all children served must be provided.</p> <p> CCLC #591-1-1-.26(6)</p>
		<p>7. Draw the location of fencing and the gates used to protect children from traffic and other hazards. Rules require the fence to be at least four feet in height. Fencing must be non-hazardous material and must have no gaps between rails or posts that measure larger than 3½ inches.</p> <p> Type of fence? _____ Height of fence? _____</p> <p>CCLC #591-1-1-.26(4)</p>
		<p>8. Describe below the type of ground covering that will be on the completed playground. (Ex. Grass &amp; mulch) Draw any paved or concrete surface areas on the plan. Show the measurements of paved or concrete surfaces.</p> <p> NOTE: Rules require hard surface to be limited to no more than ¼ of the total outdoor play area.</p> <p>Is there any concrete or asphalt beneath the grass/ground cover on your playground? _____</p> <p>CCLC #591-1-1-.26(5)</p>
		<p>9. Shade will be provided on each playground by:</p> <p>(Shade can be provided by trees, awnings, covered sandboxes, etc. Shade provided by the building cannot be the only shade.)</p> <p>CCLC #591-1-1-.26(3)</p>
		<p>10. State below the type and depth of resilient surface used beneath and in fall zones of swings and climbing equipment (i.e., sand, wood chips). NOTE: The required depth beneath and in the fall zone for equipment less than 5 feet high must be at least 3 inches; for equipment 5 feet and higher, the required depth is at least 6 inches. Barriers may be needed to maintain the proper depth.</p> <p>Refer to the Applicant's Guide for distances required for fall zones, for resilient surface materials, and for depth requirements. (Ex. Swing chain length - 4'2" plus 7' = 11'2" in front, and in back of swing at rest. Total swing fall zone area for this example would be 22'4".)</p> <p>TYPE _____ DEPTH _____</p> <p>CCLC #591-1-1-.26(7)</p>
		<p>11. Climbers and swings must be anchored. Describe below how you will do this: (Ex. Concrete footings, etc.) <b>Note:</b> Anchoring material must be securely covered.</p> <p>_____</p> <p>_____</p> <p>CCLC #591-1-1-.26(7)</p>

		<p>12. Is the gas meter and/or heating and cooling equipment located on the playground? <u>Yes</u> <u>No</u></p> <p> If yes, please indicate the protective barrier to prevent children's access and draw the location of the equipment and barrier on your plan:</p> <hr/> <p><b>Note:</b> This barrier must be at least 4 feet in height.</p> <p>CCLC #591-1-1-26(6)</p>
		<p>13. Describe your specific plan for keeping the playground safe and the depth of the resilient surfacing material maintained. See Applicant's Guide for information about Playground Maintenance. (Plan for daily maintenance like measuring resilient surface and long-term work like grass cutting, adding resilient surface, painting equipment, etc.) * *A sample playground checklist form is found in the resource section.</p> <hr/> <p>CCLC #591-1-1-26(7-8)</p>

**(PLEASE DO NOT WRITE BELOW THIS LINE)**

**OFFICE USE ONLY:**

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

SITE PLAN APPROVED

SITE PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

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SITE PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review. Please include a large self-addressed, stamped envelope.

**COMMENTS:**

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**REVIEWED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# Section F: Operation Plan

Operation Plan Defined.....	1F
Operation Plan Checklist .....	2F

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

## OPERATION PLAN DEFINED

Your Operation Plan covers the day-to-day operation of your center.

Items that are included in your operation plan are:

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

## PERSONNEL POLICIES

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

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

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

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

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

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

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

First Aid and CPR: At least fifty percent (50%) of the caregiver staff and the director shall have current evidence of training in first aid and cardiopulmonary resuscitation (CPR). There must always be an employee with evidence of current First Aid training and CPR on the center premises whenever children are present, on any center-sponsored field trip, and on any center vehicle transporting children.

## EMPLOYEE FILES

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

- 1) Application for Employment: There is a sample form for this. If not using the Bright from the Start sample, make sure that **all** information on the sample is included on your application (i.e. questions about CPR and First Aid, information regarding whether the person has ever been investigated or charged with abuse, neglect, etc.). Make sure that **all** questions are answered and that staff do not leave any blanks.
- 2) Ten Year Work History: There is a sample from for this. This should go back ten years, even if the person has not consistently worked for ten years (i.e. student, homemaker, unemployed). The ten year history should reflect what the person has been doing for the past ten years. If the person did not work between two jobs, have them write "no work" or "unemployed" so that the entire ten year period is covered.
- 3) Credential/Degree Verification: Effective December 1, 2012, a copy and/or written verification of the credential or degree awarded to directors and lead teachers (see qualification requirements) must be on file.
- 4) Orientation: There is a sample form for this. This covers training prior to being placed in a classroom, and includes information regarding the center's rules, Bright from the Start's rules and regulations, etc. The orientation training form must be signed and dated by the person(s) conducting the orientation as well as by the employee.
- 5) CPR and First Aid verification: Must be geared towards infant/child (not adult only), and must include the date and signature of the instructor. Make sure that trainers are BFTS approved. A copy of this should be placed in each employee's file. **Note:** At least 50% of the caregiver staff are required to have this training at the point of licensure and ongoing. The director and the person responsible for driving the vehicle are also required to have this training. If the driver does not have training, a certified person is required to be on the vehicle with them at all times.
- 6) CRC: This is an employee's criminal background check. A copy of this must be in each employee's file.
- 7) Any Additional Training: Sample forms are available to keep track of training.
- 8) **NOTE:** The director is required to have the same information in his/her file as other employees have in theirs. **Directors are required to have the approved 40 hour director's training prior to licensure.**

## GUIDELINES FOR CREATING POLICIES AND PROCEDURES

Use this form to assist you in writing your Center Policies and Procedures\*\*. If you have covered each item listed on this guide, you will have covered each of the topics required.

\*\*May also be used as your parent handbook\*\*

TO CREATE YOUR CENTER POLICIES AND PROCEDURES INCLUDE THE FOLLOWING INFORMATION PLUS ALL ITEMS REQUIRED IN THE OPERATION PLAN CHECKLIST:

- 1. Ages of Children Served;
- 2. Months of Operation;
- 3. Days of Operation;
- 4. Hours of Operation;
- 5. Dates center is closed, (i.e. holidays, inclement weather, vacation closing, etc.);
- 6. Admission requirements including parental responsibilities for supplying and maintaining accurate required record information and escorting child to and from the center;
- 7. Standard fees, payment of fees, fees related to absences and vacations and other charges such as insurance, transportation, etc;
- 8. Transportation provided (if any) is to include procedure to be followed if no one is home or at the designated drop-off site to receive a transported child, i.e., school, home pickup/delivery, special events such as dance lessons, swim lessons, etc.; (If you offer no transportation, state this in your policies so parents will know.)
- 9. Guidance and discipline techniques (need to state general philosophy of classroom management, statement of discipline techniques to be used and statement of disallowed discipline techniques as described in rules and regulations);

- \_\_\_ 10. Handling emergency medical care including place(s) the children will be taken for emergency medical care, identification of the facility's primary medical resource and method used to transport the child to this location;
- \_\_\_ 11. Description of information required before administering medication and recording noticeable adverse reactions to the medication. Include times medication will be administered, how to obtain and complete the medication form, how long authorization is in effect (i.e., limited to no more than two weeks unless written authorization from the physician), and procedure for delivery and pickup of medication;
- \_\_\_ 12. Notifying parents of child's illness, injury, exposure to a notifiable communicable disease, parents' responsibility to inform center of a communicable disease, exclusion of sick child with 101 degrees or higher oral temperature and any other symptom such as diarrhea, sore throat, etc.; (Describe in your policies the way you will notify parents of these things happening.)
- \_\_\_ 13. Exclusion of children with communicable disease as defined in the chart of communicable disease and their recommendation for re-admission (chart should be posted in the center);
- \_\_\_ 14. Protection of children inside the facility in the event of severe weather and evacuation of the building in the event of fire, gas leak, bomb, and physical plant problems (i.e. describe the steps you will take to protect the children while in the center or on the vehicle. Note: The emergency plans for fire and severe weather should also be posted in the center);
- \_\_\_ 15. Description of any special procedures to be followed in the caring for a child, including any special services, which the center agrees to provide to a child with special needs;
- \_\_\_ 16. A description of the meals and snacks served; provisions for food provided by parents, and how exceptions, such as for allergies, or food from home, will be handled; description of food service;
- \_\_\_ 17. Written parental authorization for child to participate in field trips, special activities away from the center and water related activities occurring in water that is more than two feet deep, if the center participates in any such activity, and if the center is to provide routine transportation for the child to and from school, home or center, i.e., for field trips written permission of each trip, method of transportation for swimming activities include location, fees if any, equipment needed by children, certification of lifeguard;
- \_\_\_ 18. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment;

- \_\_\_ 19. Required to report any suspected child abuse, neglect, exploitation or deprivation to the Department of Family and Children Services;
- \_\_\_ 20. Required to report any suspected case of notifiable communicable disease to the local county Health Department;
- \_\_\_ 21. If infant care is provided, need to include policies and procedures on written feeding plan, which includes parents' instructions for feeding of formula or breast milk, updating of plan, provision of formula/breast milk bottles which are identified with child's name and current date, handling of leftover formula/breast milk, provision of baby food, provision of diapers, use of pacifier;
- \_\_\_ 22. Information on facility's safe sleep policy;
- \_\_\_ 23. If you want parents to provide articles such as combs, toothbrushes, sheets, covers, change of clothing, you need to outline in your procedure;
- \_\_\_ 24. Statement to inform parents of posted notices to include the license, copy of rules, review of evaluation report, communicable disease chart, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather and fire, and statement for visitors. If you have no liability insurance coverage for the children, you must post a notice alerting parents of this fact. There is a sample form for this.

## CHILDREN'S FILES

The following items are to be in each file. Sample forms are provided in your Applicant's Guide. Please check all children's files that were under former ownership for completeness and accuracy. If changing enrollment applications over to your facility information – please have completed by date of initial licensing study. Note: Children's files must be maintained for a period of one year after the child is no longer in care at the facility.

1. Enrollment Form: This should be completed prior to the children being left in your care. Make sure that all questions are answered and that no blanks are left. Ask that parents not use NA. All questions are applicable and should be answered or have NO or NONE, (i.e. allergies).
2. Emergency Medical Authorization: Again, NO blanks and must be completed prior to the child being left in your care. Make sure that the Doctor's name and phone number are completed and readable.
3. Parental Agreement: This lists the services that you provide and what both you and the parent agree to. You may want to add to this agreement, for example: information about receiving, reading, and understanding the parent handbook.
4. Parent Acknowledgement Page: Signed document which indicates that parents have been provided a copy of the facility's policies and procedures, have been encouraged to participate in facility activities, and have been told that they will be advised of their child's progress.
5. Parent Notice of No Liability Insurance: This lets parents know that you do not have liability insurance to protect their child in the event of an injury, etc. (If you do carry this insurance, you do not need this form in children's files.)
6. Other forms:
  - Incident Report
  - Infant Feeding Plan (a copy should also be kept in the child's assigned room)
  - Authorization for Medication
  - Vehicle Emergency Medical Information (a copy should also be kept on the vehicle)
  - Transportation Agreement (a copy should also be kept on the vehicle)
  - Field Trip Permission Form

## SCHEDULES

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

Schedules should show all hours of operation, from the time the center opens until the time the center closes. (Refer to your Application A to ensure the schedules match the hours of operation and the ages served.)

Schedules are to include indoor and outdoor play, a balance of quiet and active periods, free choice and teacher-directed activities, individual, small group, and large group activities, and cover the seven interest areas (i.e. large muscle activities, small muscle/manipulative activities, language and reading, arts and crafts, dramatic play, rhythm and music, and science and nature). Schedules should reflect children's activities – not the activities of the caregivers.

The required amount of outdoor time must be shown on your schedule. The rules require one and one-half (1 ½) hours of outdoor play daily for children age 1 year and older, and one (1) hour per day for infants.

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

If you provide care for school-age children, a part-day schedule (reflecting children's activities before and/or after school hours) and a full day schedule will be required (if applicable).

## WEEKLY MENU

A weekly menu reflecting the meals and snacks served at the facility is required by the rules to be posted near the front entrance for parent viewing. Substitutions should be posted on the menu as they occur.

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

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

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

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

If your center will serve catered food, a copy of the establishment's food service permit, as well as a copy of their most recent inspection report, should be submitted. You will still be required to post a menu which lists the catered food served.

If parents will be providing meals, the center must adhere to the "Criteria for Sack Lunches" memo (see Resource section of Applicant's Guide). Parents will be required to provide meals which meet USDA requirements, and the center will be required to maintain additional foods on hand to supplement children's meals as needed. The center must also adhere to the food preparation area requirements listed in the rules.

## EMERGENCY PLANS

Each facility must have step-by-step procedures stating how emergencies are handled. Each item listed on the operation plan checklist should be written out as a separate plan. Emergency plans should be developed for the following:

1. Fire
2. Severe Weather
3. Loss of Heating
4. Loss of Cooling
5. Loss of Water
6. Loss of Electricity
7. Structural damage to the building
8. Serious injury to a child
9. Death of a child
10. Loss of a child from the facility
11. Loss of a child from a field trip

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

## TRANSPORTATION

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

Types of transportation include:

- Routine transportation
- Field trip transportation

Your written transportation plan includes:

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

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

FACILITY TYPE:

(CCLC) Child Care Learning Center  
(7 or more children)

**OPERATION PLAN CHECKLIST**

Applicant(s) Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Program Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

County \_\_\_\_\_

1. Submit copies of forms and/or documentation to show compliance with each item listed below along with this checklist to the Applicant Services Unit. Keep one copy of the checklist and attachments for your files.
2. Submit a self-addressed, stamped envelope sufficient in size with adequate postage to receive your copy of the evaluated checklist.

All items listed below should be represented on the operation plan, or answered on the checklist, which is attached to your plan. Applicant services Unit will use this checklist to evaluate your plan using the following key:

**M** – Met, **NM** – Not Met, **NA** – Not Applicable, **D** – Discussed, **?** - Question/Further clarification needed

CCLC = Rules and Regulations for Child Care Learning Centers

**NOTE: If using the sample forms developed by Bright from the Start, you may indicate this on your checklist by writing **SF** rather than sending copies of the sample forms. Please be advised there are only sample forms for items starred (\*); therefore, on items not starred you must develop your own forms for these items and submit a copy for review/approval.**

## FORMS

- The attached checklist is a list of forms required for the daily operations of a child care program.
- Please note that sample forms ARE available in this packet and on the website for your use. If you choose to use the sample forms provided by Bright from Start, please write “SF” next to each heading, but DO NOT write in the gray boxes.
- DO NOT send copies of the Bright from the Start sample forms.
- If you choose to develop your own form(s) then please include a sample copy review with the checklist.

## CHILD CARE LEARNING CENTERS

### STAFF RECORDS:

A record must be established on each staff person including the director, which will be the licensee in some cases. Submit the forms you will use to capture the required information below. **Write SF if you are using the SAMPLE FORM from the Applicant Guide for this item. Please note that only items starred (\*) have sample forms.**

Gray boxes	Office Use Only		<b>Staff Application Form / Staff attendance record</b>
Review Date:	Review Date:	Review Date:	
<b>*Staff Application FORM</b> must include the following:			
Name			
Date of Birth			
Current address			
Current telephone number			
Employment History (10 year)			
Education (Eff. 12/2012- Copies/written verification of credential/degree will be required for directors and lead teachers)			
Qualifying work experience (commensurate with position)			
<b>The following 3 statements are required on staff applications:</b>			
1. Staff has never been shown by credible evidence, e.g. a court or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.			
2. Staff has not made any false statements on their application regarding their qualifications.			
(Under the American with Disabilities Act of 1991, all programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but <u>only</u> if the program supervisor is made aware that an accommodation is required. If a staff member is disabled and requires accommodation, they may request it at <u>any</u> time during the interview process. They are obligated to inform the program director of their needs <u>if</u> it will impact their ability to perform the job for which they are applying.)			
3. Staff has read the job description for the position for which they are applying, staff members are in all respects, able to adequately perform the duties as described.			

		Proof that staff members do not have a criminal record. CCLC# 591-1-1-24
		<b>* Daily Attendance FORM</b> for <u>employees</u> which must be kept by the center for a six-month period. CCLC# 591-1-1-24(g)
		<b>NOTE: Orientation must be conducted with new staff prior to assignment to children or task</b> CCLC #591-1-1-.33 and #591-1-1-24(d)
		<b>*Orientation FORM</b> used to document staff orientation is attached. It must include:
		The center's policies and procedures;
		Emergency weather plans;
		Employee's assigned duties and responsibilities;
		Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;
		The rules and regulations set forth in Rules #591-1-1. Such instruction shall require new staff to be generally familiar with the health and safety requirements for caring for the children that are set forth in the specified sections;
		Childhood injury control;
		The administration of medicine;
		Reducing the risk of Sudden Infant Death Syndrome (SIDS);
		Hand washing;
		Fire Safety;
		Water Safety;
		Prevention of HIV/Aids and blood borne pathogens;
		Child care training requirements;
		Signature and date of person providing orientation;
		Signature and date of person receiving orientation.

## **CHILDREN'S RECORDS:**

A record containing the following information must be maintained for each child enrolled. Submit a sample of your FORM for children's enrollment. It must include the items listed below #1-5, if all are applicable.

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

**\*\*If you use the sample forms from the Applicant's Guide, write SF by each item covered by that form.**

		1. <b>*Child Enrollment FORM</b> must include the following:
		Identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both parents, name of school, and name of guardian if applicable;
		Identifying information about the parents or guardian to include: names of both parents, guardian if applicable, home and work addresses, and home and work telephone numbers;
		Name (s) and information about the person(s) to whom the child may be released. Such information shall contain the authorized person's address, telephone numbers, relationship to child and to parent(s) or guardian, and other identifying information;
		Emergency contact information to include name and telephone number of person(s) to contact in emergencies when the parent or guardian cannot be reached;
		Evidence of age-appropriate immunizations or a signed affidavit against such immunizations;
		Primary care physician's or clinic's name and telephone number;
		Statement regarding known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's program and activities;
		Description of any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs. CCLC #591-1-1-08 (a-h)
		2. <b>* Parental Agreements with Child Care Facility FORM:</b> Signed agreement between the center and the parent to include:
		Description of general services to be provided by the center to the child including whether the center is providing meals and snacks;
		A description of the information that will be required of the parent before the center will dispense any medication and the parent's acknowledgment that they will provide all the necessary information;

		<p>Parents' acknowledgment of the following:</p> <p>That when the parents, or persons authorized by the parents, pick up or drop off their child at the center, they will not allow their child to enter or leave the center without being escorted, and that the center will not permit the child to enter or exit the center without an escort;</p>
		<p>That the parents are responsible for keeping the center advised of significant changes as the changes occur in the information that the parents provided at the time of enrollment concerning phone numbers, work locations, emergency contacts, family physician, etc.;</p> <p>CCLC #591-1-1-.08(j-m)</p>
		<p>That the center director or designee has:</p> <ol style="list-style-type: none"> <li>Provided the parents a copy of the center's policies and procedures;</li> <li>Advised the parents of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs;</li> <li>Encouraged parents' participation in center activities.</li> </ol> <p>CCLC #591-1-1-.21(2)</p>
		<p><b>3. *Emergency Medical Authorization FORM:</b>  Signed Authorization to obtain emergency medical care  CCLC #591-1-1-.23(a)</p>
		<p><b>5. *Parent/Guardian Notice of No Liability Insurance and Acknowledgment FORM:</b></p> <p><b>(Note:</b> Only applicable to facilities which do not carry liability insurance. Mark N/A if you carry liability insurance.)</p> <p>Form must be signed by parent or guardian to acknowledge that they are aware that the facility does not carry liability insurance and form shall be maintained on file while the child is enrolled and for 12 months after the child's last date of attendance.</p>
		<p><b>Additional forms related to the care of children:</b></p>
		<p><b>*Daily attendance record FORM</b> - A child's daily attendance records for the twelve (12) preceding months must be maintained but need not be filed in each child's record. These records shall be made available to the Department in printed or written form upon request.</p> <p>CCLC #591-1-1-.08(o)</p>
		<p><b>*Arrival and Departure Records FORM</b></p> <p>Records of a child's daily arrival and departure for the twelve (12) preceding months shall be maintained but need not be filed in each child's record. Records, in written or electronic format, must be completed by child's parent, guardian or person(s) authorized by the parent or guardian to drop off and pick up the child each time an individual drops off and picks up the child.</p> <p><b>Documentation on the form must include: the date, child's name, arrival and departure times, and signature or initials of the individual(s) dropping off and picking up the child.</b></p>

		NOTE: Policies must be implemented which require staff to match identifying information provided by the parents to the person picking the child up. CCLC #591-1-1-08(p)
		<b>*Guide for Authorization for Medication FORM</b> to include the following: Note: If you will not dispense routine medication write NA. This must match the parent handbook.
		Date;
		Full name of the child;
		Name of medication;
		Prescription number, if any;
		Dosage;
		The dates to be given;
		The time of day medication is to be dispensed;
		Signature of parent.
		Verification that medication was dispensed according to the parents' authorization, shall include: The date, time and amount of medicine given;
		Adverse reactions noted, if applicable;
		The signature/initials of persons administering the medication.
		CCLC # 591-1-1-20
		<b>* Report of Incident Requiring Professional Medical Attention FORM</b> , to include: Child's Name;
		Type of illness or injury;
		Date of illness or injury;
		How illness or injury occurred;
		Staff present;
		Method of notifying parent; and
		Services provided to the child. CCLC #591-1-1-08(i)
		<b>TRANSPORTATION/FIELD TRIP FORMS</b>
		<b>*if transportation is not provided write NA</b>
		Description of transportation services provided: (check all applicable)
		_____ Routine (school, home pick-up delivery, etc.);

		<input type="checkbox"/> <b>Field trips;</b> <input type="checkbox"/> <b>Contractual transportation services;</b> <input type="checkbox"/> <b>Emergency only;</b> <input type="checkbox"/> <b>Facility owned/leasing vehicle;</b> <input type="checkbox"/> <b>Staffs' vehicle;</b> <input type="checkbox"/> <b>Parents' vehicle;</b>
		<input type="checkbox"/> <b>None provided (If none provided, submit plan for emergency transportation (i.e. personal vehicle, ambulance/911)</b>
		<b>*Transportation Agreement FORM</b> , if the center is to provided routine transportation for the child to or from school, home or center. The authorization shall specify the following: <b>Note: This form is required for home and school transportation, but not field trips.</b>
		Routine pick up location;
		Routine pick up time;
		Routine delivery location;
		Routine delivery time;
		Name of any person authorized to receive the child, and the procedure to be followed if the authorized person is not present at the drop-off site to receive the child. CCLC #591-1-1-.36(5)
		<b>* Transportation Record FORM</b> , to include: A checklist for accounting for the loading, and unloading of children at any location;
		The signature of person conducting the check;
		Facility's checklist: including staff's signature and date, ensuring vehicle use for regular transportation is clean, free of hazards, in safe repair and is equipped with a recommended dry chemical, Type IA-1OBC fire extinguisher, required first aid supplies, and functioning heater.
		<b>* Vehicle Emergency Medical Information FORM</b> in the vehicle for each child being transported by the center. The emergency medical information form for each child shall include a listing of the child's allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the center uses in the area where the center is located and the telephone numbers where the parents can be reached.

		<p><b>* Weekly Transportation Checklist for Accounting of Children FORM</b>, to include:</p> <p>Names of all children transported and each child's:</p> <p>Pick up location;</p> <p>Pick up time;</p> <p>Delivery location;</p> <p>Delivery time;</p> <p>Length of time on the vehicle;</p> <p>Alternate delivery location if parent is not at home; and</p> <p>Name of person to receive child.</p> <p>Identification of the center's:</p> <p>Name;</p> <p>Driver;</p> <p>Telephone.</p>
		<p><b>*Annual Transportation Vehicle Safety Inspection Certification FORM</b> to include a satisfactory annual safety check of: tires, headlights, horn, tail suspension, exhaust system, steering, windshield and windshield wipers (NOTE: You will submit a completed inspection form with Application Part B.)</p> <p>CCLC #591-1-1-.36(4)(a)</p>
		<p><b>* Field trip permission FORM</b>, is to include:</p> <p><b>* if field trips are not provided write NA</b></p> <p>The name/address of the trip destination;</p> <p>The date of the trip;</p> <p>Time of departure; and</p> <p>Estimated arrival time back at the center; and</p> <p>Parent's signature and date of approval.</p> <p>CCLC # 591-1-1-.13(1-2)</p>
		<p><b>*Infant feeding plan FORM</b> for children under one (1) year of age to include:</p> <p>The amount of formula to be given;</p> <p>Instructions for the introduction of solid foods;</p> <p>The amount of food to be given;</p> <p>Notation of any type(s) of commercial premixed formula which may not be used in an emergency because of food allergies;</p>

		The parent shall sign and date the feeding plan.
		CCLC #591-1-1-.15(2)
		<b>*Safety drill information FORM:</b> Provide a copy of the form which will be used to document drills for <b>Fire, Tornado and other emergency situations</b> . (Note: Fire drills must be conducted monthly. Tornado and other emergency situation drills must be conducted every six months. The documentation must show the dates and times of the drills and be kept on file for two years.)

## **POLICIES AND PROCEDURES**

- The following checklist is for the program's written Policies and Procedures Manual.
- This will be the parent handbook you would give to parents during enrollment.
- Please make sure that all information included is specific for **YOUR** program.
- Please indicate on the checklist the page number (PG) of where each item can be found in the parent handbook.
- **NOTE: NO sample form is available for this section. POLICIES AND PROCEDURES for Parents:**

Policies and procedures must be written since they govern the operations of the center. They must be kept current, be made available to parents and must include at least the following:

**Note: Everything on these two pages must be covered in your policies for parents (i.e. parent handbook, policy manual). Note-Your policies should match Application Part A for the ages served, and the months, days, and hours of operation.**

		Ages of children served; (should match ages listed on Appl. A) <b>PG:</b>
		Months of operation; (same as Appl. A) <b>PG:</b>
		Days of operation; (same as Appl. A) <b>PG:</b>
		Hours/ time of operation; (same as Appl. A) <b>PG:</b>
		Days/ times center is closed; (holidays) <b>PG:</b>
		Description of enrollment and admission requirements which specifies : 1.the parents' responsibilities for supplying & updating needed information to the center; and 2. escorting the child to and from the center; <b>PG:</b>
		A fee and payment schedule that specifies the standard fees, fees related to absences and vacations and other charges and fees such as transportation and late fees; <b>PG:</b>
		Full description of the facility's transportation and field trip services; <b>-If transportation/field trips are not provided, state this.</b> <b>(Routine transportation will not be provided at this program.)</b> -If a public school bus picks up and delivers to facility, state this. -If provided to or from school or home, include these details and procedures if no one is at drop-off site to receive child; -If you offer field trips, tell parents what vehicle their child will ride in like parent cars or center van <b>PG:</b>
		Description of behavior management and discipline actions used by the center. <b>PG:</b>
		A description of meals and snacks served, including guidelines for food brought from the child's home * This should match Application A and the sample menu you provide. <b>PG:</b>
		Statement which expresses permission for access by the child's parents to all center areas used by the child. <b>PG:</b>
		Summary of child abuse reporting law requirements <b>PG:</b>
		Nondiscrimination statement <b>PG:</b>
		Description of center sponsored religious and cultural activities, if any <b>PG:</b>
		Description of facility's safe sleep policy <b>PG:</b>
		If licensed for care of infants/toddlers: (write N/A if not applicable) Center's diapering procedures <b>PG:</b>
		If licensed for care of infants/toddlers: (write N/A if not applicable) Center's toilet training procedures <b>PG:</b>
		If licensed for care of infants/toddlers: (write N/A if not applicable) Center's feeding procedures <b>PG:</b>

		Handling emergency medical care, including <u>place(s)</u> the children will be taken for emergency medical care; <b>PG:</b>
		Administering medication and recording noticeable adverse reactions to the medication.* If the program will not administer routine medication state this <b>PG:</b>
		<u>Procedures</u> for notifying parents of: (In each case include HOW you will notify parents) <b>PG:</b>
		Illness, (NOTE: <b>A child shall not be accepted nor allowed to remain at the center if the child has the equivalent of a one hundred and one (101) degrees or higher oral temperature and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat;</b> <b>PG:</b> )
		Injury (to include minor injuries which do not require professional medical attention, and serious injuries which do require professional medical attention) <b>PG:</b>
		Exposure to a notifiable communicable disease; (Example: Chicken Pox. <u>How</u> will you let parents know their child was exposed? Letter? Sign on door? Etc.) <b>PG:</b>
		Noticeable adverse reactions to prescribed medication(s); <b>PG:</b>
		Policy on exclusion of sick children; <b>PG:</b>
		Protection of children in the event of emergencies. ( <u>You may simply state in procedures that “emergency plans have been developed and are posted for parent viewing”</u> ); <b>PG:</b>
		Severe weather/ tornado; <b>PG:</b>
		Fire; <b>PG:</b>
		Physical plant problems, such as power failure, that affects climate control or structural damage. CCLC #591-1-1.21 <b>PG:</b>

## Staff Handbook

- The following section includes items required in your staff handbook.
- Please provide a complete organized copy of the handbook.
- The checklist accounts for **SEVEN** statements that **MUST BE** included in the Staff Handbook.
- However, you may include additional information to your center's Staff Handbook (i.e. Dress code, time off policy, reduction in childcare rates, etc.).
- **Please indicate which page(s) of the Staff Handbook the seven required statements can be found on the checklist.**

## Staff Policies

**Staff Policies:** The following seven (7) policies are specified by the rules. Please ensure staff members are aware of these policies by including them in your personnel policies or employee handbook in addition to other information you share with new staff.

		<b>Hygiene/ Contagious Diseases:</b> Staff, or any other persons being supervised by the staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea. <b>PG:</b>
		<b>Prohibited Substances/ No Smoking:</b> Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation. <b>PG:</b>
		<b>Prohibited Substances/ Alcohol and Illegal Drugs:</b> Staff, chaperones and students in training shall not be under the influence of or consume alcohol, marijuana or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible. <b>PG:</b>
		<b>Diapering Areas and Practices/ Hygiene:</b> Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties. <b>PG:</b>
		<b>Staff/ Work Schedules:</b> Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period. <b>PG:</b>
		<b>Staff/ Substitute Employees:</b> The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules. <b>PG:</b>
		<b>Staff/ First Aid and CPR:</b> At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip. <b>PG:</b>

## Menus, Schedules and Lesson Plans

- The following section covers the program's Menu, Daily Schedules and classroom Lesson Plans.
- These forms **MUST BE** specific to **YOUR** program. There are sample blank forms for you to use as templates however you must complete these and submit to accurately reflect your center's plan for developmentally appropriate activities, schedules and menus.
- **Lesson Plans:** Please provide a sample lesson plan for each age group in your program. This will include a full-day after-school lesson plan, a half-day after-school lesson plan, and an infant lesson plan.

**NOTE:** If you have multiple classrooms of the same ages please submit one lesson plan for that age group if each room will be doing the same activities.

- **Daily Schedules:** Please provide a daily schedule for EACH classroom in your building, including a full-day after-school schedule, a half-day after-school schedule, and an infant schedule.

**NOTE:** The full day after-school schedule will cover the times they attend the program when they are out of school for holidays and spring/summer breaks.

Please ensure that outdoor play times allow for each classroom to meet the minimum time required by the rules without overcrowding the playground. Therefore, if you have limited playground space you will need to ensure your outdoor times are staggered so that the capacity of the playground is not exceeded by having multiple classrooms outside at the same time.

- **Menu:** Please use the sample meal planner provided. Be sure that you have met all required components for each meal and snack. Complete and submit the meal planner form with sample foods you would serve for one week. The sample menu you submit must include the meal times that are indicated in your parent handbook and on Application Part A (Ex: Breakfast, lunch and afternoon snack; Morning Snack, Lunch and Afternoon snack; Breakfast, morning snack, lunch and afternoon snack, etc.)

**ADDITIONAL INFORMATION TO BE SUBMITTED:**

		<b>DAILY SCHEDULES:</b>  <b>Note: Submit a copy of your schedule for <u>each</u> classroom</b>
		1. Daily schedule for <u>all</u> ages served, beginning when center opens and ending at time center closes, to include: (match times listed on Appl. A for opening & closing)
		Age-appropriate activities for all hours of operation, from center opening until closing. Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, language experiences, arts and crafts, dramatic play, rhythm and music, and nature and science experiences;
		Required amount of outdoor play. (One and a half hours for one year and older. At least one hour for children under one year.) (Assure that groups rotate appropriately so that playgrounds are not over capacity.)
		At least two hours required between meals and snacks;
		Part-day/full-day schedules for school age, if applicable. (Half day schedule for after-school, full day schedule for summer or holidays when children are present all day.) CCLC #591-1-1-03
		<b>LESSON PLANS:</b>  <b>Note: Submit samples of completed lesson plans for <u>each age group</u>.</b>
		Each lesson plan must represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development:  <input type="checkbox"/> Physical development (fine & large motor) <input type="checkbox"/> Emotional and Social development <input type="checkbox"/> Language and Literacy development <input type="checkbox"/> Cognitive development
		Note: Lesson plans must reflect that staff members use a variety of teaching methods to accommodate the needs of children's different learning styles/abilities. (i.e. different types of materials to meet physical abilities- ex: knobbed puzzles, chunky paint brushes)

<b>PROPOSED WEEKLY MENU:</b> <b>Menus submitted are to include:</b>		
		Clearly identified food items and drinks. Example: apple, orange, banana – not “fruit;” vegetable, chicken noodle, tomato soup- not “soup;”
		Required components and creditable food items and drinks, quantities, etc. described in U.S.D.A guidelines. (Refer to Applicant Guide, Use the meal planner form to meet USDA guidelines. Ex. Lunch-Meat/protein, bread, milk, 2 veg. Or 1 fruit and 1 veg.);
		Morning snack, lunch, afternoon snack and any other meals or snacks served. CCLC # 591-1-1-15(5-6)

## Emergency Plans

- The following section covers the program's Emergency Plans for nine specific categories.
- The plans MUST BE specific for YOUR program. NO sample forms are available.
- The emergency plans for fire and severe weather must be posted on the parent information board near the entrance to the building. If provided in your policy and procedures, they should be the same.
- Please make sure the plans for each area are specific and complete. They should cover the plan from the beginning of the emergency until the end. They should list the responsible parties for each action, for example:
  1. The director will pull the fire alarm
  2. Each lead staff will grab their classroom roster, etc.

		<b>Written plans for Emergency Situations:</b> (These should be detailed and specific to your center. You will write them now, train your staff with them, and use them as reference when
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		an emergency happens.)  <b>NOTE: These should include step-by-step procedures to include graphics and written procedures for the following:</b>
		<b>Fire</b> (evacuation of building);
		<b>Tornado/Severe weather</b> (protection inside building);
		Physical plant problems, to include: ____ loss of <b>heating</b> , ____ loss of <b>cooling system</b> , ____ loss of <b>water</b> , ____ loss of <b>electricity</b> and, ____ <b>structural damage</b> . Include, if applicable, place (s) children may be taken in emergency until parents can be notified, etc.;
		<b>Serious injury/death</b> ;
		<b>Loss of child</b> (wanders away from facility or on field trip). CCLC #591-1-1-.21(i)

**PLEASE DO NOT WRITE BELOW THIS LINE)**

**OFFICE USE ONLY: OPERATION PLAN**

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

PLAN APPROVED

PLAN APPROVED WITH THE FOLLOWING STIPULATIONS

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PLAN NOT APPROVED - ADDRESS ALL ITEMS MARKED NM OR?

RETURN REVISED PLAN & APPLICABLE FORMS WITH THIS ORIGINAL CHECKLIST AND A SELF ADDRESSED, STAMPED ENVELOPE

**COMMENTS:**

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REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# Section G: APPLICATION PART B

Application Part B – Checklist .....	1G
Application Part B.....	2G
Initial Licensing Study Staff Profile Form.....	3G

**CHECKLIST- APPLICATION PART B:**  
**PLEASE INCLUDE THE FOLLOWING:**

**Applicant's Name:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

Check off as you obtain each of the following to be sent in:

- 1. Completed Application Part B with correct name, address, signatures. (Note: It should match Application Part A for many details.)
- 2. Completed vehicle inspection (DECAL sample available). Date \_\_\_\_\_
- 3. State Fire Marshall's (404-656-0659) report showing the recommendation for a certificate of occupancy (CO). Date \_\_\_\_\_ Limit \_\_\_\_\_ (dated within past 12 months)
- 4. Building Inspector's Report or certificate of occupancy or letter stating you have met the building codes for your particular city or county or a letter stating that your particular city or county does not have building codes. Date \_\_\_\_\_ Limit \_\_\_\_\_ (dated within past 12 months)
- 5. Results of criminal records check on director and all staff. Date \_\_\_\_\_ (Clearances must be dated within the past 12 months)
- 6. Map or directions to the Child Care Learning Center.
- 7. Confirmation of city water and sewer (copy of the bill will suffice). Date \_\_\_\_\_
- 8. If you do not have city water and sewer, water approval and septic tank capacity (attach written verification from health department indicating the number of persons the septic tank can accommodate). Date \_\_\_\_\_ Limit \_\_\_\_\_
- 9. Certificate of Completion of a Department-approved 40-hour director's training course.
- 10. If food is catered:
  - 1) A copy of food service permit; and
  - 2) Copy of current health inspection with graded score.
- 11. Copy of Director's Application for qualifications (Director's employment application)
- 12. Copy of Director's Educational Credential (i.e. copy of Degree, CDA, etc.)
- 13. Completed Initial Licensing Study Staff Profile form listing all staff ready for operation. (Note: Sample form included in Part B section of Applicant's Guide)
- 14. Proof of Zoning (This should have been submitted with Application Part A unless you have been in the application process for over 1 year).



### BRIGHT FROM THE START

Georgia Department of Early Care and Learning  
 2 Martin Luther King Jr. Drive, SE  
 Suite 670, East Tower  
 Atlanta, Georgia 30334  
 www.decal.ga.gov

### APPLICATION FOR LICENSE - PART B

License or Commission (Check one):

Child Care Learning Center:  License  Commission

TO: Bright from the Start: Georgia Department of Early Care and Learning

#### Applicant Information:

(Name of Corporation/LLC/Individual  
Owner/Board)

(Mailing Address) (City/Zip) (County)

(Daytime Telephone No.)

(Date of Birth)

(E-mail Address)

#### Facility Information:

(Name of Center)

(Site Address) (City/Zip) (County)

(Facility Telephone No.)

(Facility Fax No.)

(E-mail Address- required for application approval)

#### Director Information:

(Title) (First, MI, Last Name)

(Date of Birth)

(Social Security Number)

Director's E-mail address

Attach results of the criminal records check.

Have you ever been involved in legal proceedings in which issues were raised regarding the care and treatment of your own children or any children for whom you were responsible?

Yes  No

If yes, please attach a statement giving dates and the name and location of the court involved, the outcome of the proceedings and a detailed description of the alleged facts giving rise to the court proceeding.

Is the facility currently operating?  Yes  No

This is to certify that I have met all applicable rules as evidenced by the following:

Yes  No

- 1. All plans have been submitted and approved by local building and the governing fire safety authorities and Child Care Learning Center Licensing Department. Verification of plans approval for building and fire are attached. If no local building ordinances, attach a written statement from the local government official stating no building ordinances are needed for your location.
- 2. Construction of outdoor areas have been completed according to my approved site plans and all work has been completed.
- 3. I have taken all actions as outlined in my approved floor plans and all work has been completed.
- 4. Zoning- If no ordinance, attach a written statement from the local government official stating no zoning ordinance is required for your location. (N/A if you have already submitted this with Application Part A.)
- 5. Vehicle Inspection Form
- 6. Water approval, from Health Department if other than city/county
- 7. Sewer approval, from Health Department if other than city/county  
Septic Tank Capacity \_\_\_\_\_ (attach written verification from Health Department)  
Approved for \_\_\_\_\_ # of Persons
- 8. Fire Inspection (including certificate of occupancy or written approval from governing fire agency)
- 9. Caterer's Food Inspection Permit (if applicable) and copy of current inspection report
- 10. I obtained criminal Records Check results on all employees from COGENT livescan and all were completed within the last 12 months.
- 11. A completed "Initial Licensing Study Staff Profile" form is attached.
- 12. Child care rooms are equipped with furniture and toys as required.
- 13. I have posted all required written items in the front entrance of the child care facility.
- 14. The outdoor play space is equipped and the correct area and depth of surfacing is in place.
- 15. Certificate of completion for the 40-hour director's training course is attached.

I understand that if an on-site inspection is conducted and my facility is not in compliance with the rules, permission to operate may not be granted and my application to operate may be denied.

Under provision of the "Children and Youth Act" O.C.G.A. Sec. 49-5-1 et. Seq: I/We hereby apply for a license and hereby agree to adhere to the rules and regulations which apply to my facility and to the following conditions:

- A. I/We have read and understand the application and the regulations for Child Care Learning Center facilities.
- B. I/We assume responsibility for conducting the affairs of the facility herein described and for meeting the applicable regulations.
- C. I/We understand that the facility is subject to inspection by Bright from the Start: Georgia Department of Early Care and Learning at any time during operating hours. To interfere with such inspections may subject me/us to misdemeanor charges and may also have an adverse impact on my/our license.
- D. I/We understand that a license to operate a Child Care Learning Center is not transferable to another individual or location.
- E. I/We understand that remodeling or modification to the facility requires a plan review from Bright from the Start: Georgia Department of Early Care and Learning before starting new construction, alterations or additions.
- F. I am/We are responsible for compliance with the rules and regulations as set forth in the rules and regulations for Child Care Learning Centers, Chapter 591-1-1. I/We understand that rule violations which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may subject me/us to civil penalties of up to \$500 per violation for each day the violation exists.
- G. I/We understand that failure to comply with the regulations may result in denial or revocation of the license to operate the facility.
- H. I/We declare there have been no licensure/revocation proceedings initiated against me/us within one year of the date of this application.
- I. I/We understand that before the official Bright from the Start: Georgia Department of Early Care and Learning (BFTS) initial license will be issued to the facility, a License Fee based on the facility's overall capacity must be submitted to [www.decalkola.com](http://www.decalkola.com). The License Fee is an annual fee that is due by December 31 of each year that the facility is in operation.

A map is enclosed with the directions to my center.

False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof.

Name of Corporation/LLC or individual owner

Director of Center, if different from Owner(s)

Board Chairman /President /CEO  
(signature)

Date

**LICENSE FEE MUST BE SUBMITTED PRIOR TO YOUR OFFICIAL LICENSE BEING ISSUED BY BRIGHT FROM THE START.**

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

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

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

**License Fees are non-refundable.**

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

**\*\*NOTE: Fees are paid AFTER the Initial Licensing Study and after Permission to Operate has been given. Payment of this fee is due within 30 calendar days of issuance of Permission to Operate. Payments can be made online at:**

**[www.decal.koala.com](http://www.decal.koala.com) once you have set up an account,**

**or**

**by sending a money order or certified check, payable to Bright from the Start:  
Georgia Department of Early Care and Learning.**

**Mail to:**

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

## **INITIAL LICENSING STUDY STAFF PROFILE**

NAME OF CENTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DIRECTOR \_\_\_\_\_ TOTAL # STAFF \_\_\_\_\_

DAYS/HOURS OF OPERATION \_\_\_\_\_

# Section H: RESOURCE MATERIALS

## Resource Forms

### Sample Staff Forms

Staff Application.....	1H
10 Year Employment History.....	2H
Staff Policies.....	3H
Employee's Documentation Record.....	4H
Documentation of Orientation.....	5H
Initial Staff Training Record.....	6H

### Sample Children's Record Forms

Sample Children's Enrollment Form/Emergency Med. Auth./Parental Agreement (3 pgs.)....	7-9H
Medication Authorization.....	10H
Infant Feeding Plan.....	11H
Children's Daily Attendance Record.....	12H
Incident Report Form.....	13H
Parent Acknowledgement of No Insurance.....	14H

### Food Service Forms

Food Service .....	20H
USDA Food Guide Pyramid.....	29H
USDA Meal Pattern Requirements for Children.....	31H
Weekly Menu Form (2 pages).....	32-33H
Manual Dishwashing diagram.....	34H
Sack Lunch Criteria.....	35H

### Sample Transportation Forms

Transportation Guidelines.....	14H
Vehicle Safety Inspection .....	15H
Transportation Agreement.....	16H
Field Trip Permission/Checklist.....	17H
Weekly Transportation Checklist (2 pages).....	18-19H

### Items to be Posted

Parents' Rights Poster .....	36H
Handwashing Poster.....	37H
Common Infectious Diseases.....	38H
Parent Notice that the center has No Insurance.....	39H

### Other

Pandemic Flu Preparation Checklist.....	40H
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# Sample Staff Forms

Staff Application .....  
10 Year Employment History .....  
Documentation of Orientation .....  
Daily Staff Attendance Record .....  
Staff Policies & Procedures .....

## (CENTER NAME)

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

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

HOME ADDRESS PHONE NUMBER

BIRTH DATE SOCIAL SECURITY NUMBER

(Circle One)

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

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

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

Visa Registration Number: Expiration Date

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

If yes, please explain:

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## EDUCATION (Attach documentation of qualifying education)

PLACE

DATES

DIPLOMA, CERTIFICATE,  
DEGREE

ELEMENTARY

--	--	--

SECONDARY

--	--	--

COLLEGE

--	--	--

OTHER

--	--	--

## Experience with groups of children

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

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## Attach documentation of experience working with children.

(Circle One)

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

If yes list:

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

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

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

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

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

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

Do you have a valid driver's license? YES NO  
 If yes, give license number and class of license: \_\_\_\_\_  
 Have you had CPR training within the past two years? YES NO  
 If yes, give expiration date: \_\_\_\_\_  
 Have you had first aid training within the past three years? YES NO  
 If yes, give expiration date: \_\_\_\_\_

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 10 YEAR EMPLOYMENT HISTORY

**Social Security Number**

**Name**

**Address**

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

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

## DOCUMENTATION OF ORIENTATION

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

Employee's Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Employee received orientation in the following:

Facility's Policies and Procedures

Review of State's Health and Safety Requirements regarding:

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

Employee's Assigned Duties and Responsibilities

Reporting Requirements for:

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

Emergency Weather Plans

Childhood Injury Control

The Administration of Medication

Reducing the Risk of Sudden Infant

Death Syndrome (SIDS)

Hand Washing

Fire Safety

Water Safety

Prevention of HIV/Aids and blood borne pathogens

Approved Child Care Training Requirements

Other (list) \_\_\_\_\_

---

Signature of Person Providing Orientation

---

Signature of Employee Receiving Orientation

---

Date

---

Date

## **DAILY STAFF ATTENDANCE RECORD**

Date

## Class

## **Additional Staff Policies & Procedures**

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

### **Hygiene/Contagious Diseases:**

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

### **Prohibited Substances/No Smoking:**

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

### **Prohibited Substances/Alcohol and Illegal Drugs:**

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

### **Diapering Areas and Practices/Hygiene:**

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

### **Staff/Work Schedules:**

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

### **Staff/Substitute Employees:**

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

### **Staff/First Aid and CPR:**

At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip.

# Sample Children's Record Forms

Sample Children's Enrollment Form.....	Page 1 of 4
Emergency Medical Authorization.....	Page 2 of 4
Parental Agreements with Child Care Facility.....	Page 3 of 4
Safe Sleep Policy .....	Page 4 of 4
Medication Authorization .....	
Infant Feeding Plan .....	
Children's Daily Attendance Record .....	
Report of Incident Requiring Professional Medical Attention .....	
Parent Liability Acknowledgement (use when the center has no insurance).....	

**SAMPLE CHILDREN'S ENROLLMENT FORM****Page 1 of 4****Entrance Date** \_\_\_\_\_ **Withdrawal Date** \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

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

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

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

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

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

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

## EMERGENCY MEDICAL AUTHORIZATION

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

**Parent/Guardian:** \_\_\_\_\_ Signature \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facility Administrator/Person-In-Charge:** \_\_\_\_\_ Signature \_\_\_\_\_

**Date:** \_\_\_\_\_

### Parental Agreements with Child Care Facility

The \_\_\_\_\_ agrees to provide day care for  
 (Name of Facility)

\_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
 (Name of Child) (Days of Week)

from \_\_\_\_\_ to \_\_\_\_\_.  
 (Month) (Month)

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

Breakfast  
 Morning Snack  
 Lunch  
 Afternoon Snack  
 Evening Snack  
 Dinner  
 Bedtime Snack

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

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

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

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

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

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

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

\_\_\_\_\_.  
 (Name of Facility)

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian)

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

## DECAL SAMPLE

**Safe Sleep Practices Policy**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

## Safe Sleep Practices/Policies:

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICATION AUTHORIZATION**

Child's Full Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Prescription Number \_\_\_\_\_

Time Medication is to be Given \_\_\_\_\_

Amount of Medication to be Given \_\_\_\_\_

Date(s) to be Given \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**For Center Use**

	Date	Time Given	Amount	Any Adverse Reactions	Administered By
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication what action was taken? Describe.

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## INFANT FEEDING PLAN

Child's full name \_\_\_\_\_ Date \_\_\_\_\_ Date of birth \_\_\_\_\_

Does child take bottle? Yes [ ] No [ ]  
 Is the bottle warmed? Yes [ ] No [ ]  
 Does the child hold own bottle? Yes [ ] No [ ]  
 Can the child feed self? Yes [ ] No [ ]

Does the child eat: (Check all that apply)

Strained foods [ ] Whole milk [ ]  
 Baby foods [ ] Table foods [ ]  
 Formula [ ] Other [ ]  
 Breast Milk [ ]

What type of formula used? \_\_\_\_\_

Amount of formula/breast milk to be given? \_\_\_\_\_

Updated amounts of formula/breast milk: \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Does the child take a pacifier? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

Food likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Allergies? (Include any premixed formula) \_\_\_\_\_

FORMULA/ BREAST MILK			FOOD		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods \_\_\_\_\_

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. \_\_\_\_\_

PARENTS' SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## DAILY ATTENDANCE/ ARRIVAL & DEPARTURE RECORD

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

Facility name: \_\_\_\_\_  
 Classroom / Ages served: \_\_\_\_\_  
 DATE: \_\_\_\_\_

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

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

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

## REQUIRED REPORT OF INCIDENT

### Consultant Name/Consultant Fax #

Rule #591-1-1-.29 for Child Care Learning Centers requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care be reported to the Bright from the Start **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent/Guardian of Child \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Date, Place and Time of Incident \_\_\_\_\_ (am/pm)

Describe the activity the child was engaged in at the time of the incident \_\_\_\_\_

Name(s) of staff present at the activity \_\_\_\_\_ Total # staff/children present \_\_\_\_\_

Name(s) of other witnesses \_\_\_\_\_

Parent/Guardian Notified  Yes  No Time Notified \_\_\_\_\_ Method of Notification \_\_\_\_\_

When did child receive professional medical attention?  NA \_\_\_\_\_

Name of facility/physician which provided medical care.  NA \_\_\_\_\_

Describe medical attention/care/steps to locate child by facility \_\_\_\_\_

Describe care provided by medical facility/physician  NA \_\_\_\_\_

Describe the child's injury  NA \_\_\_\_\_

Does the child remain enrolled in the facility?  Yes  No

Describe action(s) taken to prevent reoccurrence \_\_\_\_\_

Additional Comments \_\_\_\_\_

Signature of Director/Provider \_\_\_\_\_ Date \_\_\_\_\_

(Make out form in duplicate: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Staff Person \_\_\_\_\_ Date \_\_\_\_\_

\*\* Please notify your consultant that the incident report is being faxed to ensure that it is received.\*\*

**Form may be submitted without parent's signature to ensure it is submitted within 24 hours or the next business day.**

FOR CONSULTANT USE ONLY:

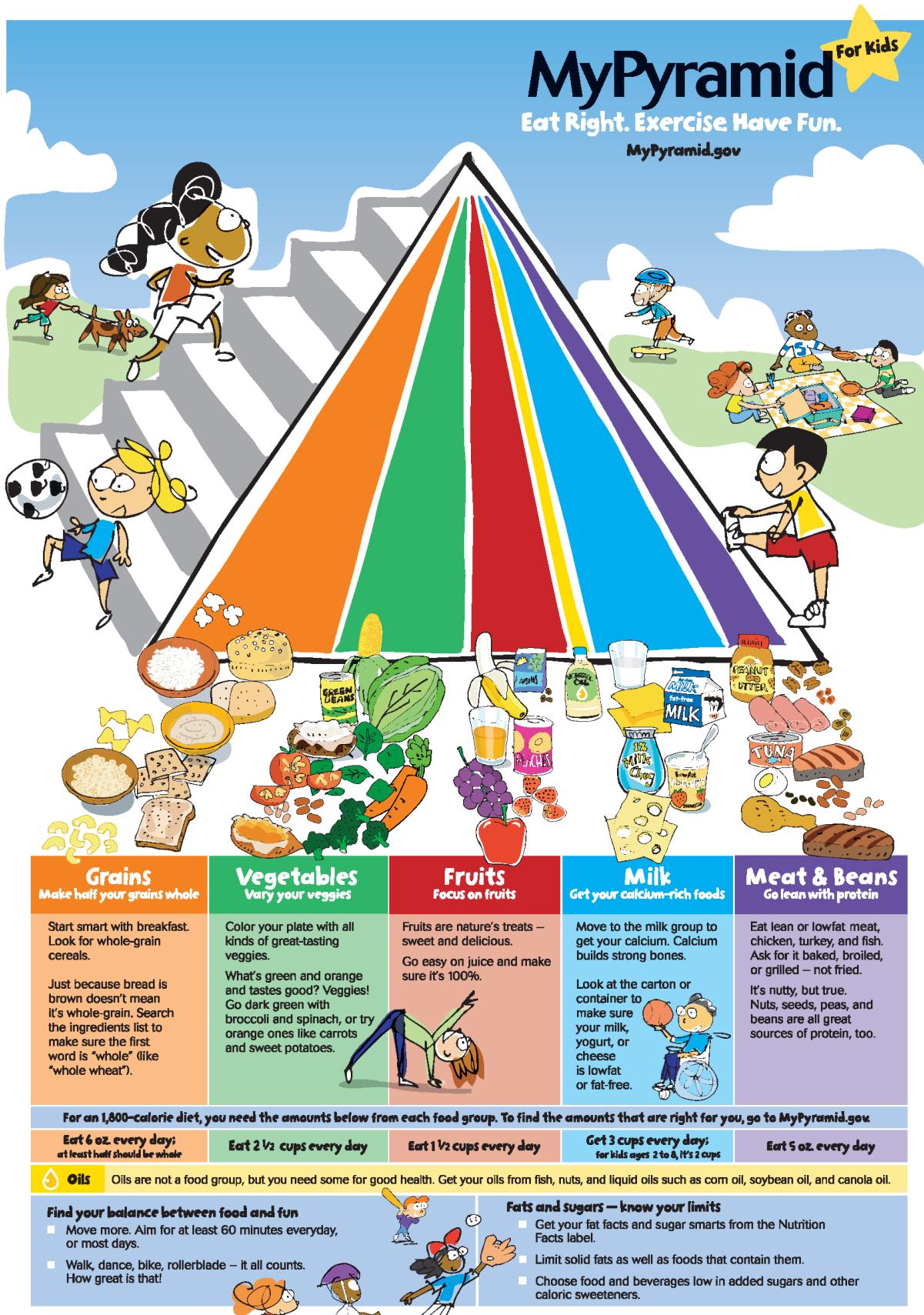
<input type="checkbox"/> Diapering	<input type="checkbox"/> Infant Sleep Safety	<input type="checkbox"/> Playground	<input type="checkbox"/> Swimming Pools & water-related activities
<input type="checkbox"/> Discipline	<input type="checkbox"/> Medication	<input type="checkbox"/> Staff:Child Ratios	<input type="checkbox"/> Transportation/Field Trips
<input type="checkbox"/> Hygiene	<input type="checkbox"/> Physical Plant-Hazards	<input type="checkbox"/> Supervision	<input type="checkbox"/> Other

# Food Service Forms

- Food Service .....
- USDA Food Guide Pyramid .....
- USDA Meal Pattern Requirements for Children .....
- Weekly Menu Form (2 pages) .....
- Manual Dishwashing diagram .....
- Sack Lunch Criteria .....

## FOOD SERVICE

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



## Child and Adult Care Food Program Meal Patterns Revised 12/99

## Amounts and Types of Foods To Be Served to Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
<b>Breakfast:</b>			
<ul style="list-style-type: none"> <li>• milk, fluid<sup>1</sup></li> <li>• juice or fruit or vegetable</li> <li>• bread or bread alternate or cornbread, biscuits, rolls, muffins, etc</li> <li>including cereal cold, dry or cereal hot, cooked</li> </ul>	$\frac{1}{2}$ cup $\frac{1}{4}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving  $\frac{1}{4}$ cup or $\frac{1}{3}$ ounce $\frac{1}{4}$ cup	$\frac{3}{4}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving  $\frac{1}{3}$ cup or $\frac{1}{2}$ ounce $\frac{1}{4}$ cup	1 cup $\frac{1}{2}$ cup 1 slice 1 serving  $\frac{3}{4}$ cup or 1 ounce $\frac{1}{2}$ cup
<b>Supplement (Snack)</b> (select 2 out of 4 components)			
<ul style="list-style-type: none"> <li>• milk<sup>1</sup>, fluid</li> <li>• juice or fruit or vegetable</li> <li>• meat or meat alternate</li> <li>egg (large)</li> <li>• bread or bread alternate</li> <li>including cereal, cold, dry or cereal hot, cooked</li> </ul>	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{4}$ cup or $\frac{1}{3}$ ounce $\frac{1}{4}$ cup	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{3}$ cup or $\frac{1}{2}$ ounce $\frac{1}{4}$ cup	1 cup $\frac{3}{4}$ cup 1 ounce $\frac{1}{2}$ 1 slice $\frac{3}{4}$ cup or 1 ounce $\frac{1}{2}$ cup
<b>Lunch or Supper</b>			
<ul style="list-style-type: none"> <li>• milk<sup>1</sup>, fluid</li> <li>• meat or poultry or fish or egg (large)</li> <li>or cheese</li> <li>or cooked dry beans or peas</li> <li>or peanut butter and other "butters"</li> <li>nuts and seeds<sup>2</sup></li> <li>or yogurt</li> <li>• vegetables and/or fruits<sup>3</sup> (2 or more total)</li> <li>• bread or bread alternate<sup>4</sup></li> </ul>	$\frac{1}{2}$ cup 1 ounce 1/2 1 ounce $\frac{1}{4}$ cup  2 Tbsp. $\frac{1}{2}$ ounce  4 ounces $\frac{1}{4}$ cup  $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	$\frac{3}{4}$ cup 1 $\frac{1}{2}$ ounces 3/4 1 $\frac{1}{2}$ ounces $\frac{3}{8}$ cup  3 Tbsp. $\frac{3}{4}$ ounce  6 ounces $\frac{1}{2}$ cup  $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	1 cup 2 ounces 1 2 ounces $\frac{1}{2}$ cup  4 Tbsp. 1 ounce  8 ounces $\frac{3}{4}$ cup  1 serving or 1 slice

<sup>1</sup> Milk includes whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

<sup>2</sup> For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz of nuts or seeds = 1 oz of cooked lean meat, poultry or fish.

<sup>3</sup> Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

<sup>4</sup> Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

# Weekly Menu Form

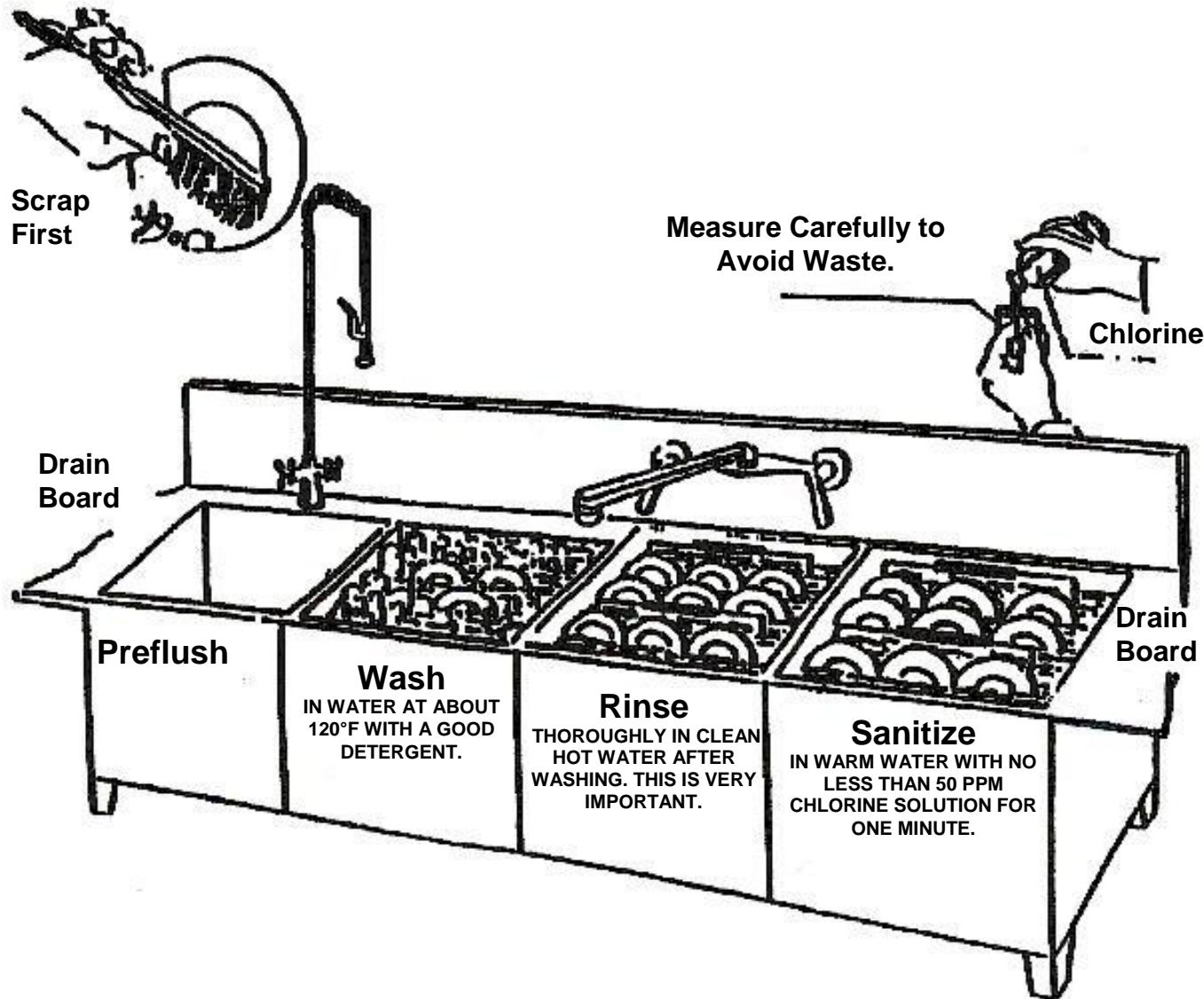
Provider's Name: _____		Month/Year: _____						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Calendar Date								
<b>Breakfast</b>	Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
	Choose 2 of these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

# Weekly Menu Form

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

# Manual Dishwashing – Chemical Method

## Approved Procedure - Preflush, Wash, Rinse, Sanitize





Georgia Department of Early Care and Learning

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

(404) 656-5957

**Nathan Deal**  
Governor

**Amy M. Jacobs**  
Commissioner

## CRITERIA FOR SACK LUNCHES

1. Nutritional requirements as presently listed in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.
2. The center shall have a written agreement with parents as to the parent's responsibility to provide the child a nutritious sack lunch.
3. The center shall provide all parents written nutritional information concerning the content of sack lunches.
4. Food brought into the center shall be evaluated each day and if the child's lunch does not meet the nutritional requirements of 591-1-1-.15(1) the center must provide the child the additional food necessary to meet the requirements.
5. Individual lunches shall be labeled and children monitored to assure that there is no swapping of home-prepared food.
6. The center shall provide for proper storage and refrigeration of sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees or below. [591-1-1-.15(10)]

“Potentially hazardous food” means any perishable food, which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting rapid and progressive growth of infectious microorganisms.

7. If there is any food preparation done in the center, all related requirements in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.
8. Each child shall be served at least 4 ounces of milk each day if not contraindicated by special diets. [591-1-1-.15(1)]

# ITEMS TO BE POSTED

All Items to be Posted.....  
Parents' Rights.....  
Hand washing Poster.....  
Common Infectious Diseases.....  
Notice to Parents and Guardians (No Insurance).....  
Consumer Product Safety Commission Poster.....

**ALL ITEMS TO BE POSTED**

**Each facility shall post in a designated area for public viewing near the front entrance the following:**

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

**Each Center shall post in other areas:**

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

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

- Regional Poison Control Center
- Local hospital/medical office/physician
- County health department
- Ambulance/ Rescue Squad Services/ 911
- Local fire department/ 911
- Local police department/ 911

# PARENTS

## YOU HAVE THE RIGHT:

1. To access this facility anytime your child is in care. However, you need to immediately make your presence known to the person in charge of the facility.
2. To review a copy of the facility's latest licensure evaluation report, ask the facility director for this report.

A copy of the rules and regulations, which apply to this facility, is posted near the front entrance. These rules establish minimum requirements for the health, safety, and well-being of all children in care.

The department is required by law to investigate all complaints regarding rule violations. These may be addressed to the Bright from the Start: Georgia Department of Early Care and Learning licensing office at (404) 657-5562.

# VISITORS

Please check in with staff upon arrival to the facility.

# GOOD HEALTH IS IN YOUR HANDS!



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

**Always wash your hands . . .**

**Before**

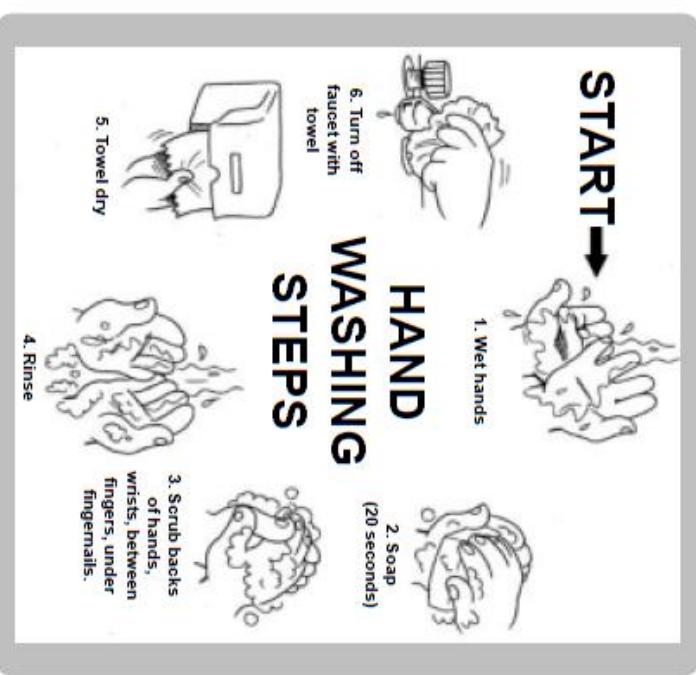
- preparing or eating food
- treating a cut or wound
- inserting or removing contact lenses

**After**

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



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



# Childhood Infectious Illnesses

## (Communicable Disease Recommendations)

adapted from Childhood Infectious Illnesses poster—2008 edition  
Children's Healthcare of Atlanta

EYE, EAR, NOSE, THROAT, AND CHEST						
DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats <i>(respiratory diseases caused by many different viruses and occasionally bacteria)</i>	Variable, numerous causes	Contact with droplets from nose, eyes, or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, often from the day before symptoms begin up to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO <sup>†</sup>	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable
Influenza* <i>(influenza virus)</i>	1 to 3 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until the first 7 days of illness	After 24 hours without fever and child's symptoms are improving	NO <sup>†</sup>	Illnesses caused by Influenza virus or pneumonococcal bacteria can be reduced by timely immunization  ADDITIONAL COMMENTS: Influenza: Annual influenza vaccine recommended for children ages 6 months to 18 years as well as caregivers of young children (especially those <6 months); cover coughs and sneezes
Respiratory Syncytial Virus (RSV)	2 to 8 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until 3 to 8 days or longer	After 24 hours without fever and child's symptoms are improving	NO <sup>†</sup>	Respiratory Syncytial Virus: Avoid sharing linens, toys
Pinkeye <i>(Pink or red eye; eyelid swelling; tearing and/or discharge)</i>	Variable, depending on the cause— bacterial, viral or allergic	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	Depending on the cause, up to 2 weeks	On recommendation of physician; bacterial conjunctivitis requires antibiotic treatment	NO <sup>†</sup>	Cold Sore: Avoid kissing, sharing drinks or utensils
Cold Sore <i>(Herpes simplex virus)</i>	2 days to 2 weeks	Direct contact with infected oral secretions or lesions (drooling, kissing, thumb-sucking)	While lesions are present	After lesions are scabbed over and drooling controlled	NO <sup>†</sup>	

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta

1

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Diphtheria* ( <i>Corynebacterium diphtheriae</i> bacteria)	2 to 7 days	Contact with discharges from the nose, eyes, mouth or skin lesions of infected individual	Onset of sore throat to 4 days after treatment has begun	After 2 negative cultures are obtained	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys
Mononucleosis (Mono) ( <i>Epstein-Barr virus</i> )	4 to 7 weeks	Kissing on mouth; sharing objects contaminated with saliva	Variable, often prolonged	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO <sup>1</sup>	Illnesses caused by influenza virus or pneumococcal bacteria can be reduced by timely immunization  ADDITIONAL COMMENTS: Diphtheria: Timely immunizations; booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults.  Mononucleosis: Avoid kissing, sharing drinks or utensils  Mumps: Timely immunizations  Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling
Mumps* ( <i>Mumps virus</i> )	12 to 25 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person	Peak infectious time begins 2 days before swelling, but may range from 7 days before to 9 days after	9 days after parotid gland (neck) swelling begins	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	
Strep Throat ( <i>Group A Streptococcus bacterial</i> )	1 to 5 days	Contact with droplets from nose and mouth. Rarely, outbreaks can be caused by contaminated food	From onset of symptoms until 24 hours after treatment	After at least 24 hours of antibiotic treatment and no fever for 24 hours	NO <sup>1</sup>	
Tuberculosis (TB)	Many infected persons do not develop disease and have no symptoms. Risk of developing active disease is highest during first 1 to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Children with TB may be infectious to others when they have active disease of the lungs or throat	Only when Health Department or physician gives permission	YES Treatment of contacts may be necessary	Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely  Whooping cough: Timely immunizations; booster dose of Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes
Whooping Cough*# ( <i>Bordetella pertussis</i> bacteria)	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Most infectious before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins	After appropriate antibiotic treatment for 5 days	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta

2

GATROINTESTINAL						
DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
<b>Viral Gastroenteritis</b> <i>(vomiting and/or diarrhea)</i> • Adenovirus • Rotavirus • Norovirus	Varies with pathogen (pathogen is a disease-causing organism), usually 1 to 5 days	Contact with stool, saliva or vomit from infected individual directly or from surfaces. Norovirus highly infectious; frequent cause of outbreaks	From 2 days before illness until vomiting and diarrhea improve	No fever or vomiting for 24 hours and fewer than 5 stools per day	NO <sup>1</sup>	For all Diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff
<b>Bacterial Gastroenteritis</b> • Pathogenic <i>E. coli</i> • <i>Salmonella</i> • <i>Campylobacter</i> • <i>Shigella</i> • <i>Yersinia</i>	Varies with pathogen, from 6 hours to 7 days	Contact with stool from infected individual (or occasionally pets); from contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present. Pathogenic <i>E. coli</i> and <i>Shigella</i> highly infectious in small doses	No fever and stools are formed or fewer than 5 stools per day; pathogenic <i>E. coli</i> and <i>Shigella</i> require 2 negative stool cultures (exceptions may rarely be allowed by local health department for older children)	YES Treatment of contacts not necessary; follow-up stool tests are necessary for <i>Shigella</i> and <i>E. coli</i> infections	ADDITIONAL COMMENTS: Bacterial Gastroenteritis: Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.)
<b>Giardia</b> <i>(a parasite)</i>	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present.	When stools are formed or fewer than 5 stools per day	YES Treatment of contacts not necessary; follow-up stool tests not necessary	Hepatitis A: Timely immunizations; consider Hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others
<b>Hepatitis A*</b>	2 to 7 weeks (usually 25 to 30 days)	Eating contaminated food/water; close contact with infected individuals; contact with infected stool	From 2 weeks before illness until 1 week after jaundice has begun	After 1 week from the onset of jaundice	YES Young children (younger than 5) often asymptomatic; one case may indicate a childcare center outbreak. Treatment of contacts may be necessary	Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas
<b>Pinworms</b>	2 to 8 weeks	Pinworms lay microscopic eggs near rectum, causing itching. Infection spreads through ingestion of pinworm eggs, after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy AND resolution of rectal itching. Re-infection is common	No restriction, but treatment should be given to reduce spread	NO <sup>1</sup>	

MENINGITIS	DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
	<b>Haemophilus influenzae type B*</b> (Hib bacteria) Meningitis or sepsis as determined by spinal tap/blood tests	Variable, usually 1 to 10 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils
	<b>Neisseria meningitidis</b> (Meningococcal bacteria) Meningitis or sepsis as determined by spinal tap/blood tests	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts may be necessary	ADDITIONAL COMMENTS: Haemophilus influenzae type B (Hib bacteria): Timely immunizations  Meningococcal meningitis: Timely immunizations
	<b>Streptococcus pneumoniae*</b> (Pneumococcal bacteria) Meningitis or sepsis as determined by spinal tap/blood tests	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment, and child well enough to participate	YES Treatment of contacts not necessary and not beneficial	Streptococcus pneumoniae: Timely immunizations  Viral Meningitis: Proper disinfection of changing tables
	<b>Viral Meningitis</b> (Usually enterovirus)	Variable, usually 3 to 6 days	Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people	From the day before the illness until a week after onset	After 24 hours without fever, and child well enough to participate	YES Treatment of contacts not necessary; no specific treatment available	Neisseria Meningitidis: (meningococcal bacteria): Timely immunizations

SKIN OR RASH	DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
	Chickenpox** (Varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth, or skin lesions of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted	When all lesions have crusted	NO <sup>1</sup>	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues  ADDITIONAL COMMENTS: Chickenpox: Timely immunizations; cover coughs and sneezes
	Fifth Disease# (Human parvovirus B19)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person	Only during the week BEFORE rash develops	No need to restrict once rash has appeared	NO <sup>1</sup>	German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune)  Hand, Foot and Mouth Disease: Proper disinfection of changing tables, surfaces and toys
	German Measles**# (Rubella virus)	14 to 23 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 5 days before until 7 days after the rash appears	7 days after the rash appears	YES Treatment of contacts usually not necessary; (exception: non-immune pregnant women)	Head Lice: Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding, clothes in hot water OR dry-clean OR seal in plastic bag for 10 days. Avoid sharing beds, combs, and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow/sleep mat
	Hand, Foot and Mouth Disease (Coxsackievirus)	3 to 6 days	Contact with fecal, oral or respiratory secretions	May be contagious for several weeks after infection	After 24 hours without fever and child is behaving normally	NO <sup>1</sup>	Impetigo: Trim fingernails  Measles: Timely immunizations; cover coughs and sneezes
	Head Lice (parasites)	Eggs (nits) hatch in 6 to 10 days	Close contact with infested individuals and sharing combs, brushes, hats, or bedding	When there are live insects on the head	After treatment, if crawling lice are gone. Remove nits; however nits alone should not be a reason for exclusion. Please read the product information carefully; some may not be appropriate for infants	NO <sup>1</sup>	
	Impetigo (Staphylococcus or Streptococcus bacteria)	1 to 10 days	Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	

SKIN OR RASH	DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
	Measles* ( <i>Rubella virus</i> )	7 to 18 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES Contacts may require treatment; program of vaccination may be recommended during outbreaks in childcare centers or schools	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues  ADDITIONAL COMMENTS: MRSA: Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting.
	MRSA ( <i>Methicillin-resistant Staph aureus</i> ) (a bacterial cause of skin boils and abscesses)	Variable, occasionally initially mistaken as spider bite	Direct skin contact with infected person, wound drainage, or contaminated surfaces. Increased risk in crowded conditions	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing. Exclude from high-risk activities such as close contact team sports until completely healed	NO <sup>†</sup>	Molluscum: Avoid contact sports. During outbreaks, further restrict person-to-person contact  Ringworm: Avoid direct contact with infected individuals; avoid sharing combs, brushes, hats, etc.; proper disinfection of surfaces and toys
	Molluscum ( <i>Molluscum contagiosum virus</i> )	Usually 2 to 7 weeks, sometimes longer	Direct skin contact with wound or contaminated surfaces	Not very contagious	No restriction	NO <sup>†</sup>	Roseola: Proper disinfection of surfaces and toys  Scabies: All household members should be treated simultaneously to prevent re-infestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several weeks
	Ringworm on body and Ringworm on scalp (caused by fungus)	Unknown	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO <sup>†</sup>	
	Roseola (virus)	About 10 days	Respiratory droplets, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO <sup>†</sup>	
	Scabies (parasites)	Usually 4 to 6 weeks, 1 to 4 days after re-exposure	Skin contact with infested individual; contact with bedding or clothes of infected person	From up to 8 weeks before skin rash appears until it has been treated with a scabicidal cream	The day after adequate treatment begins	NO <sup>†</sup> If two or more documented cases in one center, treatment of center contacts may be necessary	

\*These diseases should have been vaccinated against, if immunizations are up to date. Chicken pox may still occur, but usually in a milder form.

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

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

Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on an individual case-by-case basis.

Adequate handwashing facilities, policies, and procedures are the keys to excellent hygiene that will eliminate or minimize transmission of these diseases and keep students in school.

# **NOTICE TO PARENTS AND GUARDIANS**

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

## **PARENT/GUARDIAN NOTICE OF NO LIABILITY INSURANCE AND ACKNOWLEDGMENT**

(Only Complete this Form if Instructed by your Child Care Provider)

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

Parents'/Guardians' Signature(s):

Date:

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Date:

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Printed Name(s):

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Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.

# **NOTICE TO PARENTS AND VISITORS:**

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

**PLEASE VISIT THEIR WEBSITE:  
[www.cpsc.gov](http://www.cpsc.gov)**

**OR CALL:**

**800-638-2772**  
**TTY 800-638-8270**

# TRANSPORTATION GUIDELINES

Transportation Guidelines.....	1
Transportation Vehicle Safety Inspection.....	2
Transportation Agreement .....	3
Vehicle Emergency Medical Information.....	4

**\*Current transportation checklist (Field trip, Home, School) may be found on website:**

**[www.decal.ga.gov](http://www.decal.ga.gov)**

**(Child Care Services - Child Care Center Forms)**



## TRANSPORTATION GUIDELINES

To provide routine transportation services such as:

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

A written Transportation Plan must be included with the Operation Plan.

The written Transportation Plan includes:

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

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**  
**ANNUAL**  
**TRANSPORTATION VEHICLE SAFETY**  
**INSPECTION CERTIFICATION**

ITEMS TO BE INSPECTED	O.K.	DEFICIENT	CORRECTION OR ADJUSTMENTS MADE	REMARKS
Brakes				
Head Lights				
Tail Lights				
Stop Lights				
Turn Signals				
Tires				
Suspension				
Steering				
Windshield Wipers				
Windshield and Windows				
Exhaust System				
Horn				
Heating System				
Safety Alarm located at back of vehicle (If equipped)				
Safety Alarm functioning correctly (time delay to activation less than 1 minute) (If equipped)				

**Owner/Operator of Vehicle:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Make/Model:** \_\_\_\_\_

**Tag Number:** \_\_\_\_\_

**Odometer Reading:** \_\_\_\_\_

**Mechanic's Signature:** \_\_\_\_\_

**Date of Inspection:** \_\_\_\_\_

## TRANSPORTATION AGREEMENT

This is to certify that I give \_\_\_\_\_  
 Facility name

permission to transport my child \_\_\_\_\_  
 Child's name

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

To \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.)  
 Delivery Location

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

on the following days (check all that apply):

\_\_\_\_\_ Monday  
 \_\_\_\_\_ Tuesday  
 \_\_\_\_\_ Wednesday  
 \_\_\_\_\_ Thursday  
 \_\_\_\_\_ Friday.

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

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

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The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.  
 location

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

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Facility name

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent/Legal Guardian)

## VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Facility the Center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special medical needs and conditions \_\_\_\_\_

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

Facility name

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further

agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

 THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH

FACT SHEET

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

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

### Exempt from Car Seat / Booster Seat Requirement



Standard School Bus



Multi-Function School Activity Bus (MFSAB)

### NOT Exempt (see details below)



12 to 15 Passenger Van



Shuttle Bus (does not meet School Bus Standards)

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

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

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

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

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

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

### Frequently Asked Questions about Child Care Transportation Vehicle Requirements

**1. Define a 15-passenger van.**

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

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

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

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

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

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

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

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

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

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

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

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

Yes. The following exceptions are:

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

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

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

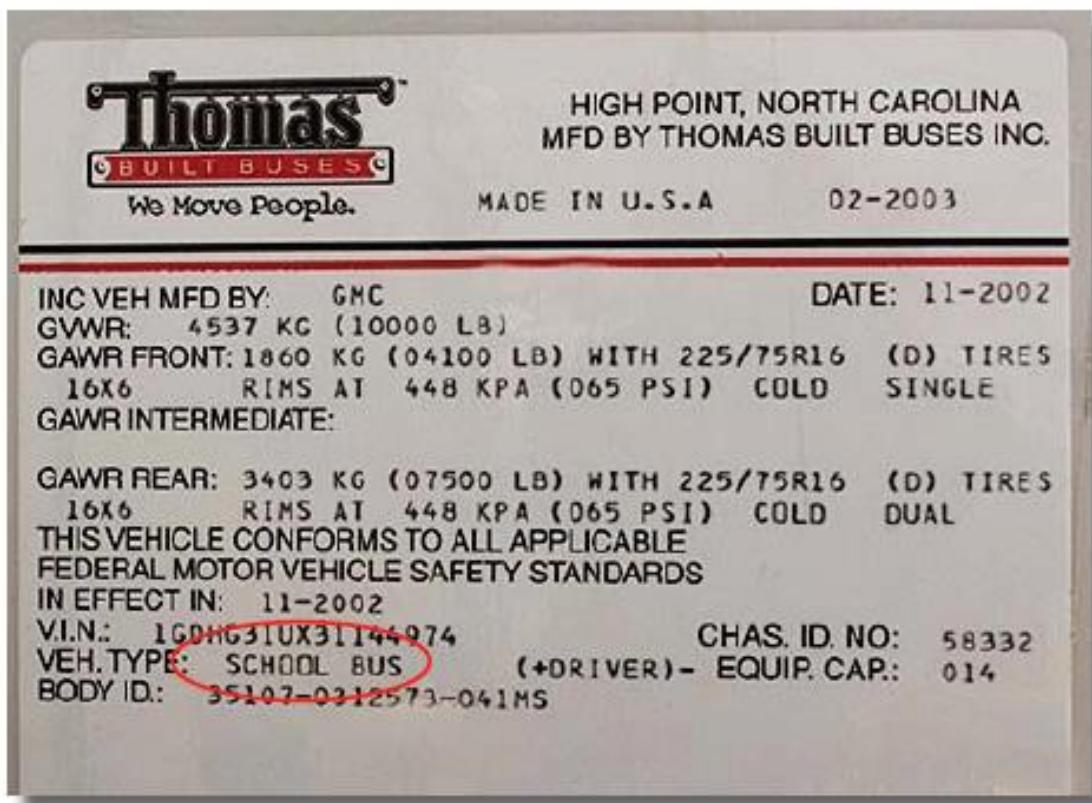
**9. Where can I learn more about the seat belt law?**

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

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

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

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



U.S. Consumer Product Safety Commission

# A SAFER GENERATION OF CRIBS

New Federal Requirements



## 5 New Federal Requirements:

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

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



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



[www.cpsc.gov](http://www.cpsc.gov)



NSN 11-2



# Child Care Providers

## Your Guide to New Crib Standards

[www.cpsc.gov](http://www.cpsc.gov)

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

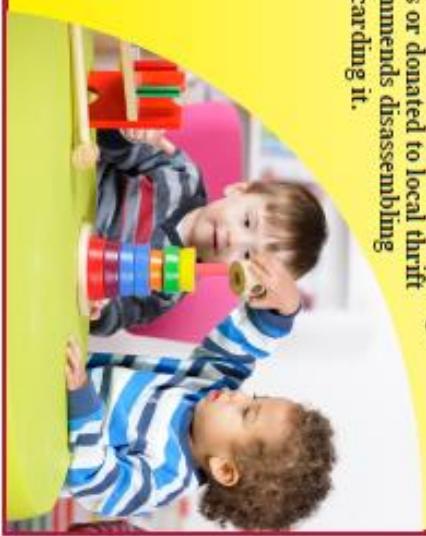
### What you should know...

- This is more than a drop side issue. Immobilizing your current crib will not make it compliant.
- You cannot determine compliance by looking at the product.
- The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.
- If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.
- Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:

  - Describe the product
  - Give name, full mailing address and telephone number for importer or domestic manufacturer
  - Identify the rule for which it complies (16 CFR 1219 or 1220)
  - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
  - Give date and location of manufacture and testing
  - The crib must also have a label attached with the date of manufacture

### What you should do...

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





## CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST

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

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

### 1. Planning and Coordination:

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

### 2. Student Learning and Program Operations:

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

**3. Infection Control Policies and Actions:**

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

**4. Communications Planning:**

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

# **Section I:**

# **Licensure Orientation**

## **Meeting Information**

### **(LOM Resources)**



2 Martin Luther King Jr. Drive, SE  
 Suite 670, East Tower  
 Atlanta, Georgia 30334  
<http://www.decal.ga.gov/>

## **Mission:**

**Bright from the Start: Georgia Department of Early Care and Learning delivers exemplary early care and education programs that improve the quality of early learning experiences, increase school readiness, and improve overall school performance.**

## **Vision:**

**Bright from the Start: Georgia Department of Early Care and Learning will increase the number of Georgia's children and families who have access to quality early care and learning programs. More of Georgia's early care and learning programs will achieve and maintain higher, measurable, research-based standards.**

## **Contact Information:**

### **Programs:**

**Child Care Licensing.....404-657-5562**

**Complaints/Concerns.....404-657-5562**

**Criminal Records.....404-656-5957**

**Exemptions.....404-657-5562**

**Head Start Collaboration.....404-651-7425**

**Pre-K.....404-656-5957**

**Nutrition Services.....404-656-5957**

**Quality Initiatives.....404-656-5957**

**Training.....404-656-5957**



## Applicant Services Unit (Licensing/Registration)

**Lisa Rasmussen**.....**Director**

**Chrissy Clayton** .....**Lead Consultant**

**Shaheedah El-Amin**.....**Administrative Assistant**

### **ASU Consultants**

**Brianne Kersey** **Southeast Georgia**

**Deborah Toney** **Metro Atlanta (Northeast Georgia)**

**Jamie Carta** **Southwest Georgia**

**Wakisha Carswell** **Metro Atlanta (Northwest Georgia)**

**Margaret Pringle** **Metro Atlanta (Northwest Georgia)**

**Shyreeta Hicks** **Metro Atlanta (Northeast Georgia)**

**Shenina Broaders** **Variances/Waivers**

**State Fire Marshall**.....**404-656-2056**

**Small Business Administration**.....[www.sba.gov](http://www.sba.gov)

**Charlotte Johnson (SBA)**.....**404-331-0100**

**Insurance**.....[www.gainsurance.org](http://www.gainsurance.org)

**Secretary of State**.....[www.sos.georgia.gov](http://www.sos.georgia.gov)

**Office Hours:** 8:00AM-5:00 PM Monday-Friday (closed on State Holidays)

## ***Do you need to take the 40-Hour DIRECTOR TRAINING?***

Bright from the Start requires directors of newly opening licensed childcare centers to take a 40-hour Director Training class. Pre-existing directors of licensed childcare facilities are not affected by this new requirement - only newly opening centers.

**Option I:** The list of approved 40-hour Director Trainings can be found from the "Find Training" option in the gold bar at the top of our homepage ([www.training.decal.ga.gov](http://www.training.decal.ga.gov)).

Click on "General search" then "Basic search" then type "40-hour Director Training" in the keyword box and then search.

A list of approved trainings and the approved trainers' contact information will be displayed. You may contact any of these trainers to find out when and where their next training will be held and how to register.

**Option II:** You may check the Training Calendar on our website ([www.training.decal.ga.gov](http://www.training.decal.ga.gov)) to locate 40-hour Director Trainings which may be currently scheduled.

The Training Calendar can be found by clicking the "Find Training" option in the gold bar at the top of our homepage. Simply click the "Training Calendar" option, select "Monthly View" and scroll through the calendar to find state-approved 40-hour Director Trainings which are coming up. The contact information can be found for the scheduled training. You may contact the trainer to find out how to register.

If you have questions regarding the 40-hour Director Training, please contact Training Approval at 706-542-6999.

\*\*Please note that the Technical Certificate of Credit (TCC) in Program Administration (available at most Technical Colleges) will meet the Director's 40 hour training requirement, in addition to qualifying as one of the education requirements for the 2012 rule changes.



## Georgia State Fire Marshal's Office: Day-care Code Summary

### **Definitions:**

1. Day-Care Home: Sub-classifications
  - a. Family Day-Care home: A building or portion of a building in which more than 3 but not more than 7 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (One staff member)
  - b. Group Day-Care home: A building or portion of a building in which not less than 7 but not more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (Two staff member)
2. Day-Care Center: Group Day-Care home: A building or portion of a building in which more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day.  
Exception: Places of religious worship where providing Day-Care while services are being held in the building shall not comply with day-care requirements.

Note: Georgia Department of Early Care and Learning (DECAL) Licensing may differ (e.g. DECAL consider 18 clients as group day-care).

### **Facilities under the jurisdiction of the State:**

1. Group Day-Care home having 7 to 12 children.
2. Day-Care Center having more than 12 children.

### **Facilities not under the jurisdiction of the State:**

1. Family Day-Care home having less than 7 children (Local Fire Marshal).

### **New Day-Care / Existing Day-Care**

1. Interior floor finishes in existing day care has no requirements, new requires Class I or II for corridors and exits
2. Fire Alarm Emergency forces notification (Central Station Monitoring) in existing day care not required for 100 or less occupant load.
3. Corridor walls in Existing Day-Care =  $\frac{1}{2}$  HR, New = 1-HR.

### **Who is require to submit Plans to Fire Marshal Office:**

1. New Buildings or portions thereof used as Day-Care.
2. Addition made to, or used as Day-Care.
3. Alterations, modernizations, or renovations of existing Day-Care.
4. Existing buildings or portions thereof upon change of occupancy to a Day-Care.

### **What to submit to State Fire Marshal Office:**

1. Day-Care plans (architectural, mechanical, plumbing, site, electrical).
2. 354 Plans Transmittal Letter.
3. Fees.

### **Architect/Engineer Seal Waiver:**

OCGA § 25-2-4 Properly submitted plans shall include two (2) sets of architectural, mechanical, plumbing (if any gas piping is to be used), site (parking, fire hydrants, etc.), and electrical plans on minimum 22"x 34" (Engineering or ANSI D size) sheet of paper and one (1) set of specifications. All plans sheets must bear the seal of Georgia Registered Architect or Engineer. Each page must bear the seal. For minor additions and minor renovations a seal waiver is possible on a case-by-case basis (see OCGA § 43-15-24 for more information) provided the total completed construction cost (building, finishes, furnishings, electrical, mechanical, etc.) is less than \$100,000.

- Cost Estimates for NEW Construction can be based upon the total area of the facility times:

- \$100.00 for 10,000 feet square and less
- \$.015 x square footage for +10,000 square feet

### **Mix Occupancies**

Separation of 1-HR fire barrier fire-resistance walls between Day-Care and any other occupancies except as follows:

1. Church.
2. In one- and two-family dwellings.

### **Factors to determine if building require sprinkler system**

1. Construction type of the building (any type if providing Exit doors leading to outside may exempt).
2. Number of Stories.
3. Age group of the children.

### **Occupant Load**

Occupant Load = The floor area assigned for Day-Care usage / Occupant Load Factor (35 ft<sup>2</sup>).

Occupant Load = The floor area assigned for office usage / Occupant Load Factor (100 ft<sup>2</sup>).

Occupant Load = The floor area assigned for Kitchen usage / Occupant Load Factor (100 ft<sup>2</sup>).

### **Means of Egress Components:**

1. Doors (clear width, panic hardware, etc.).
2. Stairs (handrail, guardrail, treads, risers, etc.).
3. Ramps (maximum elevation between landings, handrails, guardrails, etc.).
4. Corridor [width (mini. 36 in, and maneuvering type for Accessibility requirements 60 in), dead-end issue (20 ft, or 50 ft IF sprinklered), fire resistance (1-HR, or doors leading to outside), ADA requirements, etc.].
5. Number of Exits (minimum of two).
6. Arrangement of means of egress.
7. Travel distance (150 ft, or 200 ft IF sprinklered).
8. Common path (75 ft, or 100 ft IF sprinklered).

### **GA. Accessibility Code**

1. Accessible parking space – regular AND Van accessible, including an accessible route
2. Ramps, Stairs (Change in elevation).
3. Handrail, Guards.
4. Detectable Warning at vehicular areas.
5. Sinks/lavatories shall be accessible.
6. New/renovated restrooms used primarily by children 3 years old and older (2 years old and younger are considered ‘diaper facilities’) must be made accessible for children’s dimensions (Doors shall not swing into the clear floor space of any fixture).
7. Water closets, Grab bars.
8. Drinking Fountains and Water Coolers.

### **Protection from hazards**

1. Areas considered as a Hazards area requiring 1-hour fire barrier *and/or* sprinklered.
  - a. Storage, Janitor closet (1-hour fire barrier *or* sprinklered).
  - b. Laundry room (1-hour fire barrier *and* sprinklered if more than 100-ft<sup>2</sup>, *or* if less than).
  - c. Mechanical room [water heater, furnace, etc.] (1-hour fire barrier *or* sprinklered).
2. Kitchen Hood to comply with NFPA 96 (commercial or residential hood)

### **Interior Finish**

1. Interior wall and Ceiling finish (Class A, or Class B) classified based on test result of NFPA 255.
2. Interior Floor Finish (Class I, or Class II) classified based on test result of NFPA 255.

### **Fire Alarm System**

1. Day-Care Center shall be provided with fire alarm system, Day-Care Home only requires smoke alarm.
2. Initiation of fire alarm shall be by manual means, by operation of smoke detectors, or any sprinkler system.
3. Notification devices (horn, strobe).
4. Installation of smoke detectors in all corridors, front of doors to stairways, sleeping room (classrooms), and any recreation or lounge areas.

### **Group Day-Care Home**

1. Every story occupied by client shall have not less than two remotely located means of escape. Primary must be a door.
2. Emergency light (No requirements, but recommended).
3. Marking of means of egress (No requirements, but recommended).
4. Protection from Hazards (No requirements).

5. Interior Floor Finish (No requirements).
6. Fire Alarm System (No requirements)

### **Fire Emergency Response Plan**

The facility shall have a comprehensive written fire emergency response plans. Copies of the plan shall be made available to all employees.

### **Inspections**

**Fire prevention inspections shall be conducted monthly by a trained senior member of the staff. A copy of the latest inspection report shall be posted in a conspicuous place in the Day-Care facility.**

### **Furnishing and Decorations**

Artwork and teaching materials shall be permitted to be attached directly to the walls and shall not exceed 20 percent of the wall area.

### **Staffing**

<i>Staff-to-Client Ratio</i>	<i>Age (months)</i>
1:3	0-24
1:4	25-36
1:7	37-60
1:10	61-96
1:12	≥ 97
1:3	Client incapable of Self-preservation

Note: Georgia Department of Early Care and Learning (DECAL) Staffing requirements may differ from the above; however, they are typically more restrictive. Exceeding the above or Georgia Department of Early Care and Learning (DECAL) staffing requirements may subject the facility to additional fire safety requirements.

### **Contact Information**

Allen LaBerteaux  
Safety Fire Engineer

### **Address**

Georgia State Fire Marshal's Office  
Safety Fire Division  
2 Martin Luther King Jr. Drive  
Suite 620 West Tower  
Atlanta, GA 30334

### **Phone/fax/ email/web**

(404) 656-2292 (Direct phone line) / Fax number: 678-717-5877

alaberteaux@sfm.ga.gov  
<http://www.GAInsurance.org/FireMarshal>

### **Georgia Accessibility (OCGA 120-3-20)**

<http://www.gainsurance.org/DOCUMENTS/120-3-20.pdf>

## Section 406.2

**Child care-giver training.** A minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all directors, operators and all staff members of day-care centers and group day-care homes as defined by the Life Safety Code adopted by this Chapter. The curriculum for the fire safety training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office. All staff members shall receive this training within 90 days from receipt of a license, being commissioned or the opening of a new center or home. Any new staff member shall receive a minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training within 90 days of employment. In addition, a minimum of two hours fire safety refresher training recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all directors, operators and all staff members of day-care centers and group day-care homes every three years from the date initial training is received. The curriculum for the fire safety refresher training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office.

For information regarding fire safety training, please contact Ms. Wanda Butler at 404-656-7646 or by email at *wbutler@sfm.ga.gov*.



## Acceptable Plan Submittal

Subject: Acceptable Plan Submittal

To All Child Care Providers Seeking Licensure

A properly submitted plan review package **MUST** include two (2) sets of scaled architectural, mechanical, plumbing, site, and electrical drawings on minimum 22"x 34" (Engineering or ANSI D size) sheet of paper. Furthermore, a 354 Plans Transmittal Letter (see enclosed) **MUST** be completely filled out. You must specify the occupant load and the capacity (number of children you will be licensed for by DHR) on this form. Any submittal received without a COMPLETED 354 Transmittal Letter will be returned. This includes addendum, resubmission, and any other item that requires an engineer's review.

In order to serve you in a timely fashion, the following information listed below is required as a minimum to be noted and shown on each set of plans submitted for review and approval by the Georgia State Fire Marshal's Office.

- Site plans noting driveway (show relative elevations), parking, handicap parking, proximity of structure to other structures, distance of structures from other structures, walkways, ramps, stairs, fences, passenger loading zone, and location of air or heating unit on the outside
- Dimensions of **all** rooms
- Label all rooms and their use
- Dimensions of bathrooms (New construction must meet **GA Accessibility Code 120-3-20** requirements. Include elevations of all fixtures)
- Location and sizes of all doors, door width, corridors, and windows with **sill** height. Note which direction door swings, length of halls and corridors
- Location of fire alarm components which include pull stations, horn/strobe units, and fire alarm control panel (**Note Location Where Installed or Plan to Install**)
- Location of all smoke detectors (**Note Location Where Installed or Plan to Install**)
- Location of all exit signs (**Note Location Where Installed or Plan to Install**)
- Location of emergency lighting (**Note Location Where Installed or Plan to Install**)
- Location of portable fire extinguishers (Note size, type, and rating)
- Location of furnace and water heater. If unit is in attic, note location. Note BTU input rating of hot water heater and note CFM and BTU of furnace
- Location and type of stove (residential or commercial appliance)
- Location of all stairs (inside or outside), ramps, and slope of ramps
- Construction type on 354 Submittal Form. **Note: construction materials and components of the structure on the plans** (i.e. load bearing walls, interior walls, columns, etc.)
- Show building cross section (drawing of outside of structure) with elevation(s) related to grade
- Location and size of laundry room (residential or commercial appliances)

- If facility has a storage room, note size of room and what will be stored
- Location of fixed fire protection devices (i.e. cooking hood systems and fire sprinklers)

In addition to the information above, properly submitted plans **MUST** bear the seal of a Georgia Registered Architect. An engineer's seal is acceptable as provided under Chapter 15 of Title 43, as applicable under the engineer's license. If plans are not sealed, a written waiver request must be submitted to the Commissioner. (Please be advised that waiver of the seal is not an option for construction projects/alterations which costs are greater than \$100,000 per OCG 43-15-24b). ***This request letter must state construction/alteration cost as justification for omission of the seal of a Georgia registered architect/engineer on the submitted plans.*** Also, if the required seal is waived, **YOU** become responsible for **knowing and meeting** all code requirements. ***The letter must also state that you will assume responsibility for compliance with the code requirements.*** This office enforces NFPA 101-Life Safety Code, 2000 edition with Georgia State Modifications 120-3-3 (the office enforced the 1997 edition NFPA 101 before September 10, 2003), and the Georgia Accessibility Code 120-3-20.

Once plans are submitted to this office they are reviewed in the order they are received. Please be aware that this office reviews plans for the whole state. Therefore, please contact this office for the approximate return time for submitted plans. **Before any construction/ renovation work is started you must have a construction permit and approved plans from this office.**

When you submit your plans to this office they will be reviewed and comments will be made to inform you exactly what will need to be done in addition to what is drawn on the plans. The comments need to be addressed before a request for inspection is made. When your construction is 80% complete, you will need to request an inspection in writing.

At that time, a Fire Safety Compliance Officer will schedule an inspection with you. When you reach 100% completion and all code requirements are in compliance, the final inspection can be requested. If you are in compliance, you will be issued a certificate of occupancy, which in turn can be shown to DHR to complete licensure.

If you have any questions or require further assistance please call this office at 404-656-7087.

Sincerely,

Office of Commissioner of Insurance  
Safety Fire Division

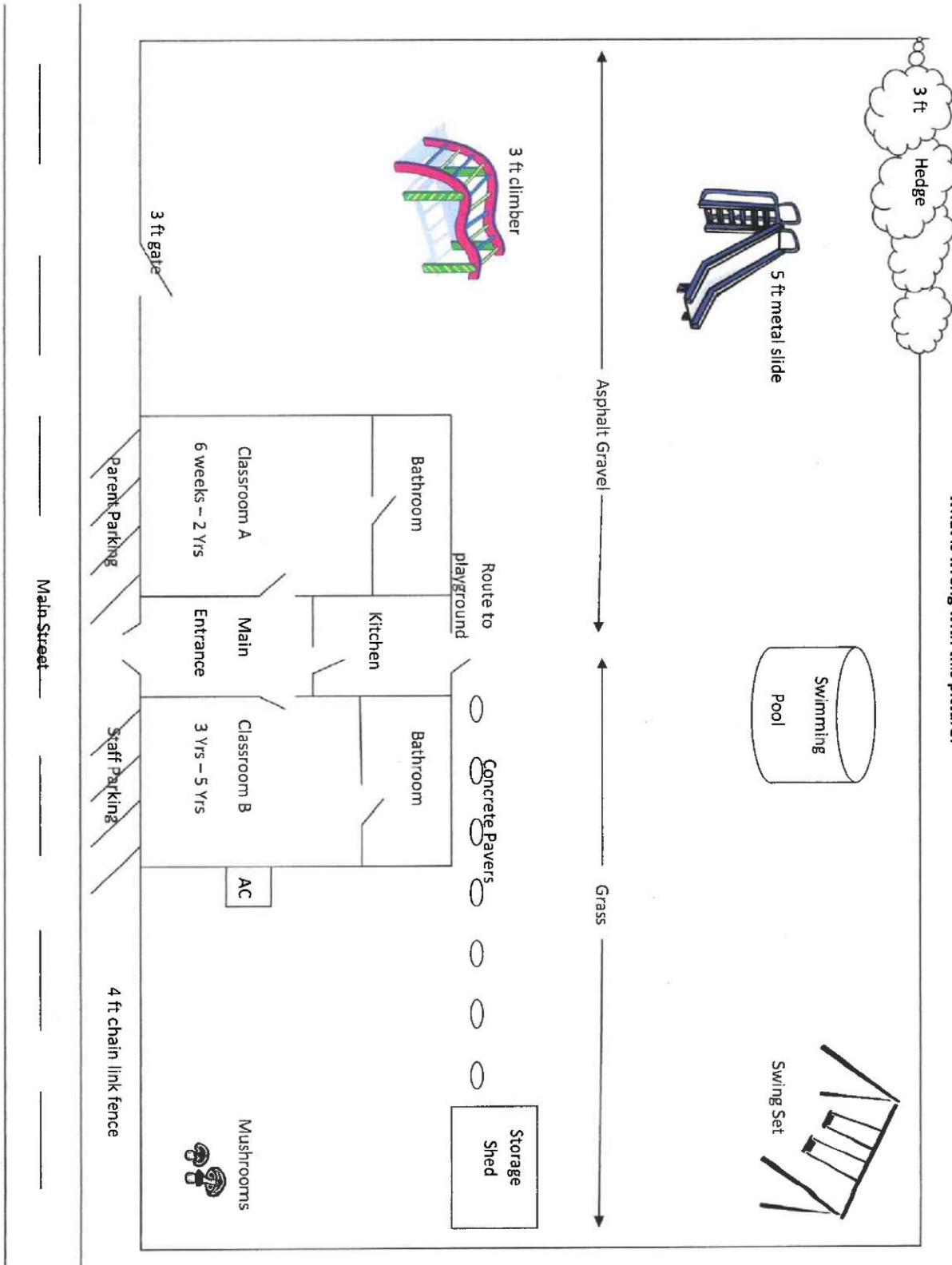
Data on fires that occurred in daycare facilities

Type of Fire	2006	2007	2008	2009	2010
Building fire	7	11	12	17	12
Fires in structures other than a building	1	0	1	0	0
Cooking fire/grease, confined to a container	5	14	8	8	21
Fuel burner/boiler malfunction, fire contained	1	0	0	0	0
Passenger Vehicle fire	1	7	4	3	3
Brush, brush & grass mixture fire	1	4	3	0	0
Grass fire	1	2	1	0	2
Outside rubbish fire	1	1	2	1	1
Dumpster/outside trash receptacle	4	0	1	0	0
Outside Equipment fire	0	1	1	1	0
Fire, other	5	0	4	0	0
<b>Total</b>	<b>27</b>	<b>40</b>	<b>37</b>	<b>30</b>	<b>39</b>
<b>Dollar Loss</b>	<b>\$36,610</b>	<b>\$28,817</b>	<b>\$135,150</b>	<b>\$929,800</b>	<b>\$261,697</b>
<b>Casualties (Fire Service &amp; Civilian)</b>	0	0	0	1 injury	1 fatality 4 injuries

## TRUE OR FALSE

- Each classroom should be labeled with a letter and the age that will be housed in each room shown on your plan.
- When submitting your floor plan to the Department, you must submit a scaled architectural drawing of the building.
- Classrooms shall provide thirty-five (35) square feet of usable space per child.
- A classroom designed for 15 two year old children would require one staff person.
- Partial walls used to separate classrooms must be at least 50 inches tall.
- Toilets and sinks that are accessible to the children should be located in or adjacent to the classrooms.
- Three toilets and three sinks would limit building capacity to 100 children.
- Bathrooms for children four years and older require partitions or dividers for privacy.
- Cubbies are required in classrooms for two year old children and older.
- Mats or Cots should be at least one inch thick.
- Windows should be 24 inches or lower from the floor.
- Diaper changing tables must be adjacent to the diapering sinks.
- A diapering sink is not required for those centers whose staff plan to use disposable gloves.
- Diapering sinks may be located in the bathroom.
- Ventilation for diapering rooms may be provided by exhaust fans or the proper amount of screened and operable window space.
- Water fountains or water coolers are required for your building.
- A kitchen is not required for your child care learning center.
- A dishwasher is required for all child care learning centers.
- A well or septic tank is allowed for a child care facility.

What is wrong with this picture?



## WHAT'S WRONG WITH THIS PICTURE?

Look at the sample site plan on the previous page and write down everything that you see that is not compliant with the rules and regulations. Remember that the site plan only deals with what is outside of the building: playgrounds, fencing, parking, roads, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_

## TRUE OR FALSE ANSWERS

**T**

**Each classroom should be labeled with a letter and the age that will be housed in each room shown on your plan.**

Label your classrooms using A, B, C, etc. Next to the letter, show what age children will be housed in that particular room. Remember that children under three years of age cannot occupy the same licensed space as children ages 3 and older. Remember this is relation to route to the playgrounds, going to the restrooms, and entering and leaving the building. Children should not have to go through another class to move through the building.

**F**

**When submitting your floor plan to the Department, you must submit a scaled architectural drawing of the building.**

You do not have to submit an architectural drawing of your floor plan to this department but we do ask that you submit an accurate drawing of your floor plan. An architectural drawing of your floor plan is acceptable. You will need to check with Fire regarding requirements for submittal of plans to them.

**T**

**Classrooms shall provide thirty-five (35) square feet of usable space per child.**

To determine usable space, measure the length of the room by the width of the room measuring from baseboard to baseboard. This will give you your total square footage. Divide the total square footage by (35) thirty-five and this will tell you approximately how many children may occupy this space. Remember that any room reductions, (i.e.: bathrooms, closets, wall insets, etc.) are not included in your total square footage and should be subtracted. You will need to equip the classroom for the amount of children that it will hold.

**F**

**A classroom designed for 15 two year old children would require one staff person.**

The ratio for two-year-old children is one staff to ten children. A ratio of 15 children and one staff would be the ratio for three-year-old children.

**F**

**Partial walls used to separate classrooms must be at least 50 inches tall.**

Partial walls used to separate classrooms must be at least 48 inches (four feet) tall and must be indicated on your plans with a broken line (-----). Also include the height and width of the partial wall. A wall that juts out into a room is not a partial wall. If you have an area that has a part of a wall jutting out into the room, the opening must measure at least 2/3 of the length of the room to be considered one room. The same rule would apply if you were trying to make a smaller room and a larger room one big room.

**T**

**Toilets and sinks which are accessible to the children should be located in or adjacent to the classrooms.**

Accessible means that children are able to use the facilities without having to be held up or climbing to reach them. Sinks, toilets, water fountains, etc. should all be accessible to children. A step stool or small platform can be used to make facilities accessible. Make sure that these are sturdy and are made for that purpose. Remember that if you have school age children, some toilets and sinks may need to be larger.

**F**

**Three toilets and three sinks would limit building capacity to 100 children.**

Three toilets and three sinks would limit the building capacity to 50 children. Look at the chart in your Rules and Regulations to determine how many you will need for the numbers of children you will serve.

**T**

**Bathrooms for children four years and older require partitions or dividers for privacy.**

Toilet facilities for four (4)-year-old pre-kindergarten age children and older shall be suitably screened for privacy.

**F**

**Cubbies are required in classrooms for two year old children and older.**

Cubbies at the children's reach are required in classrooms for children one year old who are walking and older.

**F**

**Mats or Cots should be at least one inch thick.**

Mats should be at least two inches thick and cots must be at least two inches from the floor.

F**Windows should be 24 inches or lower from the floor.**

Windows should be 24 inches or higher from the floor. If windows are below 24 inches, indicate what type of protective barrier will be used if not tempered safety glass.

T**Diaper changing tables must be adjacent to the diapering sinks.**

If you have a child on the diaper change table, you should be able to keep your hand on this child and reach over and turn on the water. That is adjacent.

F**A diapering sink is not required for those centers whose staff plan to use disposable gloves.**

A sink is required next to each diapering area for hand washing. Gloves are not an approved replacement for a handwashing sink

F**Diapering sinks may be located in the bathroom.**

Diapering sinks must be located in the classroom, not in a bathroom, a "changing room" or another classroom. This also goes for the diaper change table itself.

T**Ventilation for diapering rooms may be provided by exhaust fans or the proper amount of screened and operable window space.**

To determine the proper amount of screened operable window space, open the window. Only the area that is open to the outside and is covered with a screen should be measured.

Screened operable window space should be equal to or greater than 2.5% of the total square footage of the room to be considered ventilation for a diapering room.

F**Water fountains or water coolers are required for your building.**

Water fountains are not required for your building but if you have a water fountain or water cooler in your building, you must submit the manufacturers name and model number and indicate the location of each on your floor plan. You must indicate how you plan for children to get water.

T**A kitchen is not required for your day care center.**

If you will have food catered into your center, you must submit a copy of the caterers Food Service Permit and most recent Inspection Report from the Health Department.

F**A dishwasher is required for all day care centers.**

A dishwasher is not required. The rules state that you must have either: a three basin sink, OR a dishwasher with Sani-cycle (capable of maintaining 150 degrees), OR be restricted to the use of all disposables.

T**A well or septic tank may be used for day care centers.**

You must have written approval from the Health Department showing that it is approved for use in a Child Care Center and have load capacities listed on your approval letter.

## WHAT'S WRONG WITH THIS PICTURE?

### ANSWER SHEET

1. Route to the playground is through the kitchen.
2. Hedge for fence.
3. No surfacing under slide/swings/climber. How much is needed? (Slide and swings 6 inches, climber 3 inches)
4. Pool not enclosed and locked.
5. Metal slide will get too hot in summer.
6. Asphalt ground – also takes up more than 1/4 of the playground space.
7. 3 foot gate (needs to be 4 ft.).
8. Pavers need to be removed or level with ground to prevent tripping.
9. Square footage measurements are missing from the plan.
10. Swings too close to the fence.
11. No shade is shown on the plan.
12. Building is set right in front of parking/street (should be set back some) to allow for safe pick up and drop off of children.
13. Enclose AC unit and storage shed to prevent access. Storage shed needs to be enclosed on back side and underneath if positioned up high.
14. Possible supervision problem on playground, based on shape.
15. Remove mushrooms.

## Child Care Resource and Referral Agencies in the State of Georgia

### Region 1: Child Care Resource and Referral Agency of North Georgia-Quality Care for Children, Inc.

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

#### Contact Gloria Calhoun

(770) 387-0828  
Toll Free 1-800-308-1825  
Fax (678) 721-6676  
[gloria.calhoun@qualitycareforchildrenwga.org](mailto:gloria.calhoun@qualitycareforchildrenwga.org)  
<http://www.qualitycareforchildren.org>

### Region 2: Child Care Resource and Referral Agency of Metro Atlanta-Quality Care for Children, Inc.

Druid Point- 2751 Buford Hwy, Suite 500  
Atlanta, GA 30324

#### Contact Pam Runkle

(404) 479-4233  
Toll Free 1-877-722-2445  
Fax (404) 479-4166  
[pam.runkle@qualitycareforchildren.org](mailto:pam.runkle@qualitycareforchildren.org)  
<http://www.qualitycareforchildren.org>

### Region 3: Georgia Regents University

277 Martin Luther King Jr. Blvd, Suite 104  
Macon, GA 31201

#### Contact Julie Phillips

(478) 751-3000  
Toll Free 1-877-228-3566  
Fax (478) 751-3010  
[jphillips@gru.edu](mailto:jphillips@gru.edu)  
<http://www.georgiahealth.edu/ccrr>

**Region 4: Child Care Resource and Referral of Southwest Georgia at Albany-Darton College**

2429 Gillionville Rd.  
Albany, GA 31701

**Contact Soraya Kimbrel-Miller**

(229) 317-6834  
Toll Free 1-866-833-3552  
Fax (229) 317-6968

[soraya.kimbrel@darton.edu](mailto:soraya.kimbrel@darton.edu)  
<http://ccrr.darton.edu/>

**Region 5: Child Care Resource and Referral Agency Of Southeast-Georgia at Savannah - Savannah Technical College**

190 Crossroads Parkway  
Savannah, GA 31407

**Contact Sherry Costa**

(912) 443-3011  
Toll Free 1-877-935-7575  
Fax (912) 966-6735

[scosta@savannahtech.edu](mailto:scosta@savannahtech.edu)

<http://www.ccrrofsoutheastga.org/>

**Region 6: Child Care Resource and Referral Agency of East Georgia-Quality Care for Children, Inc.**

3706 Atlanta Hwy, Suite 1  
Athens, GA 30606

**Contact Vicki Hawkins**

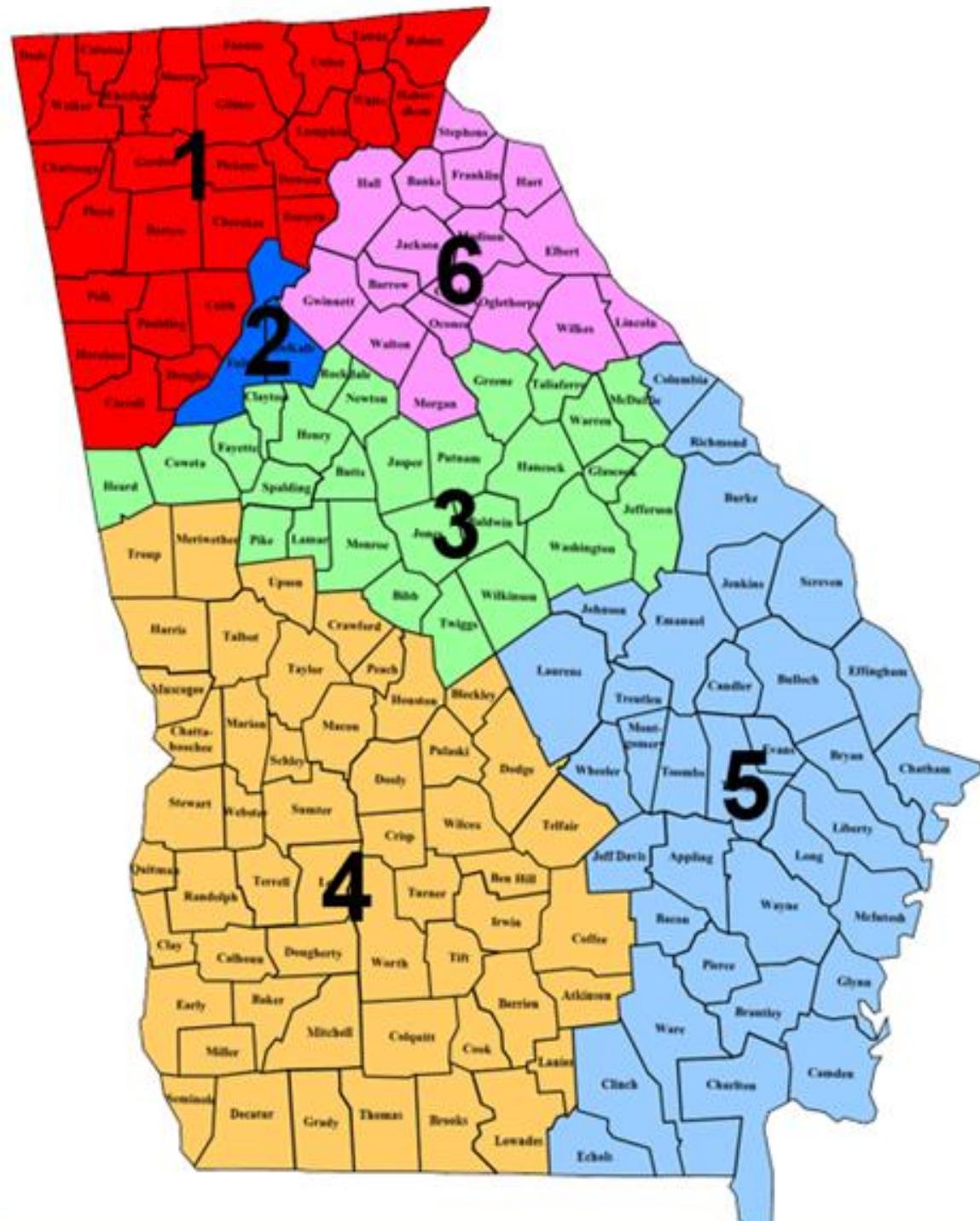
Toll Free 1-877-722-2445  
  
Fax (404) 479-4166

[vicki.hawkins@qualitycareforchildren.org](mailto:vicki.hawkins@qualitycareforchildren.org)  
<http://www.qualitycareforchildren.org>

## Regional Map

- █ Region 1 - North Georgia
- █ Region 2 – Metro Atlanta
- █ Region 3 – Central Georgia

- █ Region 4 – Southwest Georgia
- █ Region 5 – Southeast Georgia
- █ Region 6 – East Georgia





# CITY OF JONESBORO, GEORGIA COUNCIL

## Agenda Item Summary

**Agenda Item #**  
**OLD BUSINESS – C**

11.C

**Requesting Agency (Initiator)**

**Sponsor(s)**

**Requested Action** (*Identify appropriate Action or Motion, purpose, cost, timeframe, etc.*)

Council to consider various variances at property located at 8139 Tara Boulevard as requested by CVS.

**Requirement for Board Action (Cite specific Council policy, statute or code requirement)**

## Section 86-489(B)

**Is this Item Goal Related?** (If yes, describe how this action meets the specific Board Focus Area or Goal)

## Community Planning, Neighborhood and Business Revitalization

## Summary & Backgrou

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

## Introduction:

In order to complete the required branding for the new CVS/pharmacy to be located at 8139 Tara Blvd., Jonesboro, GA a variance is being requested from the signage regulations from Article XVI-Signs Section 86.

Variance Number	Section:	Code:	Proposed:
1.	Section 86-489 (b) (1) (b) Ground Signs	Two (2) ground signs max	One (1) additional.
2.	Section 86-489 (b) (1) (b) Wall Signs	Two (2) wall signs max	Five (5) additional
3.	Section 86-487 (2) Canopy Sign	Prohibited	One (1)
4.	Section 86-489 (d) (1) (b) Square Footage	214.5 square feet	190 square feet (404.5 square feet total proposed for site)

1. What are the extraordinary and exceptional conditions pertaining to the particular piece of property in question because of its size, shape or topography that are not applicable to other lands or structures in the same district.

This location has a drive thru pharmacy pick-up and drop off window on the rear of the building and it is not visible from the public right-of-way's making this a peculiar situation.

2. List one or more unique characteristics that are generally not applicable to similarly situated properties.

This retail business incorporates a pharmacy with a drive thru pick-up window therefore additional signage is necessary to direct the general public safely on the premise and notify them of the pharmacy area.

3. Provide a literal interpretation of the provisions of above referenced chapter and/or section that would deprive the applicant of rights commonly enjoyed by other properties of the district in which the property is located.

Literal interpretation of the above referenced chapters would deprive this business of identification on the East elevation as well as deprive the business and public of the drive thru pharmacy service in addition it would deprive us the common use of a freestanding sign on Tara Blvd.

4. Demonstrate how a variance prevents reasonable use of the property.

## **FOLLOW-UP APPROVAL ACTION (City Clerk)**

Typed Name and Title Ricky Clark, City Administrator	Date July, 11, 2016	07/05/16	City Council Next: 07/11/16	OLD BUSINESS
Signature	City Clerk's Office			

A denial of the variance will result in undue hardship and prevent reasonable use of the property. The general public heading on North Ave and Tara Blvd would pass by not knowing the business exists in the proposed location and would have no way of knowing that there is a drive thru pharmacy available.

5. Please explain the reasoning for the variance and state whether it is a result of the applicant.

The variance requested is not the result of the applicant. The reason for the request is to develop the property to its fullest potential within the intent of the code and provide the customers with the required vehicular designations necessary for all businesses with drive thru applications.

6. Demonstrate how the variance is the only result to allow reasonable use of the property.

Approving the variance is the only reasonable result to allow the property to be developed to its fullest potential. The requested additional signage is necessary in order to allow customers to view the building and make the necessary traffic changes prior to the property entrance. The ancillary signage is necessary in order to navigate around the property successfully.

7. Will the granting of the requested variance be injurious to the public health, safety or welfare?

Granting the requested sign variances will not be injurious to the surrounding area and will not be detrimental to the public interest, but rather will enable the business to prosper and have a positive influence on the community. Our goal is to allow the business to be noticeable on both road frontages and ease traffic by making the locations visible and provide a safe flow into and around the lot.

8. Will the requested variance be in harmony with the purpose and intent of the above referenced chapter and/or section?

The requested variance will be in harmony with the general purpose and intent of the Zoning Code and will not be injurious to the neighborhood or detrimental to the public welfare. The proposed sign package provides aesthetically pleasing signage that enhances the property and also allows customers to navigate the site accurately. Granting this variance will ensure the success of CVS/pharmacy for many years to come.

In conclusion, the proposed signage is visually complimentary to the architecture and scale of the building and will continue to be in harmony with the general intent and purpose of the code.

Atlas Sign Industries and CVS/pharmacy respectfully request approval to the signage variances.

**Fiscal Impact**

*(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)*

**Exhibits Attached** (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- Jonesboro GA (Tara Blvd North Ave)
- Property Owners Authorization
- 009-63059 Multi-Tenant Pylon

**Staff Recommendation** *(Type Name, Title, Agency and Phone)*

**Approval**

# CVS/pharmacy

Jonesboro, GA  
Tara Blvd & North Ave  
Site book creation date: 11.9.15

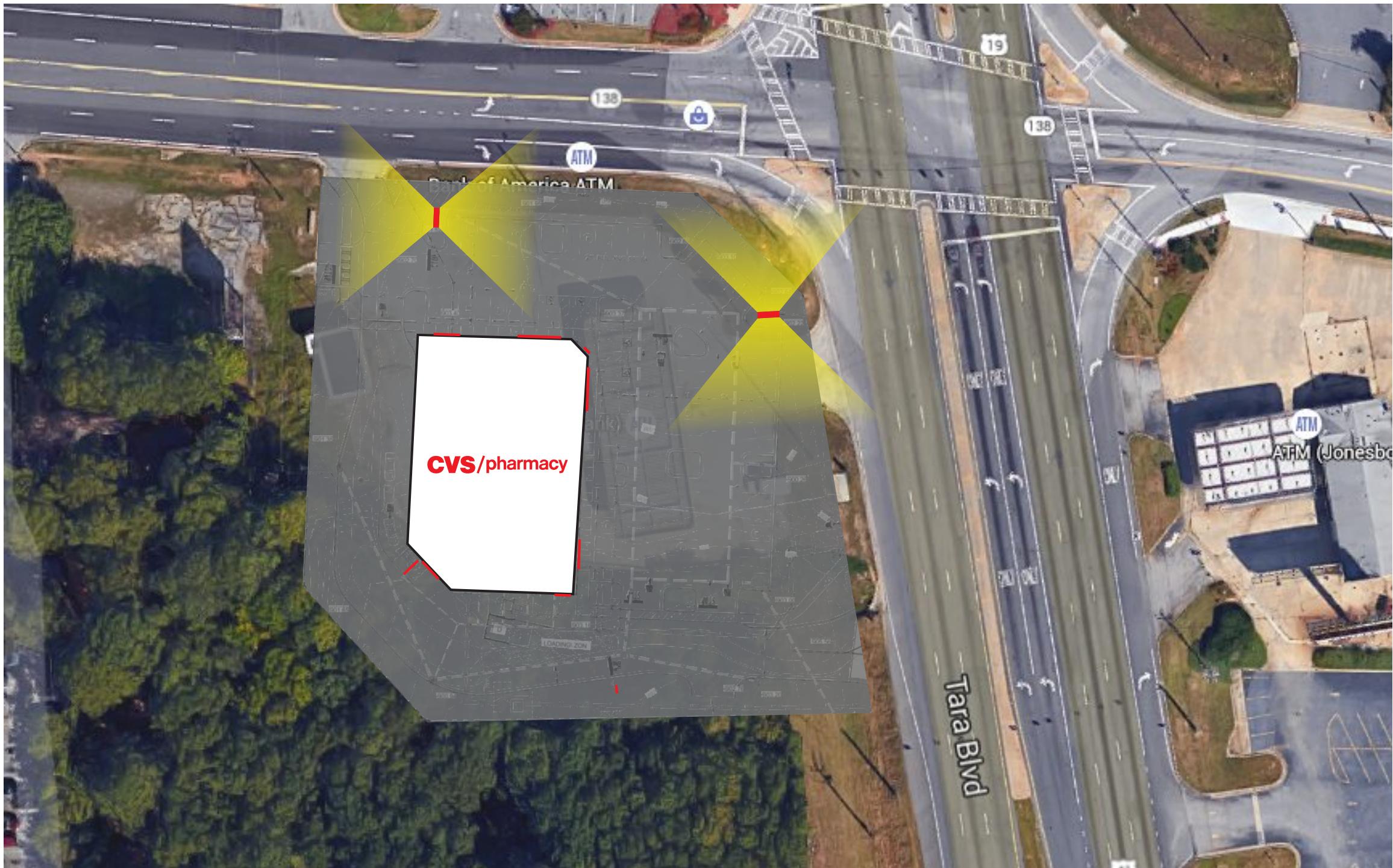


Attachment: Jonesboro GA (Tara Blvd North Ave) (1058 : CVS - Sign Variances)



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Jonesboro, GA | Tara Blvd &amp; North Ave

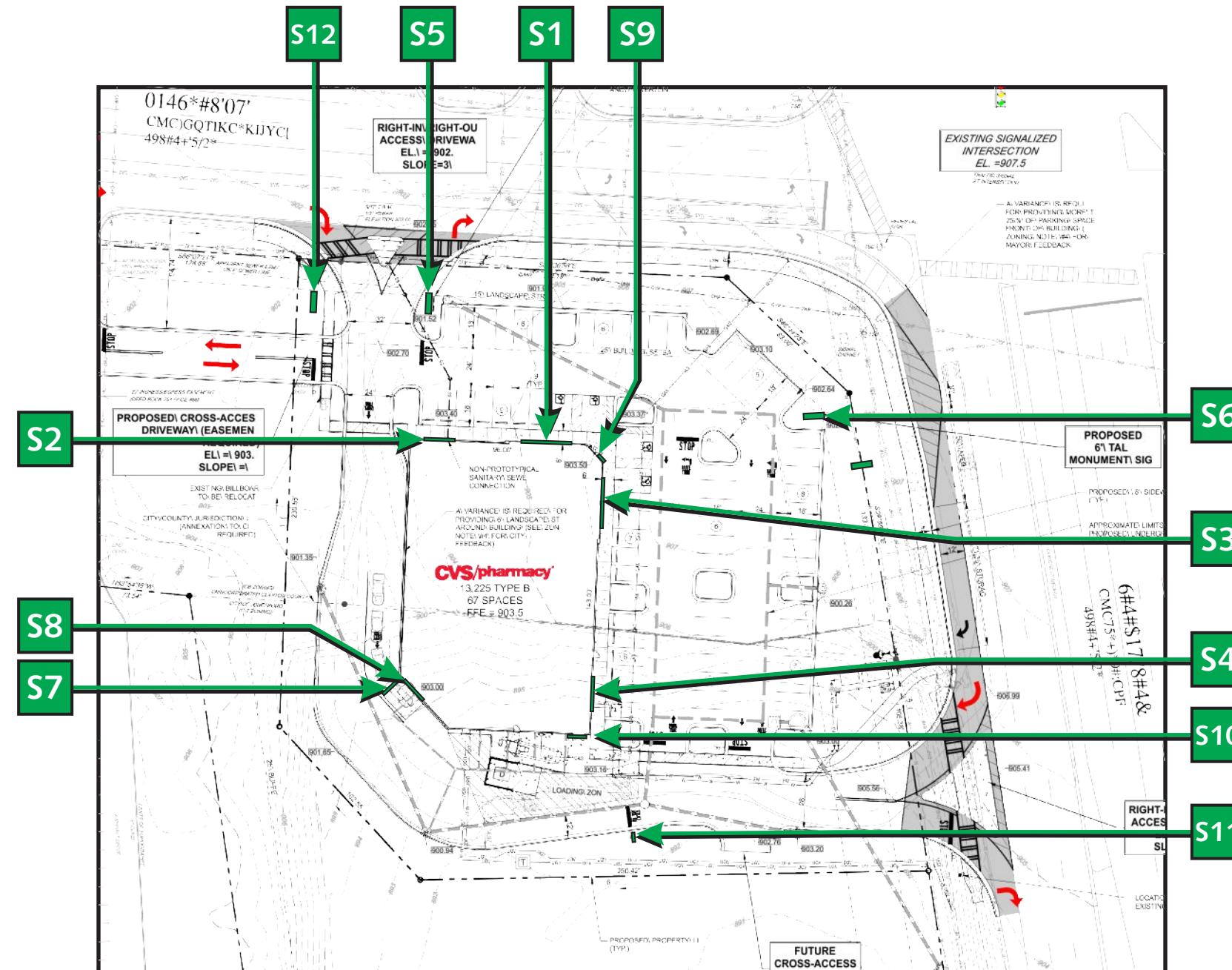


Attachment: Jonesboro GA (Tara Blvd North Ave) (1058 : CVS - Sign Variances)

## Site Plan & Proposed Signs

Sign #	Existing	Proposed	QTY
S1	NA	Illuminated Letters	1
S2	NA	Illuminated Letters	1
S3	NA	Illuminated Letters	1
S4	NA	Illuminated Letters	1
S5	NA	Multi-Tenant Sign	1
S6	NA	Pylon	1
S7	NA	Drive-Thru Canopy	1
S8	NA	Pick-up/Drop-off Panel	1
S9	NA	Hours Plaque	1
S10	NA	Receiving Entrance Panel	1
S11	NA	Do Not Enter Regulatory	1

### Additional Notes:

Jonesboro, GA | Tara Blvd &amp; North Ave

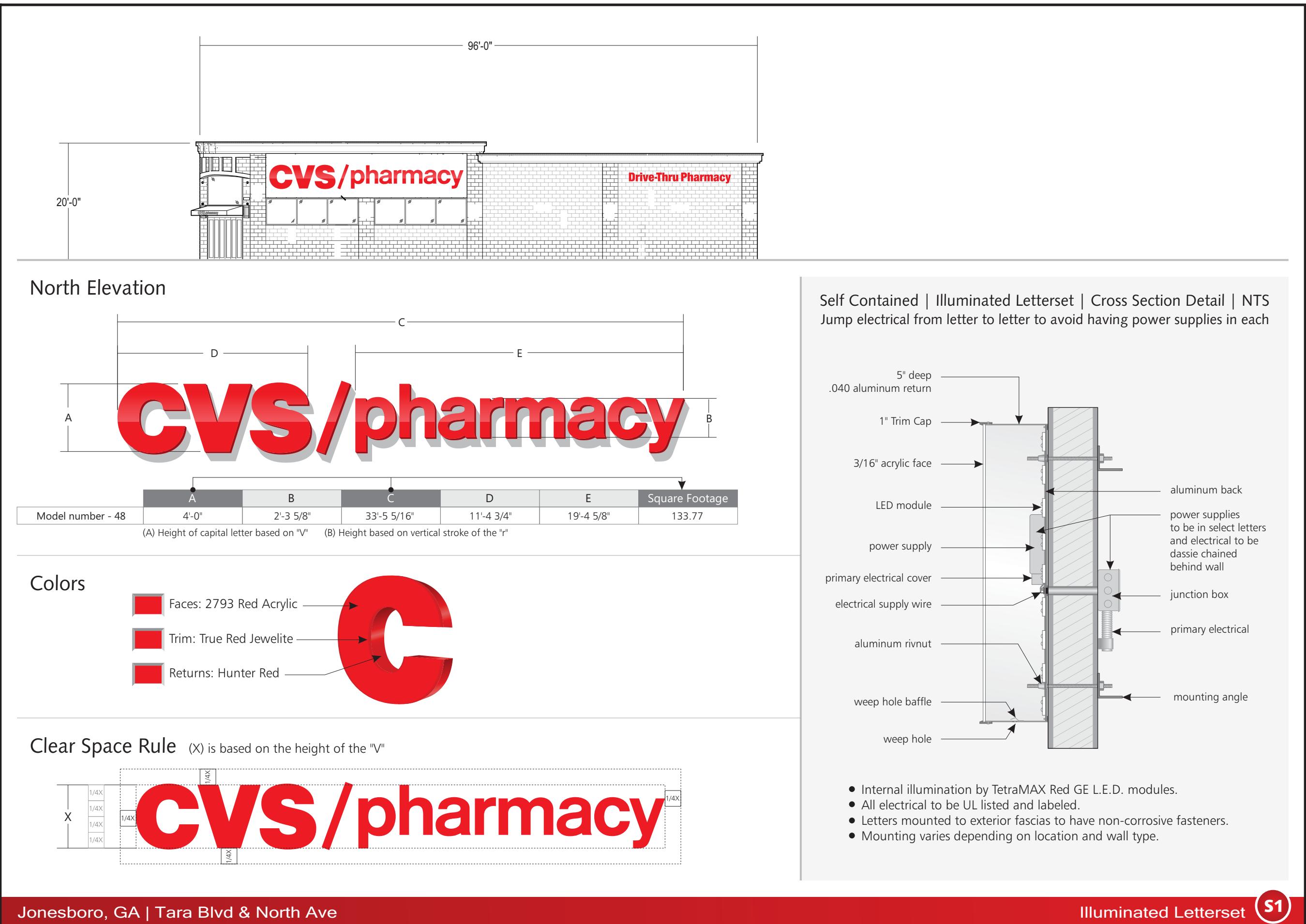
Code Information						
<b>Zoning</b>	Permit Fees	SF Calculation				
<b>Wall Signs</b>	Max Sign Area	7.5% of facade	Max Letter Ht.	n/a	Max Sign Ht.	n/a
	Max Signs Per Elevation	(1)	Must Face ROW	Yes	Is Sign Type Restricted	No
	Color Restrictions	n/a	Lighting Restrictions	n/a	Changeable Copy	n/a
<b>Ground Signs</b>	Max Sign Area	35 sqft	Max Over All Ht.	6'-0"	Max Per Frontage	
	Set Back	10' from ROW	Changeable Copy	1 EMC per lot, limited to 40% Total Sign Area		
	Engineering Required	No	Lighting Restrictions	EMC copy to change no more than every 10 sec		
<b>Directional Signs</b>	Max Sign Area	n/a	Max Ht.		No. Per Area	
	Set Back		Location			
	Permits Required		Engineering Required			
<b>Incidental Signs</b>	Sign Types Included	n/a		Max Sign Area		
	Max Ht.		Number Of Signs Allowed			
	Permits Required		SF Included In Aggregate			

Contact Information				
Jurisdiction	City of Jonesboro GA	Zoning Designation	C2	
Contact	Derry Walker	Phone	770-478-3800	
E-Mail				
Location				
<b>Temporary Signs</b>	Sign Types Included	Coming Soon signs	Max Sign Area	50 sq ft
	Max Ht.		Number Of Signs Allowed	(1)
	Location		Permits Required	Yes
<b>Variances</b>	File With	Filing Deadline	Duration	2-30 days non consecutive
	Meeting Schedule	Filing Fee	Process Timeline	
<b>Permit Notes</b>	site has been annexed to Zone C2 and follows the double frontage lot sign regulations			

Sign	Proposed	QTY	SQ FT	What is Allowed	Remainder	Notes
<b>Wall Signs</b>						
S1	48" Illuminated Letterset	1	133.77			
S2	18" Illuminated Letterset	1	26.47			
S3	48" Illuminated Letterset	1	133.77			
S4	18" Illuminated Letterset	1	26.47			
		<b>Total:</b>	320.48	358.5	38.02	
<b>Freestanding</b>						
S5	15' OAH Illuminated Multi-Tenant Sign	1	53	35	-18	
S6	24' OAH Illuminated Pylon	1	100	35	-65	
		<b>Total:</b>	153	70	-83	
<b>Secondary</b>						
S7	Drive-Thru Canopy Panel	1	6	NA	NA	
S8	Pick-up/Drop-off Panel	1	.82	NA	NA	
S9	Hours Plaque	1	1.91	NA	NA	
S10	Receiving Entrance Panel	1	3	NA	NA	
S11	Do Not Enter Regulatory	1	2.25	NA	NA	
		<b>Total:</b>	10.98			
<b>SQ FT Total For Site:</b>			<b>404.57</b>			



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**NORTHEAST DIVISION**  
707 Commerce Dr., Concord, NC 28025  
Phone: (704)788-3733 / (800)772-7932 Fax: (704)788-3843  
[www.atlassignindustries.us](http://www.atlassignindustries.us)

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S.O. No.	
Sheet No.	5
Date	11/9/2015
Path	CVS/pharmacy GA Jonesboro
PM	S. Evridge
Drawn By	C. Barbato
Scale	As Shown
Revision 1	
Revision 2	
Revision 3	
Revision 4	
Revision 5	
Revision 6	

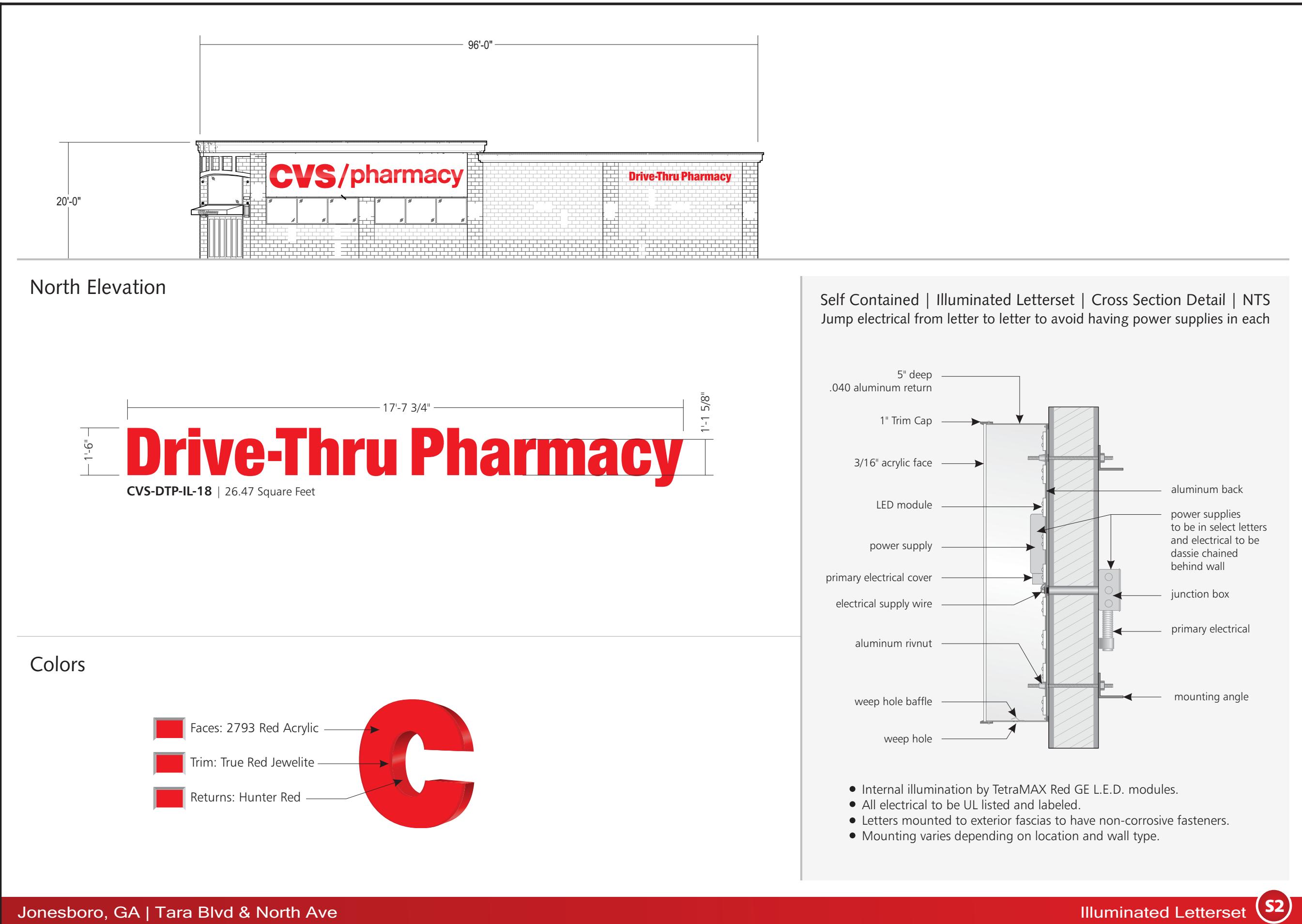
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**pharmacy**



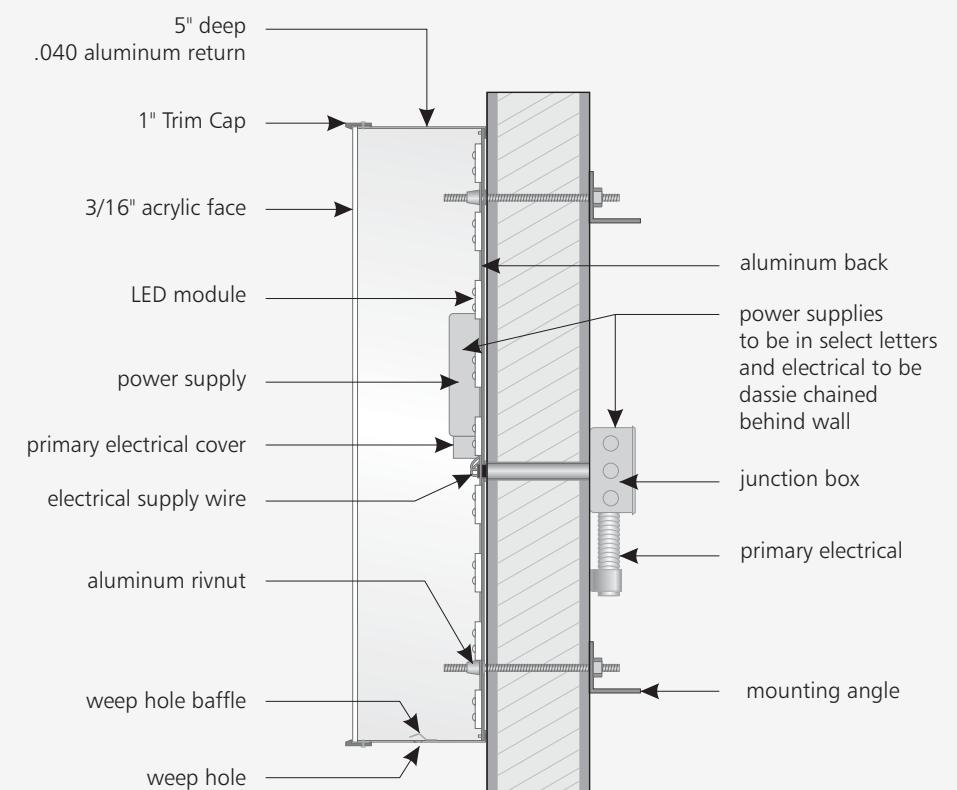
Approved by:

Date: \_\_\_\_\_

APPROVED AS SHOWN  
 APPROVED AS NOTED  
 CORRECT & RESUBMIT



Self Contained | Illuminated Letterset | Cross Section Detail | NTS  
Jump electrical from letter to letter to avoid having power supplies in each



- Internal illumination by TetraMAX Red GE L.E.D. modules.
- All electrical to be UL listed and labeled.
- Letters mounted to exterior fascias to have non-corrosive fasteners.
- Mounting varies depending on location and wall type.



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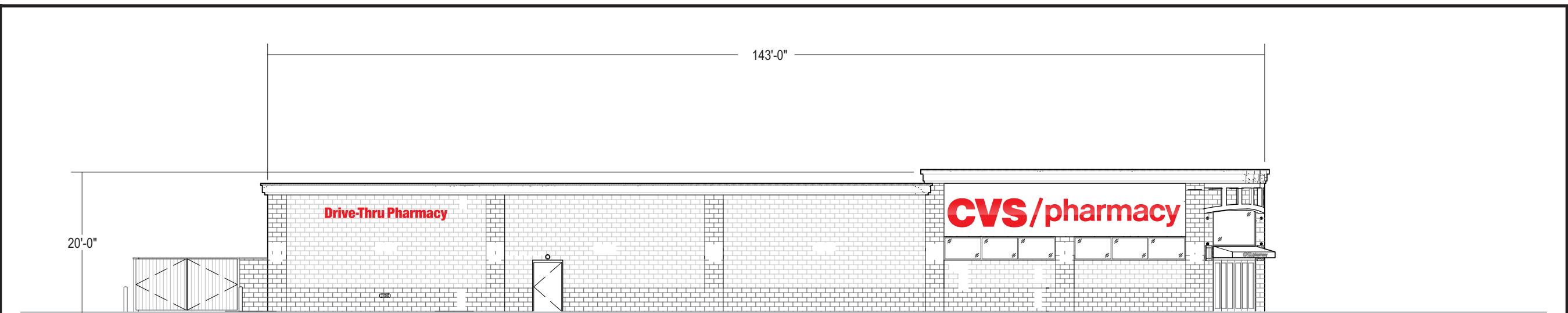
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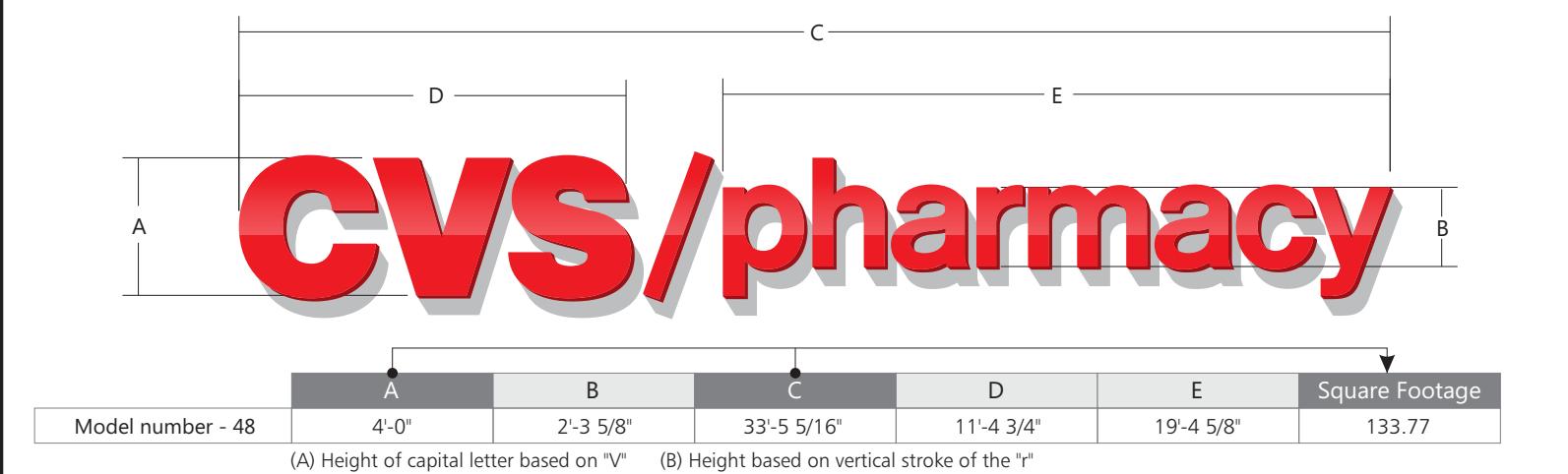
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Date: \_\_\_\_\_

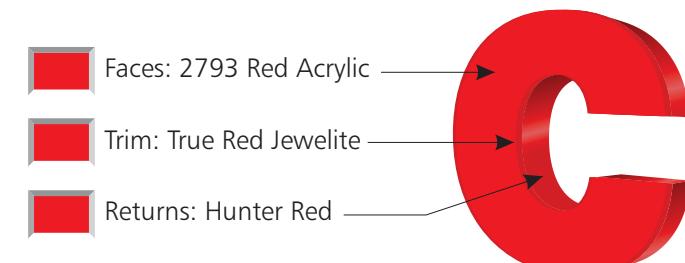
APPROVED AS SHOWN  
 APPROVED AS NOTED  
 CORRECT & RESUBMIT



East Elevation



Colors



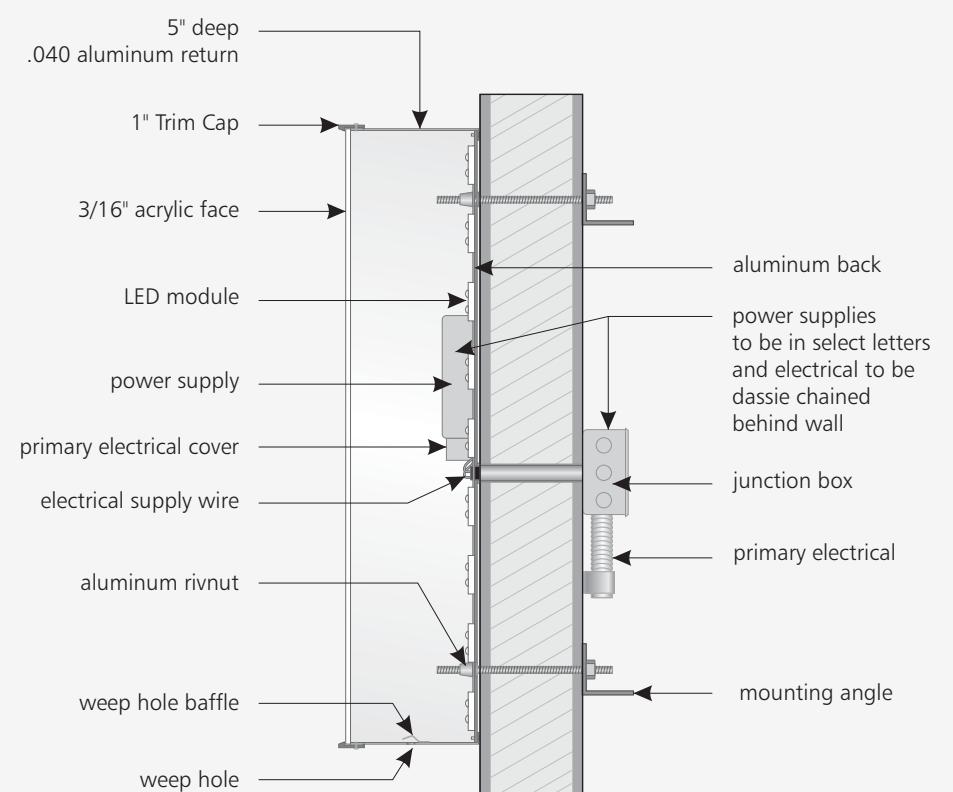
Clear Space Rule (X) is based on the height of the "V"



Jonesboro, GA | Tara Blvd &amp; North Ave

Illuminated Letterset **S3**

Self Contained | Illuminated Letterset | Cross Section Detail | NTS  
Jump electrical from letter to letter to avoid having power supplies in each



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Revision 4	
Revision 5	
Revision 6	

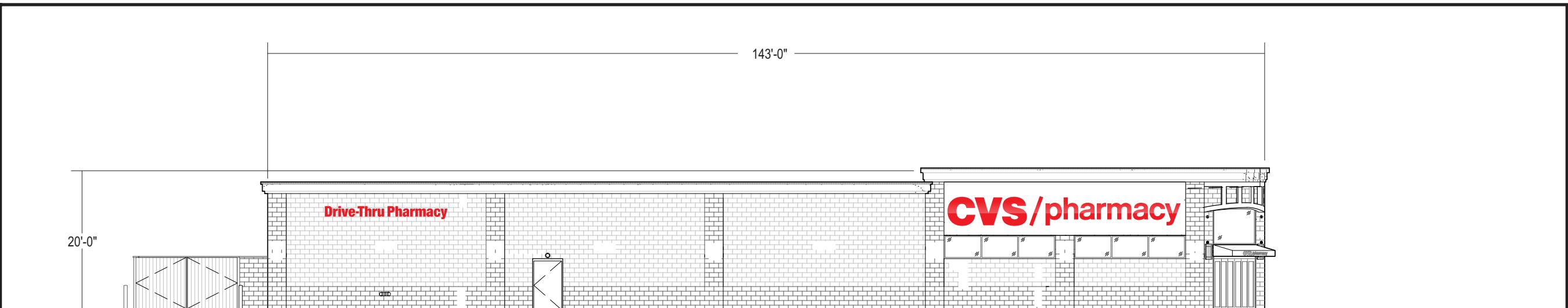
**CVS**  
**pharmacy**



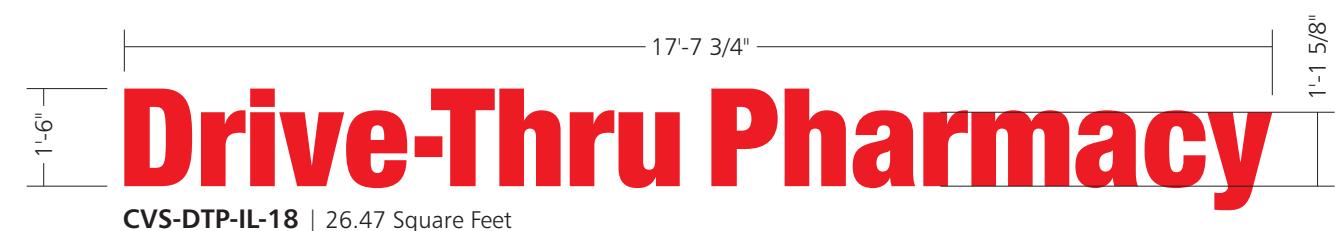
Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED AS SHOWN  
 APPROVED AS NOTED  
 CORRECT & RESUBMIT

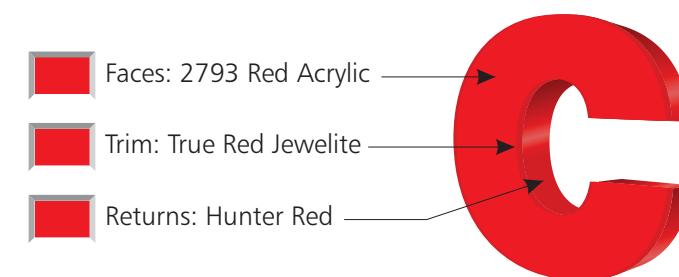


East Elevation



CVS-DTP-IL-18 | 26.47 Square Feet

Colors

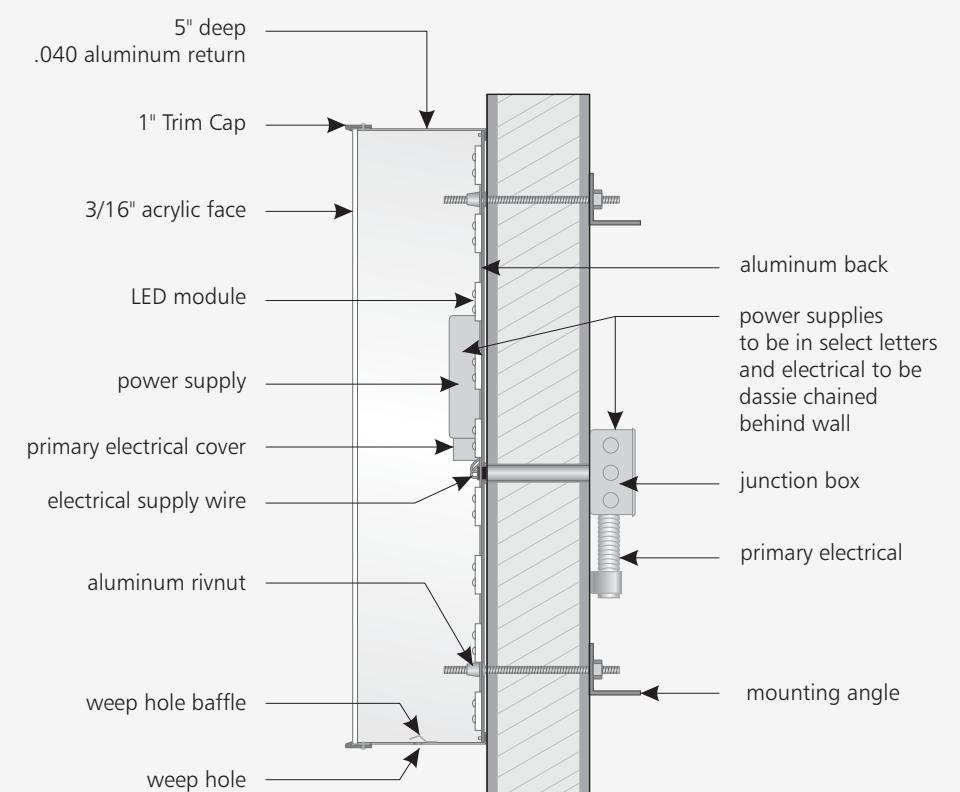


Faces: 2793 Red Acrylic

Trim: True Red Jewelite

Returns: Hunter Red

Self Contained | Illuminated Letterset | Cross Section Detail | NTS  
Jump electrical from letter to letter to avoid having power supplies in each



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## NORTHEAST DIVISION

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Sheet No.	8
Date	11/9/2015
Path	CVS/pharmacy GA Jonesboro
PM	S. Evridge
Drawn By	C. Barbato
Scale	As Shown
Revision 1	
Revision 2	
Revision 3	
Revision 4	
Revision 5	
Revision 6	



Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

 APPROVED AS SHOWN APPROVED AS NOTED CORRECT & RESUBMIT



### Description:

(1) Double face, internally lighted monument sign featuring (2) D/F lighted cabinets, an aluminum construction with aluminum skin, decorative aluminum top and pole cover.

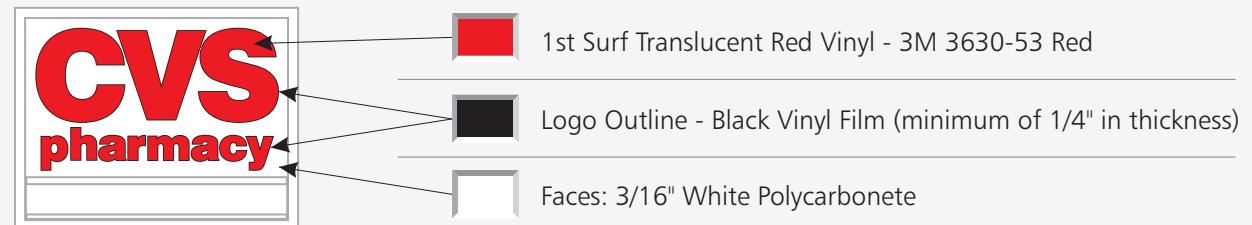
Monument faces are to be white polycarbonate. Faces decorated with translucent film. Internal illumination of cabinet by LED strip lighting. All wiring UL approved.

Monument is installed onto steel post set in concrete foundation.

### Paint Schedule:

P1		Benjamin Moore: 2161-60 / Kahlua & Cream   Satin Finish
P2		Benjamin Moore: HC-47 / Brookline Beige   Stipple Texture Finish
P3		Cabinet and Retainers   White acrylic urethane enamel gloss
P4		Cabinet and Retainers   Black   Satin Finish

### Face and Decoration:



### Slide-In Panel:



### Clear Space Rule:

(X) is based on the stroke width of the "P". Clear Space is applied prior to the black outline



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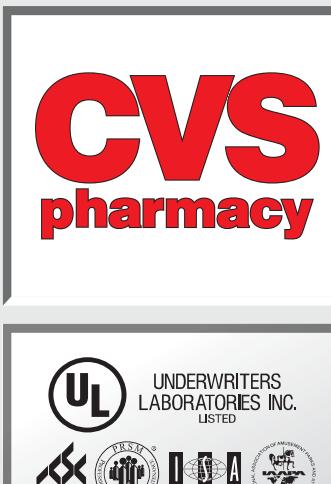
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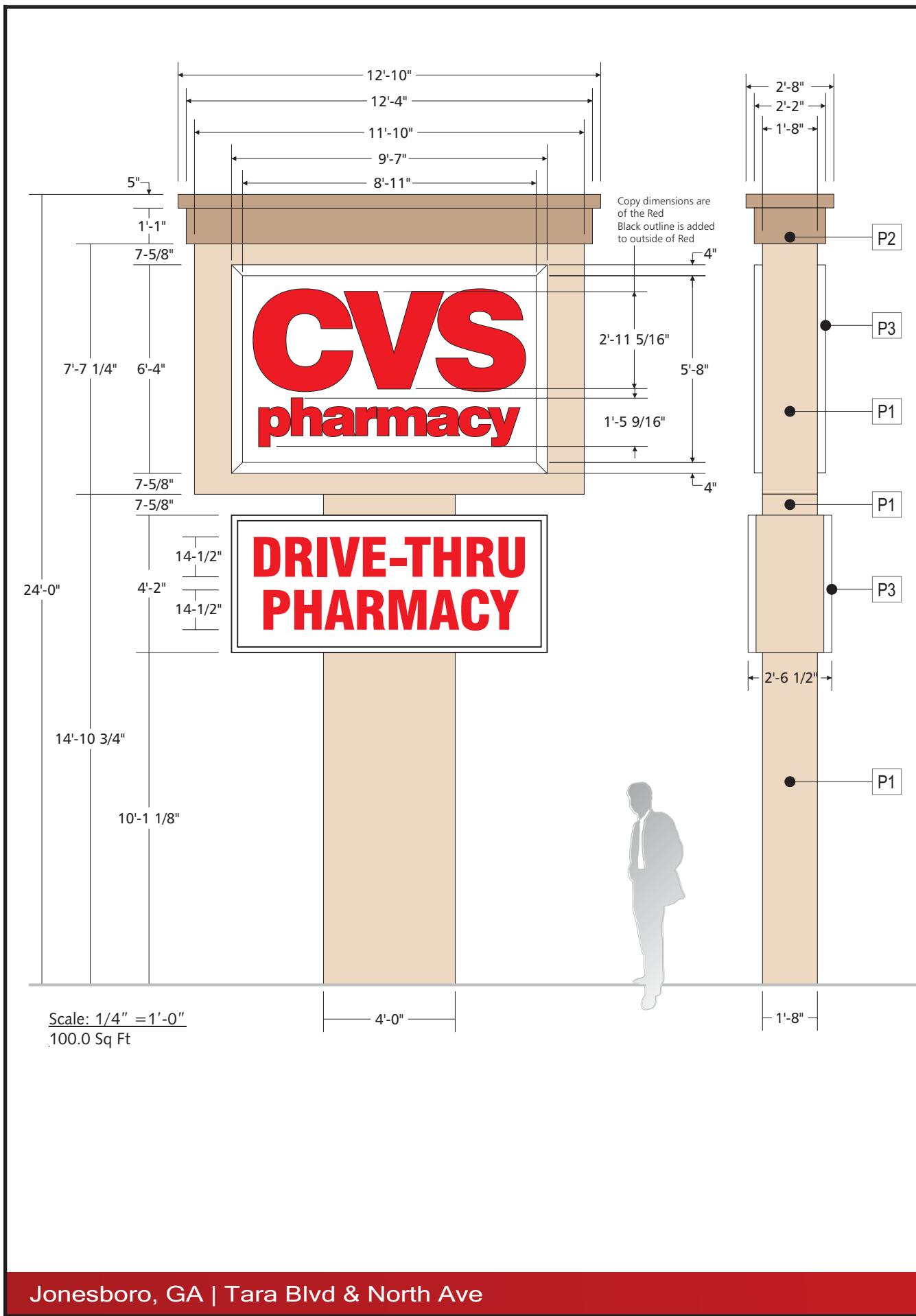
Approved by:

Date: \_\_\_\_\_

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CORRECT & RESUBMIT



### Description:

Double face, internally illuminated pylon sign featuring (2) D/F lighted cabinets, an aluminum construction with aluminum skin, decorative aluminum cornice and pole cover.

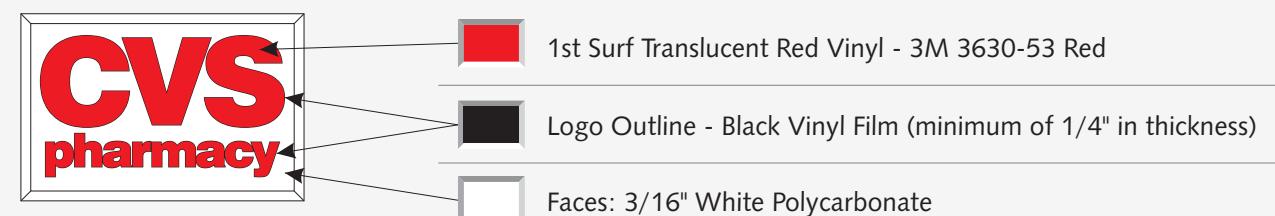
Pylon faces are to be white polycarbonate. Faces decorated with translucent film. Internal illumination of cabinet by LED strip lighting. All wiring UL approved.

Pylon is direct buried with steel post set in concrete foundation.

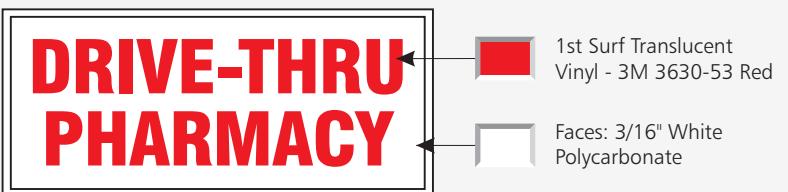
### Paint Schedule

P1		Benjamin Moore: 2161-60 / Kahlua & Cream   Satin Finish
P2		Benjamin Moore: HC-47 / Brookline Beige   Stipple Texture Finish
P3		Cabinet and Retainers   White acrylic urethane enamel gloss

### Face and Decoration



### Secondary Cabinet



### Clear Space Rule

(X) is based on the stroke width of the "P"  
Clear Space is applied prior to the black outline



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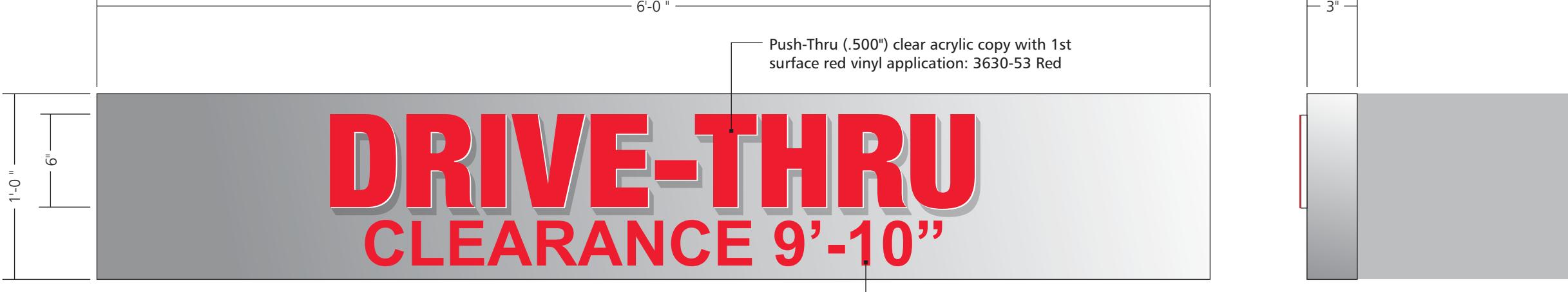
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Date: \_\_\_\_\_

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**DT Canopy Cabinet**

6 Square Feet

Scale:  $1\frac{1}{2}'' = 1'-0''$

█ Please see call-outs      █ White Vinyl Film

**atlas**  
SIGN INDUSTRIES  
THE SIGN OF PERFORMANCE

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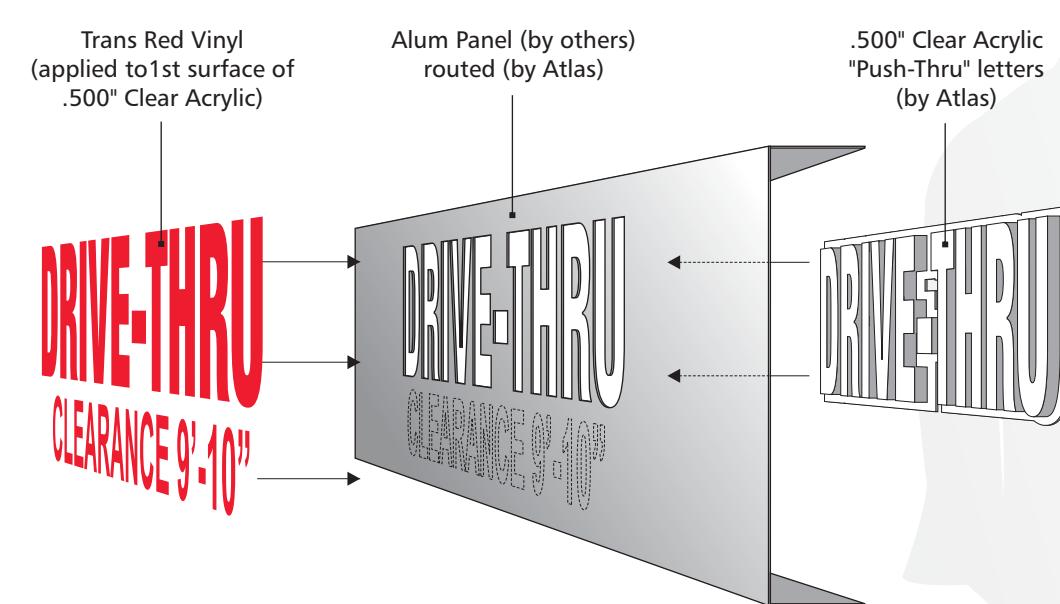
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**pharmacy**

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Date: \_\_\_\_\_

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Jonesboro, GA | Tara Blvd & North Ave

Drive-Thru Canopy Panel **S7**



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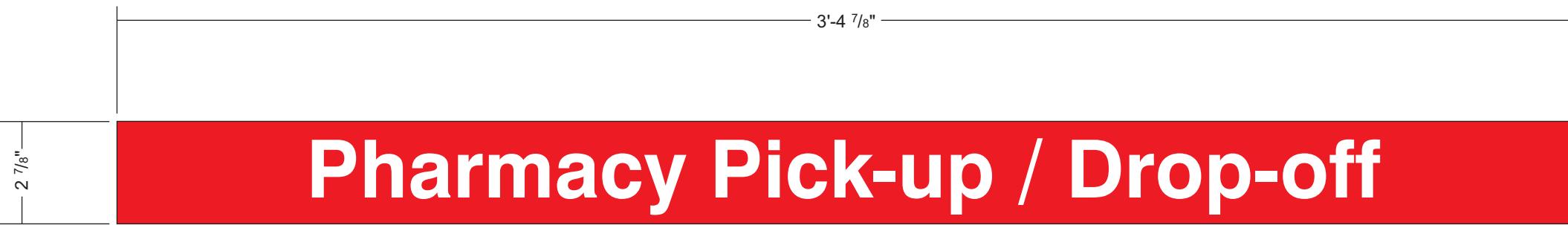
**CVS**  
**pharmacy**



Approved by:

Date: \_\_\_\_\_

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 CORRECT & RESUBMIT



# Pharmacy Pick-up / Drop-off

## CVS-PUDO Pick-Up Panel

Scale: 3" = 1'-0"

.82 Square Feet

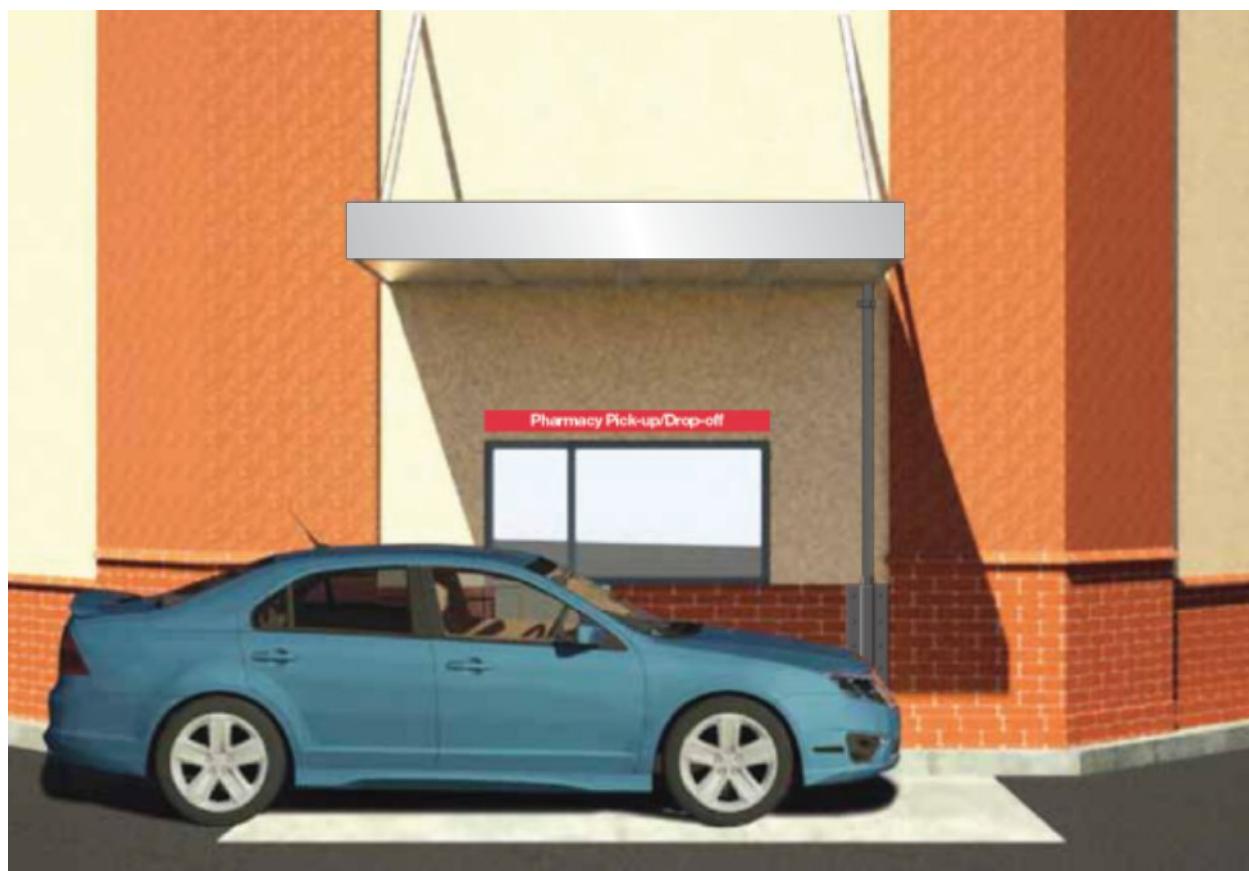
.125 Aluminum Panel installed above Pick-Up window. Panel finished in CVS Red enamel. Copy of high performance white vinyl. Panel installed flush via non-corrosive welded studs.



Paint to Match 3M 3630-53 Red



3M 7725-10 Opaque Matte White Vinyl Film



**CVS-HP**  
1.91 Square Feet

Scale: 3" = 1'-0"

Hours Plaque to be mounted to the right side of the door

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**CVS**  
**pharmacy**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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Jonesboro, GA | Tara Blvd & North Ave

Hours Plaque **S9**

Packet Pg. 221

Attachment: Jonesboro GA (Tara Blvd North Ave) (1058 : CVS - Sign Variances)



CVS-REAP Aluminum Panel

Scale: 3" = 1'-0"

3 Square Feet

.080 White Aluminum panel with (4) pre-drilled holes. Copy & graphics of high performance vinyl film.



1st Surface Reflective Red Vinyl #680-82 Ruby Red



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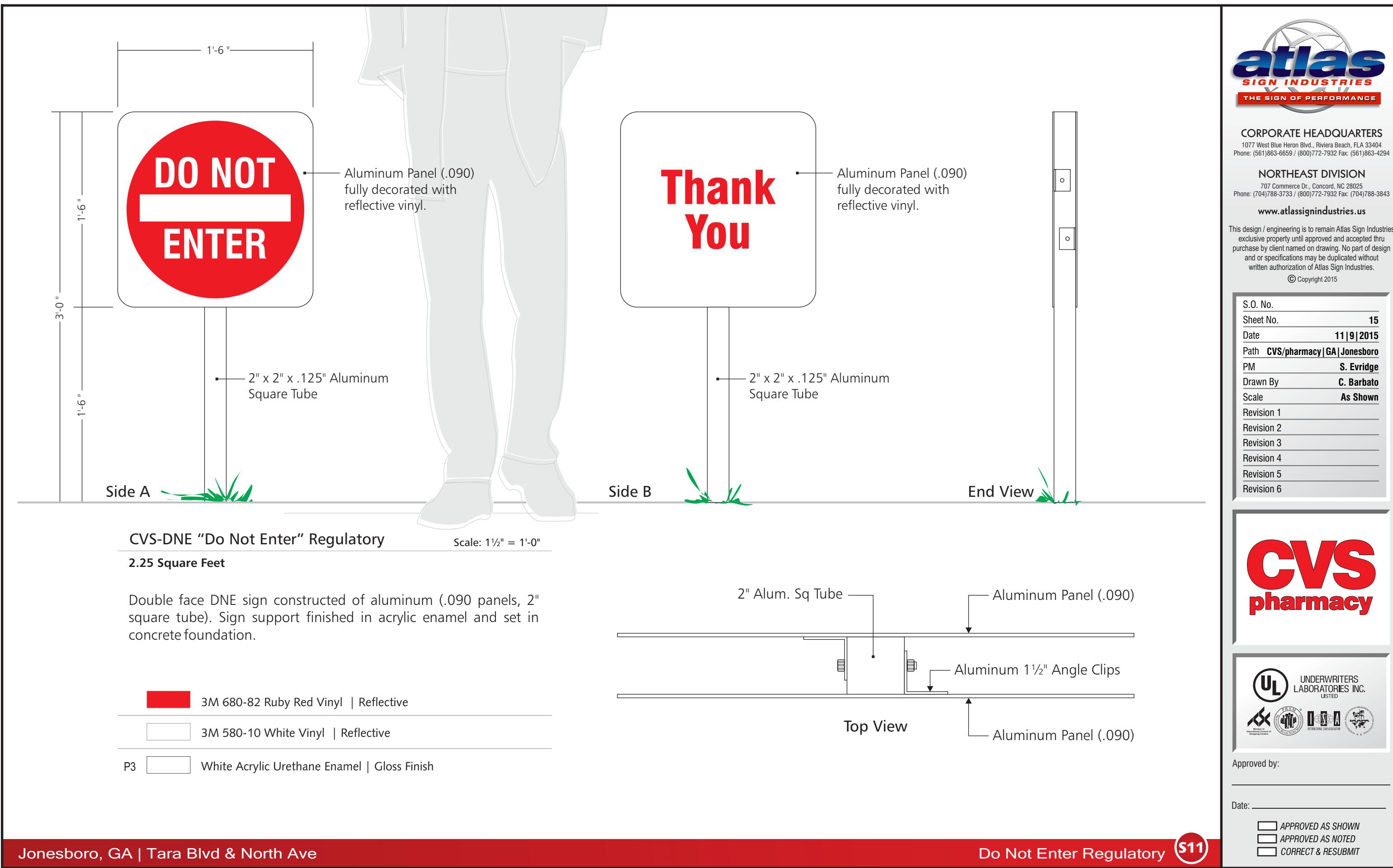
S.O. No.	14
Sheet No.	14
Date	11/9/2015
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Drawn By	C. Barbato
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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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## ATTACHMENT -1-

## PROPERTY OWNER'S AUTHORIZATION

The undersigned below, or as attached, is the owner of the property which is subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of an amendment to the property.

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Clayton County, Georgia.

I hereby depose and say that all above statements and attached statements and/or exhibits submitted are true and correct, to the best of knowledge and belief.

PROPERTY OWNER:

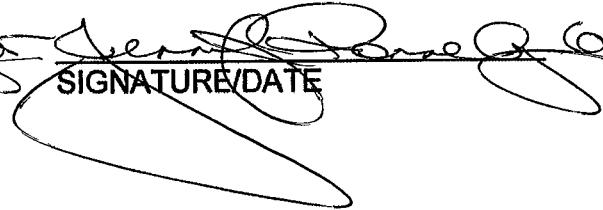
Steve Schoenbrey  
PRINT NAME

 SIGNATURE/DATE

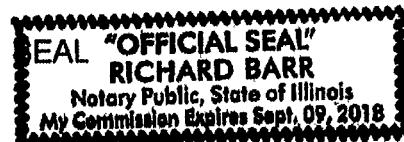
6/23/16

APPLICANT:

Jennifer Rinnhuber  
PRINT NAME

 SIGNATURE/DATE

NOTARY:  
Richard Barr  
SIGNATURE/DATE





### Description:

(1) Double face, internally lighted monument sign featuring (2) D/F lighted cabinets, an aluminum construction with aluminum skin, decorative aluminum top and pole cover.

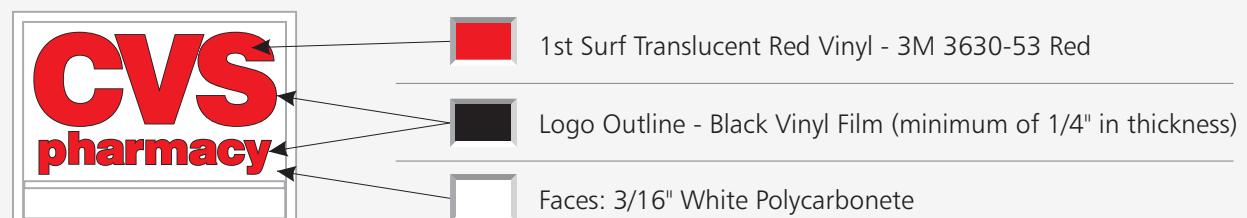
Monument faces are to be white polycarbonate. Faces decorated with translucent film. Internal illumination of cabinet by LED strip lighting. All wiring UL approved.

Monument is installed onto steel post set in concrete foundation.

### Paint Schedule:

P1		Benjamin Moore: 2161-60 / Kahlua & Cream   Satin Finish
P2		Benjamin Moore: HC-47 / Brookline Beige   Stipple Texture Finish
P3		Cabinet and Retainers   White acrylic urethane enamel gloss
P4		Cabinet and Retainers   Black   Satin Finish

### Face and Decoration:



### Slide-In Panel:



### Clear Space Rule:

(X) is based on the stroke width of the "P" Clear Space is applied prior to the black outline



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Revision 5	
Revision 6	



Approved by:

Date:

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 APPROVED AS NOTED  
 CORRECT & RESUBMIT



# **CITY OF JONESBORO, GEORGIA COUNCIL**

## **Agenda Item Summary**

## Agenda Item #

12.A

**Requesting Agency (Initiator)**

### Sponsor(s)

## Office of the City Administrator

**Requested Action** (*Identify appropriate Action or Motion, purpose, cost, timeframe, etc.*)

Council to consider Ordinance #2016-08 establishing a moratorium on the acceptance of any occupational tax certificate application, zoning application, application for sign permits, use permits or other applications relating to the sale or maintenance services of new or used automobiles.

**Requirement for Board Action** (Cite specific Council policy, statute or code requirement)

**Is this Item Goal Related?** (If yes, describe how this action meets the specific Board Focus Area or Goal)

## Yes Economic Development

## Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Recently the City was approved for its Comprehensive Plan Update & executed a contract with an agency to conduct an audit of our Zoning Code. As a result of both study documents, staff realizes the importance of placing a moratorium on certain businesses until new zoning designations are defined. This moratorium is intended to provide the Council & City Staff with an opportunity to review our zoning code and to evaluate a menu of alternative that could be implemented to discourage incompatible automotive service and repair uses in a manner consistent with the requirements of the Land Use Plan. Specifically, the staff evaluation will consider proposed amendments in relation to the goals, objectives and policies of the Jonesboro Comprehensive Plan address consistency with the Zoning Code and consider possible environmental impacts.

## **Fiscal Impact**

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

NA

**Exhibits Attached** (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

1

## **Staff Recommendation** *(Type Name, Title, Agency and Phone)*

## Approval

## **FOLLOW-UP APPROVAL ACTION (City Clerk)**

**Typed Name and Title**  
Ricky Clark, City  
Administrator

Date \_\_\_\_\_

July 11, 2016

---

**Signature**

---

## City Clerk's Office

**STATE OF GEORGIA  
CITY OF JONESBORO**

**ORDINANCE NO. 2016-08**

**AN ORDINANCE BY THE MAYOR AND COUNCIL OF THE CITY OF JONESBORO, GEORGIA  
ESTABLISHING A MORATORIUM ON THE ACCEPTANCE OF ANY OCCUPATIONAL TAX  
CERTIFICATE APPLICATION, ZONING APPLICATION, APPLICATION FOR SIGN PERMITS,  
USE PERMITS OR OTHER APPLICATIONS RELATING TO THE SALE OR MAINTENANCE  
SERVICES OF NEW OR USED AUTOMOBILES; TO REPEAL CONFLICTING ORDINANCES; TO  
PROVIDE FOR SEVERABILITY; TO PROVIDE FOR AN ADOPTION DATE AND EFFECTIVE  
DATE; TO PROVIDE A PENALTY; AND FOR OTHER PURPOSES.**

**WHEREAS**, the duly elected governing authority of the City of Jonesboro, Georgia (the "City") is the Mayor and Council thereof;

**WHEREAS**, the City has been vested with substantial powers, rights and functions to generally regulate the practice, conduct or use of property for the purposes of maintaining health, morals, safety, security, peace, and the general welfare of the City; and

**WHEREAS**, Georgia law recognizes that local governments may impose moratoria on zoning decisions, building permits, and other development approvals where exigent circumstances warrant the same, pursuant to case law found at *City of Roswell, et al. v. Outdoor Systems, Inc.*, 274 Ga. 130, 549 S.E.2d 90 (2001); *Lawson v. Macon*, 214 Ga. 278, 104 S.E.2d 425 (1958); *Taylor v. Shetzen*, 212 Ga. 101, 90 S.E.2d 572 (1955); and

**WHEREAS**, the Courts take judicial notice of a local government's inherent ability to impose moratoria on an emergency basis; and

**WHEREAS**, the Georgia Supreme Court, in the case of *DeKalb County v. Townsend*, 243 Ga. 80 (1979), held that, "To justify a moratorium, it must appear first, that the interests of the public generally, as distinguished from those of a particular class, require such interference; and second, that the means are reasonably necessary for the accomplishment of the purpose, and not unduly oppressive upon individuals." The

morals and general welfare purposes by means which are reasonable and not unduly oppressive; and

**WHEREAS**, the Mayor and Council have, as a part of planning, zoning and growth management, been in review of the City's Code of Ordinances, including its Zoning Ordinance, and have been studying the City's best estimates and projections of the type of development which could be anticipated within the City; and

**WHEREAS**, the Mayor and Council deem it important to develop a comprehensive plan which integrates all of these concerns and therefore consider this moratorium a proper exercise of the City's police powers; and

**WHEREAS**, the Mayor and Council therefore consider it paramount that land use regulation continue in the most orderly and predictable fashion with the least amount of disturbance to landowners and to the citizens of the City. The Mayor and City Council have always had a strong interest in growth management so as to promote the traditional police power goals of health, safety, morals, aesthetics and the general welfare of the community; in particular, the lessening of congestion on City streets, security of the public from crime and other dangers, promotion of health and general welfare of its citizens, protection of the aesthetic qualities of the City including access to air and light, and facilitation of the adequate provision of transportation and other public requirements; and

**WHEREAS**, it is the belief of the Mayor and Council that the concept of "public welfare" is broad and inclusive; that the values it represents are spiritual as well as physical, aesthetic as well as monetary; and that it is within the power of the City "to determine that a community should be beautiful as well as healthy, spacious as well as clean, well balanced as well as carefully patrolled," *Berman v. Parker*, 348 U.S. 26, 75 S.Ct. 98 (1954); *Kelo v. City of New London*, 545 U.S. 469, 125 S. Ct. 2655, 162 L. Ed. 2d 439 (2005). It is also the opinion of the Mayor and Council that "general welfare" includes the valid public objectives of aesthetics, conservation of the value of existing lands and buildings within the City, making the most appropriate use of resources, preserving neighborhood characteristics, enhancing and protecting the economic well-being of the community, facilitating adequate provision of public services, and the preservation of the resources of the City; and

coherent policy regarding certain uses in the City, and have intended to promote community development through stability, predictability and balanced growth which will further the prosperity of the City as a whole.

**BE IT AND IT IS HEREBY ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF JONESBORO, GEORGIA and by the authority thereof:**

The Mayor and City Council do hereby impose a moratorium of one-hundred and twenty (120) days on the acceptance of any occupational tax certificate application, zoning application, application for rezoning or the acceptance of applications for variances, permits or inspections for the development of any business involved in the sale of new or used automobiles or any business providing maintenance services to new or used automobiles, or for any other license or permit for the purpose of authorizing such or similar uses as described in the Zoning Ordinance of the City of Jonesboro, Georgia in order to allow for the consideration and adoption of appropriate zoning ordinances covering same, as defined and required by the Georgia Zoning Procedures Law.

**BE IT FURTHER ORDAINED**, said moratorium shall begin at 11:59 p.m. on July 11, 2016 and end at 11:59 p.m. on November 8, 2016.

**SECTION I.**

**FINDINGS OF FACT**

The Mayor and Council of the City of Jonesboro, Georgia (“City”) hereby make the following findings of fact:

- (a) It appears that the City’s development ordinances, Zoning Ordinance and/or Comprehensive Land Use Plan require an additional review by the City as they relate to the development of businesses involved in the sale of, or providing maintenance services for, new or used automobiles; and
- (b) Substantial disorder, detriment and irreparable harm would result to the citizens, businesses and the City if the current land use regulation scheme, in and for the above described use in the City, were to be utilized by property owners prior to a more thorough review;

a limited cessation of development and building permits, occupation tax permits, and other licenses and permits, with respect to the above described use, be enacted;

(d) It is necessary and in the public interest to delay, for a reasonable period of time, the processing of any applications for such developments to ensure that the design, development and location of the same are consistent with the long-term planning objectives of the City; and

(e) That the Georgia Supreme Court has ruled that limited moratoria are reasonable and do not constitute land use when such moratoria are applied throughout the City under *City of Roswell et al v. Outdoor Systems Inc.*, 274 Ga. 130, 549 S.E.2d 90 (2001).

## **SECTION II.**

### **IMPOSITION OF MORATORIUM**

(a) There is hereby imposed a moratorium on the acceptance by the staff of the City of Jonesboro of applications for rezoning or the acceptance of applications for variances, permits or inspections for the development of any business involved in the sale of new or used automobiles or any business providing maintenance services to new or used automobiles, or for any other license or permit for the purpose of authorizing such or similar uses as described in the Zoning Ordinance of the City of Jonesboro.

(b) For purposes of this moratorium, a business that is involved in the sale of new or used automobiles or that provides maintenance services to new or used automobiles shall be any business that performs any activity covered by one or more of the following NAICS designations:

- (1) 811198 – All Other Automotive Repair & Maintenance;
- (2) 811121 – Automotive Body, Paint, Interior & Maintenance;
- (3) 811112 – Automotive Exhaust System Repair;
- (4) 811191 – Automotive Glass Replacement Shops;
- (5) 811111 – Automotive Repair;
- (6) 811113 – Automotive Transmission Repair;
- (7) 44132 – Tire Dealers; or

(c) The duration of this moratorium shall be until the City adopts a revision of the Code of Ordinances, City of Jonesboro, Georgia related to the above-referenced uses or until Tuesday, November 8, 2016, whichever first occurs.

(d) This moratorium shall be effective as of the date of its adoption.

(e) This moratorium shall have no effect upon approvals or permits previously issued or as to development plans previously approved by the City. The provisions of this Ordinance shall not affect the issuance of permits or site plan reviews that have received preliminary or final approval by the City on or before the effective date of this Ordinance.

(f) As of the effective date of this Ordinance, no applications for rezoning, development, variances or permits for the above described use will be accepted by any agent, employee or officer of the City with respect to any property in the City, and any permit so accepted for filing will be deemed in error, null and void and of no effect whatsoever and shall constitute no assurance whatsoever of any right to engage in any act, and any action in reliance on any such permit shall be unreasonable.

(g) However, notwithstanding the foregoing, a written application, including verified supporting data, documents, and facts, may be made which specifically requests a review by the Mayor and Council at a scheduled meeting of any facts or circumstances which the applicant feels substantiates a claim for the grant of an exemption from this Moratorium either by virtue of an existing vested right to proceed under the existing laws and regulations, or by virtue of exigent or emergency circumstances.

(h) The following procedures shall be put in place immediately. Under *Cannon v. Clayton County*, 255 Ga. 63, 335 S.E.2d 294 (1985); *Meeks v. City of Buford*, 275 Ga. 585, 571 S.E.2d 369 (2002); *City of Duluth v. Riverbroke Props.*, 233 Ga. App. 46, 502 S.E.2d 806 (1998), the Supreme Court stated, “Where a landowner makes a substantial change in position by expenditures and reliance on the probability of the issuance of a building permit, based upon an existing zoning ordinance and the assurances of zoning officials, he acquires vested rights and is entitled to have the permit issued despite a change in the zoning ordinance which would otherwise preclude the issuance of a permit.” Pursuant to this case, the City recognizes that,

unknown to the City, de facto vesting may have occurred. The following procedures are established to p 12.A exemptions from the moratorium where vesting has occurred:

(1) A written application, including verified supporting data, documents and facts, may be made requesting a review by the Mayor and Council at a scheduled meeting of any facts or circumstances which the applicant feels substantiates a claim for vesting and the grant of an exemption.

### **SECTION III.**

(a) It is hereby declared to be the intention of the Mayor and Council that all sections, paragraphs, sentences, clauses and phrases of this Ordinance are and were, upon their enactment, believed by the Mayor and Council to be fully valid, enforceable and constitutional.

(b) It is hereby declared to be the intention of the Mayor and Council that, to the greatest extent allowed by law, each and every section, paragraph, sentence, clause or phrase of this Chapter is severable from every other section, paragraph, sentence, clause or phrase of this Ordinance. It is hereby further declared to be the intention of the Mayor and Council that, to the greatest extent allowed by law, no section, paragraph, sentence, clause or phrase of this Ordinance is mutually dependent upon any other section, paragraph, sentence, clause or phrase of this Ordinance.

### **SECTION IV.**

(a) This Ordinance shall be codified in a manner consistent with the laws of the State of Georgia and the City.

(b) In the event that any phrase, clause, sentence, paragraph or section of this Ordinance shall, for any reason whatsoever, be declared invalid, unconstitutional or otherwise unenforceable by the valid judgment or decree of any court of competent jurisdiction, it is the express intent of the Mayor and Council that such invalidity, unconstitutionality or unenforceability shall, to the greatest extent allowed by law, not render invalid, unconstitutional or otherwise unenforceable any of the remaining phrases, clauses, sentences, paragraphs or sections of the Ordinance and that, to the greatest extent allowed by law, all remaining phrases, clauses,

sentences, paragraphs and sections of the Ordinance shall remain valid, constitutional, enforceable, and 12.A  
force and effect.

- (c) The effective date of this Ordinance shall be the date of adoption unless otherwise stated herein.
- (d) All Ordinances or parts of Ordinances in conflict with this Ordinance are, to the extent of such conflict, hereby repealed.
- (e) The preamble of this Ordinance shall be considered to be and is hereby incorporated by reference as if fully set out herein.

**SO ORDAINED** this the 11th day of July, 2016.

**CITY OF JONESBORO, GEORGIA**

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**JOY B. DAY, Mayor**

**ATTEST:**

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**RICKY L. CLARK, JR.**, City Clerk/Administrator

(Seal)

**APPROVED AS TO FORM:**

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**STEVEN M. FINCHER**, City Attorney



**CITY OF JONESBORO, GEORGIA COUNCIL**  
**Agenda Item Summary**

**Agenda Item #**

12.B

**Requesting Agency (Initiator)**

**Sponsor(s)**

**Requested Action** (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Council to consider approval of Application 16ALCSUB-003, as submitted by Savoy Bar and Grill, requesting an alcohol sub-permit for Lee Street Park on July 30, 2016.

**Requirement for Board Action (Cite specific Council policy, statute or code requirement)**

Pursuant to Section 58-59, Alcohol Sub-Permits Must be Ratified by Mayor & Council

**Is this Item Goal Related?** (If yes, describe how this action meets the specific Board Focus Area or Goal)

## Recreation, Entertainment and Leisure Opportunities

## Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Savoy Bar and Grill, located at 3753 Highway 138, Stockbridge, Georgia is requesting to be granted an Alcohol sub-permit license to be an alcohol vendor for the City of Jonesboro concert to be held on July 30, 2016. Pursuant to Section 58-59 of the Code of Ordinances of the City of Jonesboro. No alcohol may be served and/or sold at any outdoor event unless the host receives an alcohol sub-permit. Where the outdoor event occurs in a park, the only type of outdoor event eligible for an alcohol sub-permit is an outdoor festival. Alcohol is not permitted in parks absent a permitted outdoor festival alcohol sub-permit. At current the applicant meets all requirements set forth for the sub-permit. The applicant currently holds a valid State of Georgia Alcohol License, Clayton County Caterers License & has passed the background check performed by the Jonesboro Police Department. In addition, the applicant has been cleared through our E-Verify system. Upon checking with the Clayton County Licensing Department, the applicant has not had any beer/wine/distilled spirits violations and recently was the vendor at our Old School R&B Concert & Motown Concert. Should Mayor & Council approve of the sub-permit, staff is requesting that the applicant be required to ensure that all id's are checked properly and that wristbands are used to distinguish those that can legally consume alcoholic beverages. Applicant will not be allowed to have any glass products or bottles. Further, Staff recommends that applicant vending space be separated from those serving/selling food. Finally, staff recommends that the applicant utilize proper signage to state that they are serving alcoholic beverages.

## **Fiscal Impact**

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

**Exhibits Attached** (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- Certificate of Organization\_Savoy

## **Staff Recommendation** *(Type Name, Title, Agency and Phone)*

## Approval

## **FOLLOW-UP APPROVAL ACTION (City Clerk)**

**Typed Name and Title**

**Ricky Clark, City Administrator**

Date \_\_\_\_\_

Date

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**Signature**

## **City Clerk's Office**

Control No.: 15050625

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Savoy Bar and Grill, LLC**  
a Domestic Limited Liability Company

is hereby issued a CERTIFICATE OF ORGANIZATION under the laws of the State of Georgia on **May 19, 2015** by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

**WITNESS** my hand and official seal in the City of Atlanta and the State of Georgia on May 21, 2015



A handwritten signature in black ink that reads "B. P. Kemp".

Brian P. Kemp  
Secretary of State

Tracking #: cOPOW594



**CITY OF JONESBORO, GEORGIA COUNCIL**  
**Agenda Item Summary**

## Agenda Item #

### NEW BUSINESS – C

12.C

**Requesting Agency (Initiator)**  
Office of the City Administrator

**Sponsor(s)**  
Mayor Day

**Requested Action** (*Identify appropriate Action or Motion, purpose, cost, timeframe, etc.*)

Council to confirm appointment of Councilman Billy Powell to the City of Jonesboro Accident Review Committee.

**Requirement for Board Action** (Cite specific Council policy, statute or code requirement)

**Is this Item Goal Related?** (If yes, describe how this action meets the specific Board Focus Area or Goal)

## Transportation Infrastructure, Safety, Health and Wellbeing

## Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

The mission of the City of Jonesboro Accident Review Committee is to protect the public safety, the safety of the city employees and to minimize loss to city property. The committee will ensure fair and impartial review of all accidents involving city personnel while on city business, significant damage to property as determined by the supervisor, and all worker's compensation accidents requiring medical attention. The function of this committee is to determine the chargeability of each accident, to provide consistency in employee disciplinary actions throughout all city departments, and to recommend the appropriate action to be taken by the Human Resource Department, Elected Officials, or Department Heads.

Due to the passing of Councilman Norrington, Mayor Day is seeking to confirm the appointment of Billy Powell to the Accident Review Committee. In the absence of Councilman Powell, Mayor Day will serve as his alternate.

The Accident Review Committee normally meets on the first Thursday of every month at 1:30 a.m. unless the meeting is rescheduled.

**Fiscal Impact** *(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)*

N/A

**Exhibits Attached** (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

1

## **Staff Recommendation** *(Type Name, Title, Agency and Phone)*

## Approval

## **FOLLOW-UP APPROVAL ACTION (City Clerk)**

**Typed Name and Title**  
Ricky Clark, City  
Administrator

Date \_\_\_\_\_

July 11, 2016

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**Signature**

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## City Clerk's Office