

Utah Department of Health, Child Care Licensing Program

Child Care Center

Rule Interpretation and Enforcement Manual

Authority and Purpose

This rule is promulgated pursuant to Title 26, Chapter 39. It establishes standards for the operation and maintenance of child care centers and requirements to protect the health and safety of children in child care centers.

Introduction to Child Care Licensing

Child Care Licensing is a program within the **Bureau of Child Development**. The **mission** of the Bureau of Child Development is *to support the health and development of Utah families and their children*. The Child Care Licensing Program supports the Bureau mission by ensuring that child care facilities meet **health and safety** standards. The Program regulates both in-home child care providers and child care centers.

Because we are a regulatory agency, no staff member may accept gifts of any kind. This includes food, treats, gift certificates or handmade gifts. Child Care Licensing has adopted the Code of Conduct provided by the National Association for Regulatory Administration (NARA). A copy of the entire Code of Conduct is available on our website, childcarelicensing.utah.gov.

Program Vision Statement

Access to safe, healthy child care for Utah families.

Program Mission

To support working parents by protecting the health and safety of children in regulated child care program. This is accomplished by:

- *Establishing and enforcing health and safety standards for child care programs.*
- *Training and supporting providers in meeting the established health and safety standards.*
- *Providing the public with accurate information about regulated child care.*

Inspection Process

Compliance to licensing rules is determined through an inspection process. The inspections are conducted by Licensing Specialists who use approved checklists. The checklists are published on our website at childcarelicensing.utah.gov. These checklists ensure consistency for each inspection. There are several types of inspections that are described below.

Annual Announced Inspections

This inspection is scheduled with the Owner/Director and **takes place 60 to 120 days prior to the license expiration date**. This allows an adequate amount of time for Licensing Specialists to verify compliance with all rules before the license is renewed.

During this inspection all rooms and areas (including closets) that are accessible to children will be assessed. This includes rooms and areas accessible to unsupervised children on their way to and from bathrooms. Areas that are inaccessible to children will need to be opened to ensure the entire facility is inspected. These areas should not be opened or unlocked until requested by a licensing staff member.

The Annual Announced Inspection consists of the following components:

- An interview with the Director that may be conducted before or during the on-site inspection.
 - Advantages of the Director being interviewed prior to the inspection are:
 - The on-site inspection takes less time.
 - A question that is answered incorrectly will be asked again at the inspection. If answered correctly at the inspection, it will be considered in compliance.
 - The provider may read the questions from the checklist prior to the phone interview.
- An inspection of all rooms and areas including areas that are not used for child care.
- An inspection of the outdoor play area and equipment.
- An observation of diaper changes.
- An inspection of all vehicles used to transport the children.
- A review of the required records. This includes the facility's general paperwork, each staff member's records and the records of the children in care. A comprehensive list is found in Section 9 of the licensing rules.

Depending on the size of the facility and the number of staff and enrolled children, the Announced Inspection takes approximately two to six hours to complete. The inspection process will proceed more quickly and smoothly if:

- The Owner/Director is not scheduled for other duties such as transporting children, preparing meals, or covering staff breaks during the inspection.
- Keys to locked areas of the facility are readily available. Rooms/areas that are required to be locked by rule are not unlocked until requested by the Licensing Specialist.
- Staff who diaper children tell the Licensing Specialist when a child is ready to be diapered.
- Vehicles are available some time during the inspection.
- Required paperwork is completed, organized and available for review.

During this inspection, the entire outdoor area, the structural components of the playground and the equipment are assessed. All sheds, garages, and storage areas are inspected. During this inspection, these areas must be unlocked when it is requested by the Licensing Specialist.

Unannounced Inspections

This inspection is not scheduled with the Owner/Director and takes place **sometime during the licensing year**. Each facility will receive one of these inspections annually.

During this inspection all rooms and areas (including closets) that are accessible to children will be assessed. This includes rooms and areas accessible to unsupervised children on their way to and from bathrooms. Areas that are inaccessible to children will need to be opened to ensure the entire facility is inspected. These areas should not be opened or unlocked until requested by a licensing staff member.

The Unannounced Inspection is an assessment of the entire facility but limited paperwork will be reviewed. Because a shortened checklist is used, it takes significantly less time to conduct these inspections.

Follow-Up Inspections

Licensing Specialists conduct Follow-Up Inspections to **verify** that any **rule violations** found in previous inspections are **corrected**, and to ensure that there are no new serious noncompliance findings. Follow-Up inspections are **always unannounced**.

If more than one Follow-Up Inspection is required for the same rule violations, a charge for each additional Follow-Up inspection will be required as set by the Utah State Legislature.

Complaint Investigations

In addition to routine inspections, **reports that allege violations** of licensing rules are investigated by a Complaint Investigator. The type and scope of each investigation vary based on the information received in the complaint. Because each investigation is specific to the complaint, a checklist is not used for these inspections. Depending on information received or witnessed, Follow-Up Inspections may need to be conducted.

After Each Inspection

At the end of each inspection:

- If all rules are in compliance, the Licensing Specialist will inform the provider of the results and send a letter indicating that there were no rules out of compliance during the inspection.
- If there were rule violations, the Licensing Specialist will give the Owner/Director a list of the non-compliant items.
- The Licensing Specialist will give the Owner/Director an opportunity to discuss each item and provide feedback.
- Together, they will decide a date of correction for each item out of compliance. However, if an item poses serious risk to the children, a date of correction may not be negotiated but will be set by the Licensing Specialist.
- The Licensing Specialist will send a **Statement of Findings** letter stating the items found out of compliance, the level of noncompliance, and the date the item must be corrected.
- A Licensing Specialist will conduct an unannounced follow-up visit to verify that all noncompliance items have remained corrected or have been corrected, and that there are no new serious rule violations.
- The provider will have an opportunity to submit a licensure/inspection evaluation.

Purpose and Use of the Interpretation Manual

This manual has been prepared for child care owners, providers, and licensing staff, to ensure statewide consistency. The information in this manual has been prepared to help with understanding and enforcement of child care licensing rules. This manual contains the following information:

Purpose – A brief description of each section in the manual.

General Information – Provides general rationale and explanations that pertain to all rules in the section.

Rule Text – The text of each rule is printed in black bold font.

Rationale / Explanation – Explains the reason for each rule, and may also give additional helpful information about the rule.

Enforcement – Describes the level of noncompliance to the rule.

Assessment – Describes how the rule will be enforced and assessed.

The Child Care Licensing Program enforces basic health and safety standards based on best practice for child care programs.

Information in the Rationale/Explanation section for most rules contains a reference to “CFOC.” CFOC refers to the book *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs*. This book contains health and safety standards for all types of child care programs. It is published by the American Academy of Pediatrics, the American Public Health Association, and the U.S. Department of Health & Human Services, Maternal and Child Health Bureau. The standards in *Caring for Our Children* are generally accepted in the field as best practice standards for health and safety in child care programs. Utah has implemented a portion of these standards in our child care licensing rules.

This manual will be periodically updated and available on the Child Care Licensing website at: childcarelicensing.utah.gov. The revision date of the manual is found in the bottom left-hand corner of each page.

The charts below shows the noncompliance levels and finding categories that Licensing Specialists use when issuing Statements of Findings. The “Enforcement” information in the Rule Interpretation Manual specifies the noncompliance level(s) associated with Statements of Findings.

Noncompliance to rules varies in severity, based on the potential or actual harm to children.

Noncompliance Levels	Finding Categories		
	Technical Assistance	Cited	Repeat Cited
Level 1	Level 1 Technical Assistance	Level 1 Cited	Level 1 Repeat Cited
Level 2	Level 2 Technical Assistance	Level 2 Cited	Level 2 Repeat Cited
Level 3	Level 3 Technical Assistance	Level 3 Cited	Level 3 Repeat Cited

The chart below shows the consequences of noncompliance, based on the different finding levels and categories.

	1 st Instance of Noncompliance	2 nd Instance of Noncompliance	3 rd Instance of Noncompliance	4 th Instance of Noncompliance
Level 1	Level 1 Cited, Civil Money Penalty (CMP) Warning, On public record	Level 1 Repeat Cited CMP Assessed, On public record	Level 1 Repeat Cited CMP Assessed, On public record	Level 1 Repeat Cited CMP Assessed, On public record
Level 2	Level 2 Technical Assistance Not on public record	Level 2 Cited CMP Warning, On public record	Level 2 Repeat Cited, CMP Assessed, On public record	Level 2 Repeat Cited, CMP Assessed, On public record
Level 3	Level 3 Technical Assistance Not on public record	Level 3 Technical Assistance Not on public record	Level 3 Cited, CMP Warning, On public record	Level 3 Repeat Cited, CMP Assessed, On public record

Civil Money Penalties (CMP) are assessed if there are two or more consecutive cited findings to the same rule during the last 12 months or since the last Annual Announced Inspection.

The one exception to the chart above is if actual harm to a child results from noncompliance with a rule. When this is the case, the Statement of Findings category may rise to cited for the first instance of noncompliance and a CMP may be assessed.

All cited findings and any substantiated allegations resulting in a Statement of Findings from a complaint investigation, regardless of the level and category, will be part of the provider’s public record.

Recurring and/or severe noncompliance can lead to other actions, such as: Intent to Revoke, Conditional Status, Revocation, and Immediate Closure.

Providers have 30 days to appeal any action taken by the Child Care Licensing Program. This includes Statement of Findings and Civil Money Penalties. The actions are not finalized or put on the provider's public record until the appeal period has passed.

R381-100-2: DEFINITIONS

Purpose

This section provides definitions of words that are used multiple times in the rules.

General Information

Although findings are not issued to the definitions, some enforcement has been listed to provide information on how rules with one or more of these words will be enforced.

- (1) **"Accredited College" means a college accredited by an agency recognized by the United States Department of Education as a valid accrediting agency.**

Rationale/Explanation

College coursework or degrees used by individuals to meet director qualifications must be from an accredited college. One easy way to determine if a college is accredited by an approved accrediting agency is if students at the college are eligible for federal financial aid. For information on accrediting agencies recognized by the U.S. Department of Education, see: <http://ope.ed.gov/accreditation/>

- (2) **"ASTM" means American Society for Testing and Materials.**

Rationale/Explanation

The purpose of ASTM is to reduce life-threatening and debilitating injuries. Child Care Licensing uses many of these standards when assessing playground equipment and cushioning. For a fee, the ASTM standards may be downloaded at, www.astm.org.

- (3) **"Body Fluids" means blood, urine, feces, vomit, mucous, and saliva.**

Rationale/Explanation

Body fluids can spread disease. For this reason there are rules related to the proper handling of body fluids.

- (4) **"Caregiver" means an employee or volunteer who provides direct care to children.**

Rationale/Explanation

Many children attend child care programs every day. It is critical that they have the opportunity to grow and learn in a healthy and safe environment with caring and professional caregivers and teachers. *CFOC, 3rd Ed. Pg XVII*

Assessment

Licensing rules specify criteria for caregivers, including, age, training, and background clearances. Licensing rules also specify various duties caregivers must perform. This information may be found in sections 7 and 8 of this manual.

- (5) **"CPSC" means the Consumer Product Safety Commission.**

Rationale/Explanation

The CPSC establishes safety standards for consumer products, including cribs, equipment, playgrounds, playground equipment, and cushioning materials.

- (6) **"Department" means the Utah Department of Health.**

Rationale/Explanation

The Utah Department of Health has the legal responsibility for regulating child care providers as outlined in *Utah Code, Chapter 26, Title 39*.

- (7) **"Designated Play Surface" means a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and is at least 2" by 2" in size.**

Assessment

The height of a designated play surface on a piece of play equipment determines how much protective cushioning is required in the use zone under and around the equipment.

Licensing will assess horizontal flat 2" by 2" surface as the designated play surface.

- (8) **"Director" means a person who meets the director qualifications of this rule, and who assumes the day-to-day responsibilities for the facility to be in compliance with the Child Care Licensing rules.**
- (9) **"Direct Supervision" for infants, toddlers, and preschoolers means the caregiver can see and hear all of the children in his or her assigned group, and is near enough to intervene when necessary. "Direct Supervision" for school age children means the caregiver must be able to hear school age children and must be near enough to intervene when necessary.**

Rationale/Explanation

Children in care must always be under the direct supervision of a caregiver. Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. *CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1.*

Assessment

Direct supervision will be assessed based on the following descriptions of a "room," which affect a caregiver's ability to see and/or hear children and intervene when necessary.

1. **When a large room is divided into smaller rooms/areas with furniture or with half walls that are between 18 inches and 40 inches in height and there is an opening through which caregivers and children can move freely.** In this case, the whole area is considered one room, and caregivers on one side of the furniture/divider are considered able to see and hear children on the other side of the furniture/divider and near enough to intervene when necessary. This means a caregiver on one side of the furniture/divider is considered able to directly supervise children on the other side of the furniture/divider.
2. **When a large room is divided into smaller rooms/areas with furniture or with half walls that are between 18 inches and 40 inches in height and there is no opening between the two rooms/areas, or there is an opening between the two sides but the opening is blocked.** In this case, a caregiver on one side may be able to see and hear children on both sides but may not be able to intervene when necessary. In these situations, a caregiver (or caregivers, depending on the number of children present) is needed on each side of the divided room. This includes diaper changing stations that are located behind a closed gate.
3. **When there is a wall between two rooms with an open door/doorway between the rooms:** In this case, the rooms are considered two separate rooms and a caregiver (or caregivers, depending on the number of children present) must be present in both rooms to provide direct supervision, with the following exceptions:
 - If one or both rooms have **only school age children** in them. If either room has any children younger than school age in it, then there must be a caregiver (or caregivers, depending on the number of children present) in each room to provide direct supervision.
 - If one of the two rooms is a bathroom for children or a room in which children's diapers are changed, one caregiver (or more, depending on the number of children present) is considered to be supervising both rooms.

4. **When a wall has an opening or archway in it.** To decide if this will be considered one or two rooms, measure the width of the opening or archway and compare it to the combined width of the wall on both sides of the opening or archway (measure these walls in the larger of the two rooms). If the width of the opening or archway is equal to or greater than the width of the combined walls, this will be considered one room as long as there is no furniture or other dividers blocking the opening or archway. Otherwise this will be considered two rooms.

- (10) **"Emotional Abuse" means behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, profane language, and inappropriate physical restraint.**

Rationale/Explanation

Emotional abuse is prohibited in child care programs, including when disciplining children. These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. *CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9*

- (11) **"Group" means the children assigned to one or two caregivers, occupying an individual classroom or an area defined by furniture or another partition within a room.**
- (12) **"Health Care Provider" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.**
- (13) **"Inaccessible to Children" means either locked, such as in a locked room, cupboard or drawer, or with a child safety lock, or in a location that a child cannot get to.**

Rationale/Explanation

The purpose of this rule is to ensure that children do not have access to harmful items.

Assessment

If a key or combination lock is used to make a room or item inaccessible, the key hole or combination pad must be on the side the care of children is taking place. Locks that use a coin or allen wrench will be treated like key locks for all items except firearms.

When using a latch or lock, other than a key or combination lock, the lock must be at least 60 inches high to make items inaccessible.

When using devices to make rooms, cupboards, drawers or items inaccessible, the device must be specifically manufactured as a child safety device.

In order for an item to be in a location where a child can not get to, the item needs to be on a shelf or in a cupboard **higher** than 36 inches in a room or area used by children age 2 and younger, or on a shelf or in a cupboard **higher** than 48 inches in a room or area used by children age 3 and older.

In rooms used by children age 2 and under, an item at the back of a counter 36" high and 2' deep on all sides, is considered inaccessible to the children.

Bathrooms used by children will be assessed for all items required to be inaccessible. The measurements will be taken from any location where the child could reach the item including by climbing on a toilet, bathtub, counter, cart, etc. Chairs, step-stools and ladders will be moved to measure accessibility **of items in the bathroom.**

Properly secured child safety gates are considered a child safety device.

Measurements will be taken with a wood or metal measuring device and ½ inch allowance will be given for consistency.

Licensing Specialists will consider a cabinet locked when one side of the cabinet is unlocked and the other side is locked and there is no barrier in between the two sides.

(14) "Infant" means a child aged birth through 11 months of age.

Assessment

For the purposes of licensing rules, when a child turns 12 months of age, s/he is one-year-old and is therefore considered to be a "toddler".

(15) "Infectious Disease" means an illness that is capable of being spread from one person to another.

(16) "Licensee" means the legally responsible person or persons holding a valid Department of Health child care license.

Rationale/Explanation

The licensee is ultimately responsible for all aspects of the center's operation and for compliance with the licensing rules.

(17) "Over-the-Counter Medication" means medication that can be purchased without a written prescription from a health care provider. This includes herbal remedies and vitamins and mineral supplements.

Assessment

Unless any of these are prescription strength, medications do not include: topical antiseptic cream or ointment, diaper cream, sunscreen, baby powder, lotion, teething gel or tablets, saline-only eye drops, simethicone gas drops or pills, glucose tablets, hydrocortisone cream, acne creams or treatments, lip care products, and rehydration solutions such as Pedialyte.

(18) "Parent" means the parent or legal guardian of a child in care.

(19) "Person" means an individual or a business entity.

(20) "Physical Abuse" means causing non-accidental physical harm to a child.

Rationale/Explanation

Physical abuse is prohibited by law in child care programs, including when disciplining children.

(21) "Play Equipment Platform" means a flat surface on a piece of stationary play equipment intended for more than one user to stand on, and upon which the users can move freely.

Assessment

The height of a play equipment platform determines whether or not it requires a protective barrier to keep children from falling.

(22) "Preschooler" means a child aged 2 through 4, and 5 year olds who have not yet started kindergarten.

- (23) **"Protective Barrier"** means an enclosing structure such as bars, lattice, or a solid panel, around an elevated play equipment platform that is intended to prevent a child from either accidentally or deliberately passing through the barrier.

Assessment

If one or more platforms on the equipment reach a certain height, protective barriers are required on play equipment in order to prevent falls from the platform.

- (24) **"Protective cushioning"** means cushioning material that has been tested to and meets American Society for Testing and Materials Specification F 1292, such as unitary surfaces, wood chips, engineered wood fiber, and shredded rubber mulch. Protective cushioning may also include pea gravel or sand as allowed by the Consumer Product Safety Commission (CPSC).

Assessment

Protective cushioning is required under stationary play equipment and in all use zones.

- (25) **"Provider"** means the licensee or the entity providing child care services.
- (26) **"Sanitize"** means to remove soil and small amounts of certain bacteria from a surface or object with a chemical agent.

Rationale/Explanation

Sanitizing is used to remove disease-spreading germs from surfaces. This procedure is less rigorous than disinfecting, and is used for food preparation and removing germs from items that may be put in a child's mouth. For a surface to be considered sanitary, the number of germs must be reduced to such a level that transmitting a disease by that surface is unlikely. Sanitizers should not be sprayed when children are near enough to inhale the sanitizer.

Assessment

Surfaces must be clean before they are sanitized, because surfaces cannot be effectively sanitized unless they are first clean. If used as specified by the manufacturer, any product that has manufacturer instructions for how to use it as a sanitizer will be accepted as a sanitizing solution.

Although not required by licensing, many providers choose to sanitize with a bleach solution. An effective sanitizing solution can be made by mixing $\frac{1}{2}$ tablespoon of liquid chlorine bleach in 1 gallon of water, or $\frac{1}{2}$ scant teaspoon of bleach in 1 quart of water, and allowing it to sit on the surface to be sanitized for at least 2 minutes before rinsing or wiping. According to the manufacturer, after 24 hours the bleach mixture loses its ability to sanitize. However, bleach water may be kept longer than 24 hours if the **provider** tests the sanitizer with a test strip and the test strip indicates the bleach water registers at least 50 parts per million on the strip. *CFOC, 3rd Ed. Appendix J.*

When the manufacturer of a disinfecting product lists several times for a solution to be left on a surface for disinfecting, such as Quat, accept the shortest time because disinfecting is stronger than sanitizing. If operated according to the manufacturer's instructions, a steam cleaner may be used to meet the requirement for both cleaning and sanitizing.

Peroxide air filtration systems clean the air of many viruses and germs but do not clean and sanitize surfaces. For this reason, air filtration systems **are not** a substitute for cleaning and sanitizing toys and equipment.

When providers choose to use a household product they must provide documentation and instructions showing that the solution is an effective sanitizer. The instructions must be followed and must come from a reputable source such as a university or government agency. For example, a solution of 5% white distilled vinegar, when heated to 150 degrees, sprayed on a surface while still warm, and allowed to sit for 1 minute, is an effective sanitizer.

(27) **"School Age"** means children ages five through twelve.

[Rationale/Explanation](#)

The child care licensing statute defines child care as care for children through age 12, and children with disabilities through age 18.

[Assessment](#)

Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a Department background screening.

(28) **"Sexual Abuse"** means abuse as defined in Utah Code, Section 76-5-404.1.(1)(2).

(29) **"Sexually Explicit Material"** means any depiction of sexually explicit conduct, as defined in Utah Code, Section 76-5a-2(8).

(30) **"Sleeping Equipment"** means a cot, mat, crib, bassinet, porta-crib, or play pen.

[Assessment](#)

Sleeping equipment must be in good repair, must be cleaned and sanitized as required, must be spaced 2 feet apart and may not block exits.

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

(31) **"Stationary Play Equipment"** means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when children use it. Stationary play equipment does not include:

- (a) a sandbox;
- (b) a stationary circular tricycle;
- (c) a sensory table; or
- (d) a playhouse, if the playhouse has no play equipment, such as a slide, swing, ladder, or climber attached to it.

[Assessment](#)

Stationary play equipment must have clear use zones and protective cushioning under and around it, depending on the height of the equipment.

If a playground component, such as a climbing rope or swing, is attached to a tree for the purpose of children to play on, then the tree will be assessed as a piece of stationary play equipment and requires an adequate use zone and protective cushioning.

A merry-go-round is a revolving device for children to ride on.

(32) **"Toddler"** means a child aged 12 months but less than 24 months.

[Rationale/Explanation](#)

For the purposes of licensing rules, when a child turns 12 months of age, s/he is one-year-old and is therefore considered to be a "toddler".

(33) **"Use Zone"** means the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment, and onto which a child falling from or exiting the equipment could be expected to land.

Rationale/Explanation

The use zone is the area under and around a piece of stationary play equipment where protective cushioning is required. It is also the area above a piece of stationary play equipment and cannot contain items such as tree branches and wires.

Assessment

Use zone measurements will be taken with a wood or metal measuring device and ½ inch allowance will be given for consistency.

- (34) **"Volunteer" means a person who provides care to a child but does not receive direct or indirect compensation for doing so.**

Rationale/Explanation

The child care licensing statute defines child care as care for children through age 12 and children with disabilities through age 18.

Assessment

Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a Department background screening.

Volunteer vs Guest – A guest is invited and may decline but they are **never** left unsupervised with a child or children in care. A volunteer, unsupervised or not, may be required to come as a course of study, work release, payment for care or services, but does not necessarily need to be invited. A volunteer may also be counted in the ratios.

R381-100-3: LICENSE REQUIRED

Purpose

This section provides rules and information regarding child care providers who are required by Utah State Law to have a Center Child Care License.

General Information

This section provides information only, so no enforcement information is listed.

A person or persons must be licensed as a child care center under this rule if:

(1) they provide care in the absence of the child's parent;

Rationale / Explanation

Preschools and other programs that care for children for less than 4 hours per day are not required to be licensed. This includes preschools that have a morning and afternoon session, each less than 4 hours, provided that the same children do not attend both the morning and afternoon sessions.

(2) they provide care in a place other than the provider's home or the child's home;

Rationale / Explanation

Child care provided in the provider's home is regulated as either licensed family or residential certificate care.

Care provided in the child's home is not regulated by the Department of Health.

(3) they provide care for five or more children, for four or more hours per day;

Rationale / Explanation

Providers who care for four or fewer children are not required by law to be regulated, whether the care is provided in a home or center.

(4) they provide care for each individual child for less than 24 hours per day;

Rationale / Explanation

Programs that provide live-in 24 hour per day care are regulated as residential facilities, not child care centers.

In statute, a child in care is defined as a child under the age of 13 and under the age 18 for individuals with disabilities.

(5) the program is open to children on an ongoing basis for four or more weeks in a year; and

Rationale / Explanation

A child care license is required if children attend the program on a regular basis rather than occasional drop-in care.

(6) they provide care for direct or indirect compensation.

Rationale / Explanation

Direct or indirect compensation means that there is a user charge or fee for the care provided. Indirect compensation refers to non-monetary benefits such as time, goods, or services.

R381-100-4: FACILITY

Purpose

This section provides rules and information about the physical aspects of the facility. Most of the information relates to the interior of the building however, the information also pertains to the exterior when applicable.

- (1) The licensee shall ensure that any building or playground structure constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the licensee shall contact the local health department and follow all required procedures for the remediation of the lead based paint.**

Rationale / Explanation

Ingestion of lead based paint can lead to high levels of lead in the blood, which affects the central nervous system and can cause mental retardation. Even at low levels of exposure, lead can cause a reduction in a child's IQ and their attention span and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Other symptoms of low lead levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span. *CFOC, 3rd Ed. pg. 235-236 Standard 5.2.9.13*

Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat, and form lead dust on the surface of the blinds. While there is no child care licensing rule that requires this, the CPSC recommends that consumers with children 6 years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. For more information, contact CPSC. *CFOC, 3rd Ed. pg. 235-236 Standard 5.2.9.13*

Enforcement

Level 1 Noncompliance if a building or playground structure constructed prior to 1978 has untested failing paint in an area accessible to children or tested paint in any area that is shown to contain lead and has not been appropriately remediated.

Level 2 Noncompliance if a building or playground structure constructed prior to 1978 has untested failing paint in an area inaccessible to children.

Assessment

This rule is applicable to both the indoors and outdoors of the facility.

The allowed amount of lead in paint was reduced in 1978. If a center constructed prior to 1978 has peeling, flaking, chalking or failing paint, the Licensee must provide documentation of testing for lead based paint. If lead based paint is found, the Licensee must follow the procedures required by the local health department for the remediation of lead based paint.

Paint is considered to be failing if there are pieces of it loose from the surface or if there is loose paint dust from the surface because both of these could be breathed or ingested by children.

Each area with peeling paint must be tested for lead. If the provider uses a test kit from a hardware store there must be test results from each area. If there are four areas with peeling paint then there must be four tests.

If there is flaking or peeling paint and the building was built before 1978, it is the provider's responsibility to provide documentation that there is no lead in the paint. **According to Health Department regulations, if there is an area with more than 6 square feet of flaking paint indoors, correction must be done by a certified Individual. If there is an area more than 20 square feet outdoors, with flaking paint, correction must also be completed by a certified individual.**

Prior to correction, the provider must contact their local Health Department to speak with an Environmental Scientist.

- (2) For preschoolers and toddlers who are toilet trained, there shall be one working toilet and one working sink for every fifteen children in the center, excluding diapered children. For school age children, there shall be one working toilet and one working sink for every 25 children in the center.**

Rationale / Explanation

Young children need to use the bathroom frequently, and cannot wait long when they have to use the toilet. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) **recommend** 1 sink and toilet for every 10 toddlers and preschool age children, and 1 sink and toilet for every 15 school age children.

A large toilet room with many toilets used by several groups is less desirable than several small toilet rooms assigned to specific groups, because of the opportunities large shared rooms provide for transmitting infectious diseases. *CFOC, 3rd Ed. pg. 246 Standard 5.4.1.6*

Enforcement

Level 1 Noncompliance if a child is not able to use a working toilet or handwashing sink when they need to because one or more toilets or sinks are not working.

Level 2 Noncompliance if there are enough toilets and sinks in the center and one or more of them are not working but this does not appear to result in a child not being able to use the toilet or wash his/her hands.

Assessment

If Licensees are unable to meet this requirement due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best to make sure all children have access to a toilet and handwashing sink in the meantime, the Licensor will follow up to see if the repair is completed by the scheduled date before issuing a finding to this rule.

When counting toilets in a center, a urinal may be counted as a toilet for up to 50% of the required number of toilets. For large sinks that have two or more faucets in them, each separate faucet counts as one sink.

When calculating the number of toilets required, a Licensing Specialist will calculate using the license capacity for children age 2 and older.

Handwashing sinks that are adjacent to rooms will be considered a sink for the adjacent room.

If the boundaries of a room have been extended across the hall and the sinks are within those extended boundaries, they will be considered the same as being adjacent to the room.

A portable sink with no water in it will not be considered a working sink.

An indoor portable toilet, also known as a composting toilet, cannot be used to meet the requirement for a working toilet in a child care program. The local health department will only allow use of composting toilets in extreme situations, such as no available water source, and would not allow them in any child care program.

- (3) School age children shall have privacy when using the bathroom.**

Rationale / Explanation

Children should be allowed the opportunity to practice modesty when independent toileting behavior is well established in the majority of the group. *CFOC, 3rd Ed. pg. 245 Standard 5.4.1.2*

Requiring a school age child to use bathroom fixtures designed for preschoolers may negatively impact the self-esteem of the school age child. *CFOC, 3rd Ed. pg. 246 Standard 5.4.1.6*

Enforcement

Level 2 Noncompliance if there is no privacy (no door, no curtain, etc.).

Level 3 Noncompliance if there is a measure for privacy which ensures privacy for younger children (such as a half door), but not for school age children.

Assessment

Privacy in bathrooms for school age children can be provided with a full length door or curtain.

(4) For buildings constructed after 1 July 1997 there shall be a working hand washing sink in each classroom.

Rationale / Explanation

Transmission of many communicable diseases can be prevented through handwashing. To facilitate routine handwashing at the needed times, sinks must be close at hand and permit caregivers to provide continuous supervision while children wash their hands. *CFOC, 3rd Ed. pg. 246 Standard 5.4.1.6*

Enforcement

Level 2 Noncompliance if there are open, unscreened second floor or higher windows.

Level 3 Noncompliance Otherwise.

Assessment

Large rooms are sometimes divided into smaller separate rooms by half walls, or with furniture and a gate. In these rooms, a handwashing sink is only needed on one side if there is an opening or an open gate so children and caregivers can freely move between both sides.

(5) Each area where infants or toddlers are cared for shall meet one of the following criteria:

- (a) There shall be two working sinks in the room. One sink shall be used exclusively for the preparation of food and bottles and hand washing prior to food preparation, and the other sink shall be used exclusively for hand washing after diapering and non-food activities.**
- (b) There shall be one working sink in the room which is used exclusively for hand washing, and all bottle and food preparation shall be done in the kitchen and brought to the infant and toddler area by a non-diapering staff member.**

Rationale / Explanation

Sinks must be close to where diapering takes place to avoid the transfer of contaminants to other surfaces on the way to the diapering handwashing sink. Having sinks close by will help prevent the spread of contaminants and communicable diseases. *CFOC, 3rd Ed. pg. 248 Standard 5.4.2.2*

Separation of sinks used for handwashing or other potentially contaminating activities from those used for food preparation prevents contamination of food. *CFOC, 3rd Ed. pg. 187 Standard 4.8.0.4*

Enforcement

Always Level 2 Noncompliance.

Assessment

For the purposes of this rule, two sinks means there are two different faucets, each going into a **separate basin**. To determine if a room has the required sink(s), a Licensing Specialist will use the following definitions of a “room”:

- The area is considered two rooms and each room needs a sink when there is a full wall between two rooms and within the wall there is a closed door or a blocked opening between the rooms.
- A sink may be shared by two rooms if the sink is adjacent to the room(s) or in a room that is entered directly from the room(s). If two rooms share one sink, the Licensee is not required to have two sinks if the sink can be accessed by both rooms. The sink must be adjacent to both rooms or in a room that is entered directly from the infant/toddler room.

Filling a sippy cup or bottle with water from a source other than the handwashing sink only is not considered food preparation. Water from a handwashing sink may not be used to fill bottles or sippy cups.

If a bottle is prepared in the kitchen, and brought to the room by a non-diapering staff member, it can be heated up in the infant or toddler room.

Rooms that are used only for sleeping infants or toddlers are not required to have sinks in them.

The Licensee must be in compliance with this rule for any room with infants and toddlers in it, including when mixing age groups. The exception to this is when infants and toddlers are taken to a room without required sinks, such as a gym, if they are in the room for 30 minutes or less and they are taken to a room with required sinks for diapering and handwashing.

Children’s hands must not be washed in the food preparation sink.

If caregivers go to another room to change infant and toddler diapers, the Licensee is not required to have two sinks in the room if the changing area is adjacent to or directly entered into from the room for infants and toddlers.

(6) Infant and toddler areas shall not be used as access to other areas or rooms.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children. In addition to this developmental need, separation of infants from older children and non-caregiving adults is important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. *CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4*

In addition to the increased risk of spreading disease, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the center.

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule is meant to address infant and toddler areas being used as access to other areas or rooms outside of the area/room used by the infants and toddlers. It is not meant to address one group of infants or toddlers accessing an area used by another group of infants or toddlers. For example, it does not prohibit a group of toddlers from walking through an adjacent toddler area to access a restroom or a door to the playground.

This rule does not apply to closets in an infant or toddler room that are used to store infant/toddler equipment and materials or to other storage closets that are not accessed by others outside the infant or toddler room when children are in care.

The Licensee must be in compliance with this rule for any room with infants and toddlers in it, including when mixing age groups. At inspections, any room with infants and toddlers present will be assessed as infant and toddler room.

Emergency exits located in infant and toddler rooms may be used to evacuate others during an emergency or drill.

This rule also applies to infant and toddler outdoor play areas when infants and toddlers are outside.

(7) All rooms and occupied areas in the building shall be ventilated by windows that open and have screens or by mechanical ventilation.

Rationale / Explanation

The health and well-being of both staff and children can be affected by the quality of air indoors. The air that people breathe inside a building is contaminated with organisms shared among occupants, and is sometimes more polluted than the outdoor air. Young children may be more affected than adults by air pollution. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. *CFOC, 3rd Ed. pg. 211 Standard 5.2.1.1*

Screens prevent the entry of insects, which may bite, sting, or carry disease. *CFOC, 3rd Ed. pg. 205 Standard 5.1.3.3*

Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.

Enforcement

Always Level 3 Noncompliance.

Assessment

If a room without mechanical ventilation has more than one window, at least one window must open for ventilation, and have a screen.

Mechanical ventilation is a way to move air in and out of a room.

(8) The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that a draft free indoor temperature between 68 degrees and 75 degrees Fahrenheit during the winter months, and between 74 degrees and 82 degrees Fahrenheit during the summer months. These requirements are based on the standards of the American Society of Heating, Refrigeration, and Air Conditioning Engineers, which take into account both comfort and health considerations. *CFOC, 3rd Ed. pg. 212, Standard 5.2.1.2*

There may be some association between sleeping room temperatures and increased risk of SIDS, but this connection is not yet fully established. It is recommended that infants are lightly clothed for sleep and that the sleeping room temperature is kept comfortable for a lightly clothed adult, not to exceed 78 degrees. In addition, infants should not be over-bundled or should not feel hot to the touch when sleeping.

Enforcement

Level 2 Noncompliance if the temperature is out of range in a room for infants.

Level 3 Noncompliance if the temperature is out of range in any rooms besides infant rooms.

Assessment

If a Licensee is unable to meet the temperature requirements due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best in the meantime to maintain a comfort level, the Licensing Specialist will follow up to see if the repair is completed by the scheduled date before issuing a finding to this rule.

In rooms for pre-school and school-age children, the air temperature will be measured at table height. In rooms for infants and toddlers, the air temperature will be measured at the height at which the infants and toddlers sleep.

- (9) The provider shall maintain adequate light intensity for the safety of children and the type of activity being conducted by keeping lighting equipment in good working condition.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that natural lighting be provided in rooms where children work and play for more than two hours at a time and that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the children's safety and the activities being conducted. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. *CFOC, 3rd Ed. pg. 217, Standard 5.2.2.1*

It is important that there be adequate light for children to see safely and for caregivers to adequately supervise children and perform tasks such as diapering.

Enforcement

Level 2 Noncompliance if there is inadequate lighting in a diapering or food preparation area or if it is completely dark in a sleeping room.

Level 3 Noncompliance if there is inadequate lighting anywhere besides a diapering, food preparation area, or sleeping area.

Assessment

If needed, adequate lighting will be determined by using printed materials and seeing if there is enough light for a caregiver in the area to read it.

- (10) Windows and glass doors within 36 inches from the floor or ground shall be made of safety glass, or have a protective guard.**

Rationale / Explanation

Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from the broken glass. *CFOC, 3rd Ed. pg. 205, Standard 5.1.3.4*

The purpose of this rule is to keep children from accidentally breaking and being cut by a glass window or door that is low enough for them to run into it.

Enforcement

Always Level 2 Noncompliance.

Assessment

Licensors will assess windows and glass surfaces in indoor areas used by children and in the outdoor play area.

Licensors will not assess windows and glass surfaces in staff offices or lounges unless the area is also used for child care. Licensors will not assess fish tanks for safety glass.

Since they will not shatter when broken, glass blocks that form walls are considered safety glass. "Tempered" glass is considered safety glass.

If a window has a double pane (such as a storm window) and both sides of the window are accessible to children, both panes must be made of safety glass or have a protective guard.

There are several ways Licensees can be in compliance with this rule. If glass is not marked by the manufacturer as safety glass and if no documentation verifying this is available from the manufacturer, the Licensee can take other measures to comply with this rule. Licensees can use child furniture, such as a book or toy shelf, as a protective guard in front of the window. When windows are set into the wall so that there is a window sill, the Licensee can put a child safety gate in the window sill to act as a protective guard. Licensees can put a sheet of acrylic over the glass. Licensees can also put a protective film on windows to prevent them from shattering into loose shards if they break. If protective film is used, the Licensee needs documentation from the manufacturer that the film meets CPSC or ASTM standards. Examples of this kind of film can be found at:

- <http://www.shatterguard.com>
- <http://www.llumar.com>
- <http://www.solarsecurity.com>

All glass surfaces will be inspected (except mirrors) within 36 inches of the floor or ground, except in lobbies where children are never without adult supervision. This includes windows that face the playground. When determining the 36 inches from the floor the width of the window ledge with the height from the floor will be combined. When measuring for the window height, the measurement will be taken from the ground all the way to the glass, including any ledge, sill, or frame of the window.

Safety film only needs to be on one side of single pane windows.

Bushes outside of buildings are acceptable barriers for safety glass when the combined height and depth of the bushes is at least 36 inches. The measurements will be of the branches, not the foliage.

Screens that don't cover entire windows but cover windows at least 36 inches from the floor or ground are acceptable protective guards.

Furniture of any height that is within four inches of the bottom and sides of the glass surface can be used as a protective barrier.

Solid window shutters can be used as protective barriers. Window blinds in any position are not considered protective barriers.

- (11) There shall be at least 35 square feet of indoor space for each child, including the licensee's and employees' children who are not counted in the caregiver to child ratios.**
- (12) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:**
 - (a) by children;**
 - (b) for the care of children; or**
 - (c) to store classroom materials.**
- (13) Bathrooms, closets, staff lockers, hallways, corridors, lobbies, kitchens, or staff offices are not included when calculating indoor space for children's use.**

[Rationale / Explanation](#)

The American Academy of Pediatrics and the American Public Health Association **recommend** 42 square feet of usable floor space per child. A usable floor space of 50 square feet per child is preferred. The rationale for this recommendation is that crowding has been shown to be associated with an increased risk of upper respiratory infections because children's behavior tends to be more constructive when they have sufficient space and because having sufficient space reduces the risk of injury from simultaneous activities. *CFOC, 3rd Ed. pg. 203, Standard 5.1.2.1*

An October 2005 legislative audit of the Bureau of Licensing examined this rule specifically, and found that Utah's requirement of 35 square feet per child is reasonable and justifiable, and is in line with 42 of the 50 states.

Enforcement

Always Level 2 Noncompliance.

Assessment

These measurements are taken, and capacity determined, at the time of initial licensure. Rooms are not re-measured on subsequent inspections unless a particular room or space appears overly crowded during the inspection or if a room or area has been remodeled.

If a city license limits the provider to a certain capacity, child care licensing must enforce it and issue a license with a number that is not higher than the city allows.

Children may temporarily be in spaces with less than 35 square feet of space per child for group activities that require less space, such as nap times, meals, story times, homework, computer time, art projects, puppet shows, etc. Such activities should not exceed 2 hours per day, excluding nap times, and the length of time should be appropriate to the activity. For example, an hour long art project in a smaller space for preschoolers would not be an appropriate activity length.

R381-100-5: CLEANING AND MAINTENANCE.

Purpose

This section provides information for general cleaning and maintenance of the building, furniture, toys and equipment. Proper cleaning and maintenance of the facility are key factors to ensure a healthy and safe environment.

General Information

The physical structure where children spend each day can present health and safety concerns if the facility is not kept clean and maintained in good repair and safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. *CFOC, 3rd Ed. pg. 261 Standard 5.7.0.7*

In addition, one of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff. *CFOC, 3rd Ed. pg. 440 Appendix J*

A certain amount of mess is normal when caring for active children. Licensing Specialists will need to distinguish between messes made as the consequence of an activity done that day and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.

Developing a cleaning schedule that delegates responsibility to specific staff members helps to ensure that the facility is properly cleaned on a regular basis. *CFOC, 3rd Ed. pg. 260 Standard 5.7.0.5*

Cleaning means to physically remove all visible dirt and sanitizing is reducing the germs.

A clean and sanitary environment helps to prevent the spread of communicable diseases. This is especially important in bathrooms, where fecal material can be easily spread to any surface children touch. Regular and thorough cleaning can prevent the spread of diseases.

If the provider uses it as specified, by the manufacturer, any product that has manufacturer instructions for how to use it as a sanitizer will be accepted as a sanitizing solution. Refer to the definition section for more details about sanitizing.

If bleach water is used to sanitize, a fresh solution must be made at least every 24 hours and be left on the surface to be sanitized for at least two minutes. According to the manufacturer, after 24 hours the bleach mixture loses its ability to sanitize. However, bleach water may be kept longer than 24 hours if the provider tests the sanitizer with a test strip and the test strip indicates the bleach water registers at least 50 parts per million on the strip.

A steam cleaner may be used to meet the requirement for cleaning and sanitizing if operated according to manufacturer's instructions.

It is recommended, though not required by rule, that sponges not be used for cleaning and sanitizing. Sponges harbor bacteria and are difficult to completely clean and sanitize in between cleaning surface areas. *CFOC, 3rd Ed. pg. 193 Standard 4.9.0.9*

Cracked or porous surfaces cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. *CFOC, 3rd Ed. pg. 186 Standard 4.8.0.3; pgs. 240-241 Standard 5.3.1.6*

Many children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in carpeting and fabric but can be killed by frequent washing and drying in a heated dryer. *CFOC, 3rd Ed. pg. 239 Standard 5.3.1.4*

(1) The provider shall maintain a clean and sanitary environment.

Rationale/Explanation

Young children sneeze, cough, drool, use diapers and are just learning to use the toilet. They hug, kiss, and touch everything and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact. *CFOC, 3rd Ed. pg. 116-117 Standard 3.3.0.1*

It is important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of food-borne illness have occurred in child care settings. Many of these can be prevented through appropriate sanitation methods. *CFOC, 3rd Ed. pg. 193 Standard 4.9.0.9*

Enforcement

A finding will be issued only when there is no other more specific rule that applies to the cleanliness of the environment.

Level 2 Noncompliance if there are any of the following:

- rotting food or a buildup of food on a surface
- a slippery spill on a floor
- mold growing
- a visible buildup of dirt, soil, grime, etc. that germs could grow in
- a buildup of cobwebs, bugs, or carpets in need of cleaning, when there is a child with asthma or another known respiratory condition enrolled in the group

Level 3 Noncompliance if there are any of the following:

- a buildup of cobwebs, bugs, or carpets in need of cleaning, but there is no child with asthma or another known respiratory condition enrolled in the group

(2) The provider shall clean and sanitize bathroom surfaces daily, including toilets, sinks, faucets, and counters.

Rationale/Explanation

Illnesses may be spread a variety of ways, including touching a contaminated object or surface. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that all bathroom surfaces be cleaned and disinfected daily. *CFOC, 3rd Ed. pgs. 116-117 Standard 3.3.0.1; pgs. 442-443 Appendix K*

Enforcement

Level 2 Noncompliance if there are visible feces on a bathroom surface that children could touch. Level 3 Noncompliance otherwise.

Because they cannot be sanitized, toilet seats that are cracked through or broken, or toilet seats made of foam that is torn will be considered out of compliance.

(3) The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other vermin.

Rationale/Explanation

Insects, rodents, and vermin carry disease and may also sting or bite children. The purpose of this rule is to reduce these potential hazards to children. *CFOC, 3rd Ed. pg. 205 Standard 5.1.3.3; pg. 226 Standard 5.2.8.1*

Some insect and rodent feces can trigger asthma attacks in children.

Enforcement

Level 1 Noncompliance if there is a beehive or wasp nest in the outdoor play area and there are children in care who are allergic to bee or wasp stings.

Level 2 Noncompliance if:

- insects, rodents, or other vermin are visibly present in the facility
- droppings are found in a food delivery, storage, preparation, or eating area, or in areas accessible to children
- there is a beehive or wasp nest in the outdoor play area but there are no children in care who are allergic to bee or wasp stings

Level 3 Noncompliance otherwise.

Assessment

If there is a problem with insects, rodents, or other vermin, a finding will not be issued if the Licensee can show that 1) an exterminator has been scheduled, and 2) extra measures have been taken to ensure that the environment is as clean as possible. A Licensing Specialist will follow up to determine if the extermination took place by the scheduled date, if not a finding may be issued.

If inaccessible to children, fly strips may be used to control flying insects.

This rule is not intended to prevent children from participating in science activities with insects (for example, butterflies, lady bugs, or praying mantises).

Fruit flies, grasshoppers, crickets, and tarantulas are not a health risk to humans therefore providers will not be out of compliance when they are present.

(4) The provider shall maintain ceilings, walls, floor coverings, draperies, blinds, furniture, fixtures, and equipment in good repair to prevent injury to children.

Rationale/Explanation

The purpose of this rule is to prevent harm to children due to a poorly maintained facility or broken equipment. Examples of this include being cut on a sharp edge or point of a broken item, tripping over loose carpeting or tiles, falling from collapsing broken furniture, etc. *CFOC, 3rd Ed. pg. 277 Standard 6.2.5.1; pg. 374 Standard 9.2.6.1*

It is recommended that light fixtures containing shielded or shatterproof bulbs be used throughout the child care facility. Use of a shield or shatterproof bulbs prevents injury to people and contamination of food. Halogen lights burn at a temperature of 1200 degrees Fahrenheit and are a potential burn or fire hazard. Multi-vapor and mercury lamps can be harmful when the outer bulb is broken, causing serious skin burns and eye inflammation. *CFOC, 3rd Ed. pgs. 217-218 Standard 5.2.2.2; pg. 218 Standard 5.2.2.3*

Enforcement

Level 2 Noncompliance if there are any of the following:

- exposed accessible electrical wiring
- deteriorating asbestos (the asbestos is peeling and residue is on the floor)

Level 3 Noncompliance if there are any of the following:

- accessible fiberglass insulation
- wooden equipment and furnishings that have splinters and are used by children
- cracks in equipment that could pinch a child's skin
- torn draperies or broken blinds that a child could become entangled in
- leaking plumbing other than a leaking faucet
- heat vents that are accessible to children and are missing covers
- exposed fluorescent light tubes with no covering on the fixture

Assessment

Only fluorescent light tubes, any size, need to be protected.

If a fluorescent light tube has an individual cover on the fluorescent bulb, the Licensee will be considered to be in compliance with this rule.

Worn vinyl furniture is in compliance, unless it is used as a sleeping surface for children in care.

Because coving or baseboards are attached to walls and children do not walk, sit, or play on them, they will be considered part of the wall and not part of the floor.

For both indoors and outdoors, if the play equipment has splintery wood it will be considered out of compliance.

(5) The provider shall maintain entrances, exits, steps and outside walkways in a safe condition, and free of ice, snow, and other hazards.

Rationale/Explanation

The purpose of this rule is to prevent injuries, including from falls, and to allow safe and timely exit from the building in case of emergency. *CFOC, 3rd Ed. pg. 259 Standard 5.7.0.1; pg. 210 Standard 5.1.6.3, 5.1.6.4; pg. 207 Standard 5.1.4.3*

Enforcement

Level 2 Noncompliance if there is a buildup of ice in one of these areas. Level 3 Noncompliance otherwise.

Assessment

The Licensee will be allowed a reasonable amount of time during and immediately after a snowstorm to remove snow from outdoor exit areas, stairs, and walkways. In this case, the Licensee will be in compliance unless there is a buildup of snow or ice on these surfaces.

In case of an emergency, all walkways, exits, and stairways must be free of ice and snow even if the children will not be going outside.

If a facility has a walkway greater than 3 feet wide, the Licensee will be considered in compliance with this rule if the walkway is cleared to a width of at least 3 feet and a distance of at least 6 feet from the facility.

R381-100-6: OUTDOOR ENVIRONMENT

Purpose

This section provides rules and information about the facilities outdoor play area and equipment.

General Information

Children benefit from being outside and it is important for them to have a safe play area in good repair. Having a well-designed, age-appropriate play area may lessen injuries. Although not required by rule, a monthly safety check of the outdoor play area and equipment is highly recommended.

- (1) **There shall be an outdoor play area for children that is safely accessible to children.**

Rationale / Explanation

The purpose of this rule is to prevent injury to children or a child escaping en route to the outdoor play area. A playground is considered safely accessible if it directly adjoins the building, if there is a fenced walkway from the building to the playground, or another way to ensure that the route from the building to the playground is free of potential hazards. *CFOC 3rd Ed. pg. 265 Standard 6.1.0.1*

Enforcement

Always Level 2 Noncompliance.

Assessment

The purpose of this rule is to ensure that children cannot access streets, parking lots, ditches, etc. when going to the playground. A Licensee can be in compliance with this rule by:

- having a playground that is directly adjacent to the building, so that children exit the building straight onto the playground.
- having a fenced walkway from the building to the playground.
- having the entire area that holds both the building and the playground fenced, provided the area inside the fence does not include parking lots, driveways, or anywhere else cars may be.
- having a playground that can be accessed via a sidewalk, if the sidewalk does not pass through a parking lot, or near a busy street or water hazard.
- blocking off a portion of a parking lot with traffic cones to create a walkway to the outdoor play area.

If the outdoor play area is surrounded by half walls, such as a deck area, with open air from the top of the wall to the roof, it can be considered an outdoor play area with a capacity based on the square footage.

- (2) **The outdoor play area shall have at least 40 square feet of space for each child using the playground at the same time as other children.**
- (3) **The outdoor play area shall accommodate at least 33 percent of the licensed capacity at one time or shall be at least 1600 square feet.**

Rationale / Explanation

The purpose of this rule is to allow children safe freedom of movement during active outdoor play. The American Academy of Pediatrics and the American Public Health Association recommend 75 square feet of outdoor space for each preschooler, 33 square feet for each infant, and 50 square feet for each toddler using the playground at one time. *CFOC, 3rd Ed. pg. 265 Standard 6.1.0.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

These measurements are taken, and capacity determined, at the time of initial licensure. The area is not re-measured on subsequent licensing inspections, unless the outdoor play area appears overly crowded during the inspection.

A Licensee can be in compliance with this rule by having more than one playground, as long as they are all safely accessible and fenced as required by R430-100-6(2)(3)(4).

Because accessible open air is vital for children, indoor space cannot replace outdoor space.

- (4) The outdoor play area shall be enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high. When children play outdoors, they must play in the enclosed play area except during off-site activities described in Section R430-100-20(5).**

Rationale / Explanation

The purpose of this rule is to prevent children from leaving the outdoor play area and to prevent their access to streets and other hazards. *CFOC 3rd Ed. pg. 268 Standard 6.1.0.8*

It also serves to keep unwanted people and animals out of the playground.

Enforcement

Level 1 Noncompliance if there is no fence or barrier or the fence or barrier is less than 3 feet high.

Level 3 Noncompliance otherwise.

Assessment

A Licensee will not be considered out of compliance if a fence is less than 4 feet in height due to temporary weather conditions, such as snow on the ground at the base of the fence.

The four foot fence or barrier requirement is to prevent children from escaping the outdoor play area. When there is a perimeter fence which meets the four foot requirement the rule is in compliance. Interior only fences, or fences outside a play area already enclosed by a four foot fence, are not required to meet the four foot measurement.

Fences are to be measured as follows:

Each side of the fence is to be measured at its lowest point (include a gate), and then the average of these measurements is calculated. However, when calculating the average, when any side of the fence measures higher than 4 feet, a measurement of 4 feet (rather than the actual height of the fence) is used for the measurement of that side of the fence. The height of the fence will be measured from the side the children play.

Fences will be measured on the side the children are cared for.

When the gate at the bottom of a ramp (which is between the ramp and the fenced outdoor play area), is 4' high and closed, do not be concerned about the height of the fence on the ramp. When the gate is open, or less than 4' high, then only the outermost section of the ramp fence that encloses the entire ramp/outdoor play area would need to be 4' high. The rest of the ramp fence would be considered an interior fence (but only when the gate is open or not 4' high).

- (5) There shall be no gaps in fences greater than 5 inches at any point, nor shall gaps between the bottom of the fence and the ground be more than 5 inches.**

Rationale / Explanation

The purpose of this rule is to prevent children from escaping through gaps in a fence, thus defeating the purposes of the fence as explained in subsection (4) above. *CFOC 3rd Ed. pg. 268 Standard 6.1.0.8*

The 5" measurement is based on the diameter of a small toddler's head.

Enforcement

Level 2 Noncompliance if the gap in a fence is higher than 36".

Level 1 Noncompliance otherwise.

Assessment

This rule applies to exterior fences only.

The Licensing Specialist will walk the entire perimeter of the fence to assess for fence gaps. To be a finding, the fence gap must be 5 inches x 5 inches or greater in size, or circular with a diameter greater than 5 inches. The bottom of fences will not be pushed to see if a gap can be created.

If there is a gap 3 feet or greater, a finding will be issued for not having a fence (100-6(4)).

(6) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter anywhere in the outdoor play area where children's feet cannot touch the ground.

Rationale / Explanation

Openings that fit these dimensions are called "entrapment hazards". An entrapment hazard is an opening that a child's body could fit through, but not his/her head. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough it may allow the body to pass through the opening and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be a head entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission (CPSC). *CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1; pg. 272 Standard 6.2.1.9*

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule applies to entrapment's outside of the use zone(s) of any piece of playground equipment and to entrapment's where a child's feet could not touch the ground.

Licensors will use the following measurements, taken from the ground up to the bottom of the entrapment, to determine if the entrapment is in a place where a child's feet could not touch the ground.

- Infant and toddler playgrounds: more than 23 1/4 inches above the ground
- Two-year-olds (for preschool playgrounds): more than 25 1/4 inches above the ground
- School age only playgrounds: more than 33 inches above the ground

Entrapments above 4' on fences will not be assessed as a hazard. Partially bound openings, such as those found in picket fences, will not be considered out of compliance.

Licensors will assess entrapment hazards using the torso probe (6-1/2 inches by 3-1/4 inches). When the torso probe can pass through the opening, they use the head probe (9 inches in diameter) and place it in the opening. When the head probe can not pass through the opening, it is an entrapment hazard and the rule is not in compliance.

When there are entrapments in the railings of a staircase leading to the playground, a closed gate at the bottom of the stairs or anywhere else that makes the stairs inaccessible when children are on the playground would create compliance with this rule.

Entrapment hazards that are higher than 48 inches from any surface a child could climb on and directly under a platform will not be considered out of compliance.

(7) When in use, the outdoor play area shall be free of animal excrement, harmful plants, objects, or substances, and standing water.

Rationale / Explanation

The purpose of this rule is to prevent injury to children and the spread of disease.

Proper maintenance of outdoor play areas and outdoor play equipment is a key factor in ensuring a safe play environment for children. Each outdoor play area is unique and requires a routine maintenance check program developed specifically for that outdoor play area. *CFOC, 3rd Ed. pg. 259 Standard 5.7.0.1*

Standing water is a drowning hazard. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding grounds for mosquitoes, which can spread disease. *CFOC, 3rd Ed.pg. 68 Standard 2.2.0.4; pg. 228 Standard 5.2.8.2*

Enforcement

Level 1 Noncompliance for metal animal swings, unanchored swings or **unanchored** large metal slides.

Level 2 Noncompliance otherwise.

Assessment

This rule does not prohibit preschoolers or school age children from using child-size gardening tools under adult supervision.

Animal excrement does not include isolated bird droppings.

Harmful Plants Include:

Castor Bean	Mushrooms	Rose Bushes	Toadstools
Cactus	Poison Ivy	Stinging Nettle	Puncture Weeds
Jimson Weed	Poison Oak	Thistles	

Harmful Objects Include:

Animal swings	Standing ladders
Dead animals	Un-anchored swings
Exposed live electrical wire	Un-anchored metal slides
Fence post stirrups	Rope, cord, wire, or chain attached to a structure
Empty refrigerators or freezers	Re-bar or metal rods sticking out of a wall or fence
Raised decks or balconies 5' or higher without a protective barrier at least 3 feet in height	Open basement stairwells 5' or deeper without a protective barrier at least 3 feet in height
Re-bar or metal rods sticking out of the ground less than 48'	

Ropes used to suspend a swing or tether-ball are considered to be in compliance with this rule.

Ladders permanently attached to a structure and ladders lying down are not considered findings under this rule.

Empty ice chests or coolers are not a finding

Standing Water

Standing water includes two inches or more of standing water and a diameter of 5 inches by 5 inches or more. Below is a list of common places standing water is found:

Buckets or other containers of water	Wading pools when not being supervised
Fountains, birdbaths, etc.	Wading pools when the pool is not in use
Garbage cans or other similar containers	Wheelbarrows

Standing water does not include:

- Water being used as part of a supervised project such as painting on the sidewalk with water.
- Water in a water table.
- Temporary puddles on the ground caused by rain or sprinklers.

(8) The outdoor play area shall have a shaded area to protect children from excessive sun and heat whenever there are children in the outdoor play area.

Rationale / Explanation

The purpose of this rule is to prevent both sunburn and heat exhaustion.

It can take less than 10 minutes for a child's skin to burn, and it is estimated that 80% of a person's lifetime sun damage occurs before the age of 18. Individuals who suffer severe childhood sunburns are an increased risk for skin cancer. *CFOC, 3rd Ed. pg. 267 Standard 6.1.0.7*

Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. *CFOC, 3rd Ed. pg. 93, Standard 3.1.3.2*

Enforcement

Level 2 Noncompliance with the exception listed under Level 3.

Level 3 Noncompliance in cold weather when children are mostly covered by cold weather clothing.

Assessment

Shade can come from trees, awnings, patio roofs or other structures. The side of the building can provide shade if children are taken outside during a time of the day when the building is providing some shade.

Because outdoor play is required each day, weather permitting, there must be some provision for shade year round.

(9) An outdoor source of drinking water, such as a drinking fountain, individually labeled water bottles, or a pitcher of water and individual cups that are taken outside, shall be available to children whenever the outside temperature is 75 degrees or higher.

Rationale / Explanation

The purpose of this rule is to prevent dehydration and heat exhaustion. Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. *CFOC, 3rd Ed. pg. 93, Standard 3.1.3.2*

The purpose of the requirement for individually labeled water bottles or individual drinking cups is to prevent the spread of disease.

Enforcement

Level 1 Noncompliance if children do not have an outdoor source of drinking water and the temperature is 90 degrees or higher.

Level 3 Noncompliance otherwise.

Assessment

The outdoor temperature will be determined by any available electronic means.

Water must be accessible to the children in their play area. If a drinking fountain is on the playground, but behind a closed gate, it is not available to the children so it will be a rule violation.

Although it is not recommended, drinking water can come from a hose as long as the hose is attached to a source of culinary water (the same water that is used inside) and not a secondary water source (such as water used to irrigate or water gardens and lawns).

When the outdoor temperature is 75 degrees or higher and the source of drinking water is an outside fountain, the drinking fountain must be in working order.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

(a) All stationary play equipment used by infants and toddlers shall meet the following requirements:

- (i) There shall be no designated play surface that exceeds 3 feet in height.**
- (ii) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 18 inches, it shall have use zones that meet the following criteria:**
 - (A) The use zone shall extend a minimum of 3 feet in all directions from the perimeter of each piece of equipment.**
 - (B) Use zones may overlap if two pieces of equipment are positioned adjacent to one another, with a minimum of 3 feet between the perimeters of the two pieces of equipment.**
 - (C) The use zone in front of a slide may not overlap the use zone of any other piece of equipment.**
- (iii) The use zone in the front and rear of all swings shall extend a minimum distance of twice the height from the swing seat to the pivot point of the swing, and shall not overlap the use zone of any other piece of equipment.**
- (iv) The use zone for the sides of a single-axis swing shall extend a minimum of 3 feet from the perimeter of the structure, and may overlap the use zone of a separate adjacent piece of equipment.**
- (v) The use zone of a multi-axis swing shall extend a minimum distance of 3 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.**

- (vi) **The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.**
- (vii) **The use zone for spring rockers shall extend a minimum of 3 feet from the at-rest perimeter of the equipment.**

Rationale / Explanation

These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. Injuries from falls are more likely to occur when equipment spacing is inadequate. *CFOC, 3rd Ed. pg. 272 Standard 6.2.2.1; pg. 273 Standard 6.2.2.4*

The use zones around equipment for infants and toddlers are smaller than those around equipment for preschoolers and school age children. This is because infants and toddlers do not jump or fall as far a distance from equipment as older children do. This rule allows two-year-olds to play on infant and toddler equipment with these smaller use zones.

Enforcement

Always Level 1 Noncompliance.

Assessment

The use zone extends all the way up the height of the equipment and on the top of the equipment. This means there cannot be tree branches a child could climb onto or any branches that create a hazard in the use zone above the equipment. Pliable green leaves in the use zone are not considered out of compliance.

If swing sets do not have a horizontal bar on the outside of the supporting pole or beam, the side use zone will be measured from the swing seat, not from the supporting side pole or beam.

Side supporting poles or beams from two swing sets may be placed right next to each other. They do not have to share a supporting pole or beam.

A use zone is not required for sand diggers.

If a preschooler or school age child plays on infant/toddler equipment, the equipment must have a 6 foot use zone as required for preschool or school age children.

Stumps being used for seating are not considered playground equipment.

Portable stumps that children can move around are not considered playground equipment.

When multiple stumps are installed in the ground and intended to be used for children to step from one stump to another stump, they are considered playground equipment and must be in compliance with the rules for playground equipment. Such stepping stumps are considered "linked play", so while the stumps are installed individually, for playground rules they are to be viewed as one piece of equipment. This means that each stump does not require a use zone, but the use zone bubble is required around the group of stumps. Sometimes this type of play structure is in the shape of disks or pillars.

Inflatable bounce houses used by children in care are considered stationary play equipment and all applicable rules must be in compliance, including use zones.

A play house with an attached slide is a piece of stationary play equipment. If the slide is blocked so that the children cannot use it, then it will be considered a play house.

Tunnels that have handles a child could hold on to climb will be assessed as stationary play equipment so all applicable rules apply including, use zones and cushioning apply.

- (10) All outdoor play equipment and areas shall comply with the following safety standards.
- (a) All stationary play equipment used by infants and toddlers shall meet the following requirements:
- (viii) Swings shall have enclosed seats.

Rationale / Explanation

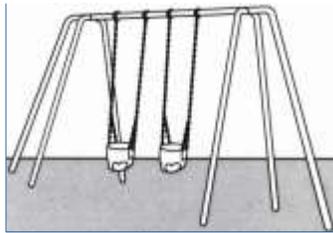
This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to infants and toddlers from falling out of a swing.

Enforcement

Always Level 1 Noncompliance.

Assessment

An enclosed seat means a bucket seat, as specified by CPSC. Below are pictures of two examples of acceptable enclosed seats. The seat on the right has a T-strap that goes between the child's legs.



- (10) All outdoor play equipment and areas shall comply with the following safety standards.
- (b) All stationary play equipment used by preschoolers or school age children shall meet the following requirements for use zones:
- (i) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 20 inches, it shall have use zones that meet the following criteria:
- (A) The use zone shall extend a minimum of 6 feet in all directions from the perimeter of each piece of equipment.
 - (B) The use zones of two pieces of equipment that are positioned adjacent to one another may overlap if the designated play surfaces of each structure are no more than 30 inches above the protective surfacing underneath the equipment. In such cases, there shall be a minimum of 6 feet between the adjacent pieces of equipment.
 - (C) There shall be a minimum use zone of 9 feet between adjacent pieces of equipment if the designated play surface of one or both pieces of equipment is more than 30 inches above the protective surfacing underneath the equipment.
- (ii) The use zone in the front and rear of a single-axis swing shall extend a minimum distance of twice the height of the pivot point of the swing, and may not overlap the use zone of any other piece of equipment.
- (iii) The use zone for the sides of a single-axis swing shall extend a minimum of 6 feet from the perimeter of the structure, and may overlap the use zone of a separate piece of equipment.
- (iv) The use zone of a multi-axis swing shall extend a minimum distance of 6 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.

- (v) The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.
- (vi) The use zone for spring rockers shall extend a minimum of 6 feet from the at-rest perimeter of the equipment.

Rationale / Explanation

These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. Injuries from falls are more likely to occur when equipment spacing is inadequate. *CFOC, 3rd Ed. pg. 272 Standard 6.2.2.1; pg. 273 Standard 6.2.2.4*

Enforcement

Always Level 1 Noncompliance.

Assessment

Refer to rule 100-6(10)(a) for use zone enforcement information.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

- (c) Two-year-olds may play on infant and toddler play equipment.**

Assessment

If two-year-olds use the infant and toddler equipment at the same time as infants and toddlers, the group size may not exceed 8 children. If there are more than 8 children the Licensing Specialist will issue a finding to 100-24(1), not this rule.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

- (d) Protective cushioning is required in all use zones.**

Rationale / Explanation

Protective cushioning is material that is placed in the use zones under and around stationary play equipment in order to cushion a child's fall from the equipment. Acceptable cushioning materials include the following: sand, gravel, shredded tires, shredded wood products, and unitary cushioning material. Cushioning materials must meet *ASTM Specification F 1292*.

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, packed earth, or grass are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. *CFOC, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

Enforcement

Always Level 1 Noncompliance.

Assessment

A rounded tunnel sitting on the ground is not considered playground equipment unless it has a flat 2" by 2" surface on it. This means that a rounded tunnel sitting on the ground does not require protective cushioning or a use zone. Raised tunnels do need use zones and cushioning.

An embankment slide does not require a use zone or cushioning except at the bottom of the slide chute. This use zone must be at least as wide as the slide chute.

Equipment with a height of 6 inches or greater requires cushioning.

If the protective cushioning is frozen the equipment may not be used by children in care. If the children are not playing outside, the Licensing Specialist will ask the staff if the children have been using the equipment while the cushioning was frozen. If children have used the equipment a finding will be issued.

To determine the depth of cushioning, measure from the highest designated play surface (at least 2 inch by 2 inch flat surfaces a child can access), climbing bar, or swing pivot point. Flat surfaces, at least 2 inch by 2 inch, are not considered accessible if they are 38 inches or higher from the highest designated play surface, climbing bar, or swing pivot point.

This rule will be out of compliance if grass has grown into the loose fill cushioning in the use zone of a piece of playground equipment. The Licensing Specialist will assess by assessing if the loose fill is still soft enough to displace. The first time the Licensing Specialist observes this they will give Verbal TA but will document it on the checklist.

If different types of cushioning material is used and mixed together, the measurement will be taken for the cushioning with the strictest compliance.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

- (e) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material shall meet the CPSC guidelines in Table 1. The provider shall ensure that the material is periodically checked for compaction, and if compacted, shall loosen the material to the depth listed in Table 1. If the material cannot be loosened due to extreme weather conditions, the provider shall not allow children to play on the equipment until the material can be loosened to the required depth.**
- (f) If shredded wood products are used as protective cushioning, the depth of the shredded wood shall meet the CPSC guidelines in Table 2.**

Rationale / Explanation

Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.

Enforcement

Level 1 Noncompliance if there is less than 75% of the required depth of protective cushioning.

Level 2 Noncompliance if there is 75% or more of the required depth of protective cushioning, or if there is 100% of the required protective cushioning, but it needs to be redistributed or if the protective cushioning is compacted and needs to be loosened.

Assessment

The following criteria will be used to determine whether sand is fine or coarse, and whether gravel is fine or medium:

- Fine Sand – Particles of white sand purchased in bags marked "play sand." 100% of the material must pass through a #16 screen.
- Coarse Sand – Usually obtained from a supplier to the landscaping and construction trades. 98% of the material must pass through a #4 screen.
- Fine Gravel – Gravel particles are rounded and 3/8 inch or less in diameter.
- Medium Gravel – Gravel particles are rounded and 1/2 inch or less in diameter.

To determine the required depth of cushioning, the Licensing Specialist will measure from the highest designated play surface, highest swing pivot point, or highest climbing bar to the ground. The height will determine the depth of loose fill cushioning required. These requirements are listed in the next 3 tables.

To determine the required depth of protective cushioning, the Licensing Specialist will follow these instructions:

1. Dig to the bottom of the cushioning in three spots.
2. Place the bottom edge of a metal or wood ruler at the bottom of the hole, and refill the hole with the cushioning.

3. Do not take measurements directly under an at rest swing seat, or directly at the bottom of the slide shoot where children exit.
4. The measurements of each hole will be written on the worksheet portion of the checklist.
5. If any of the holes were low, the licensor will then average the three measurements to determine if the cushioning needs to be redistributed or if more cushioning is required. If all of the holes have the required depth, it will be determined that there is adequate cushioning.
6. When the three measurements show the cushioning is low, four additional holes will be dug in the corners of the playground area.
7. The additional measurements will also be listed on the checklist worksheet.
8. The seven measurements will be averaged to determine if the cushioning needs to be redistributed or if more cushioning must be added.
9. These instructions will be followed for each play area with stationary play equipment. The area will be defined by the borders of the cushioning.
10. If the facility has a variety of stationary play equipment that varies in height, the licensor will assess the cushioning around each piece of equipment. For instance, if there is a swing that requires nine inches and a climber that requires six inches each piece of equipment will be measured separately.

To determine if the loose fill cushioning is compacted, the Licensing Specialist will determine if the shovel goes easily into the cushioning.

When there is a mixture of cushioning material, licensors will assess the depth for whichever material requires the most depth.

If the provider has documentation from the manufacturer stating that less than six inches is required, the provider may apply for a variance and provide the documentation from the manufacturer.

Gardening bark mulch does not have the cushioning properties required by *ASTM Specification F 1292*, and cannot be used as playground cushioning material.

Due to the changes in CPSC guidelines, when 12 inches of cushioning is required, the cushioning will be considered in compliance if there is at least 9 inches. If a cushioning product is not allowed, due to the height of the equipment, the provider may not use the product for cushioning and a finding will be issued.

Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Fine Sand	Coarse Sand	Fine Gravel	Medium Gravel	Shredded Tires
4' high or less	6"	6"	6"	6"	6"
Over 4' up to 5'	6"	6"	6"	6"	6"
Over 5' up to 6'	12"	12"	6"	12"	6"
Over 6' up to 7'	12"	Not Allowed	9"	Not Allowed	6"
Over 7' up to 8'	12"	Not Allowed	12"	Not Allowed	6"
Over 8' up to 9'	12"	Not Allowed	12"	Not Allowed	6"
Over 9' up to 10'	Not Allowed	Not Allowed	12"	Not Allowed	6"
Over 10' up to 11'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Over 11' up to 12'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"

Table 2 Depths of Protective Cushioning Required for Shredded Wood Products			
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
4' high or less	6"	6"	6"
Over 4' up to 5'	6"	6"	6"
Over 5' up to 6'	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 8'	12"	9"	9"
Over 8' up to 9'	12"	9"	9"
Over 9' up to 10'	12"	9"	9"
Over 10' up to 11'	12"	12"	12"
Over 11'	12"	Not Allowed	Not Allowed

(10) All outdoor play equipment and areas shall comply with the following safety standards.

(g) If wood products are used as cushioning material:

(i) the providers shall maintain documentation from the manufacturer verifying that the material meets ASTM Specification F 1292, which is adopted by reference; and

Enforcement

Always Level 3 Noncompliance.

Assessment

If the depth of wood cushioning is 9 inches or greater, ASTM documentation will not be required.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

(g) If wood products are used as cushioning material:

(ii) there shall be adequate drainage under the material.

Rationale / Explanation

Inadequate drainage under wood cushioning material can result in trapped water freezing, which makes the material unable to absorb the impact from falls. It can also lead to the growth of bacteria, mold, and the breeding of mosquitos.

Enforcement

Always Level 2 Noncompliance.

Assessment

Adequate drainage will be assessed by digging into the wood product. If one of the following happens when the wood product is dug into, it means there is not adequate drainage under the wood:

- Water fills the hole that has been dug.
- In freezing weather, frozen water forms an ice block under the material.
- There is mold growing in the material.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

(h) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:

- (i) the licensee shall ensure that the material meets the standard established in ASTM Specification F 1292. The provider shall maintain documentation from the manufacturer that the material meets these specifications.

Enforcement

Always Level 3 Noncompliance.

- (10) All outdoor play equipment and areas shall comply with the following safety standards.
 - (h) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:
 - (ii) the licensee shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.

Enforcement

Always Level 1 Noncompliance.

This item is considered out of compliance if the unitary cushioning material is set on top of the ground and not secured in place, such that it could become displaced when children jump, run, walk, land, or move on it, or if children could easily pick it up and move it.

Rubber mats are not required to be glued down when any of the following conditions are met:

1. The tiles are interlocking, without significant gaps between the tiles.
2. There is a border around the tiled play area that holds the tiles in place so they cannot be dislodged by children running or jumping on them.
3. If the equipment may be placed on grass due to the height of the equipment.

- (10) All outdoor play equipment and areas shall comply with the following safety standards.
 - (i) Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, may be placed on grass, but shall not be placed on concrete, asphalt, dirt, or any other hard surface.

Rationale / Explanation

The purpose of this rule is to prevent injuries from falls onto a hard surface. Over 70% of all accidents on playgrounds are from children falling. *CFOC, 3rd Ed. Pg. 237-238 Standard 5.3.1.1*

Enforcement

Always Level 1 Noncompliance.

The equipment over the tiles is used only by infants and toddlers.

Table 3 Heights of Designated Play Surfaces That May Be Placed on Grass		
Infants & Toddlers	Preschoolers	School Age
Less than 18"	Less than 20"	Less than 30"

(10) All outdoor play equipment and areas shall comply with the following safety standards.

- (j) On stationary play equipment used by infants and toddlers, protective barriers shall be provided on all play equipment platforms that are over 18 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 24 inches above the surface of the platform.**
- (k) On stationary play equipment used by preschoolers, protective barriers shall be provided on all play equipment platforms that are over 30 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 29 inches above the surface of the platform.**
- (l) On stationary play equipment used by school age children, protective barriers shall be provided on all play equipment platforms that are over 48 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 38 inches above the surface of the platform.**

Rationale / Explanation

A “protective barrier” is an enclosing structure such as bars, lattice, or a solid panel, around an elevated platform on a piece of play equipment. It is intended to prevent a child from either accidentally or deliberately falling or jumping from the platform.

Enforcement

Level 1 Noncompliance if a play equipment platform over 48 inches does not have a protective barrier.

Level 2 Noncompliance otherwise.

Assessment

A provider has the option of adding more than the required amount of protective cushioning in order to lessen the height of a platform so that it does not need a protective barrier.

Equipment with roofs must still have the required height for all protective barriers.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

- (m) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment, or within or adjacent to the use zone of any piece of stationary play equipment.**

Rationale / Explanation

Openings that fit these dimensions are called “entrapment hazards”. An entrapment hazard is an opening that a child’s body could fit through, but not their head. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough it may allow the body to pass through the opening and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be a head entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. *CFOC, pgs. 216-217 Standard 5.075; pg. 261 Standard 5.186*

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule does not include openings where one of the edges of the opening is on the ground. It only includes entrapment hazards where a child's feet cannot touch the ground. The following measurements, taken from the ground up to the bottom of the entrapment hazard, will be used to determine if the entrapment hazard is in a place where a child's feet could not touch the ground.

- Infant and toddler playgrounds: more than 23 1/4 inches above the ground
- Two-year-olds (for preschool playgrounds): more than 25 1/4 inches above the ground
- School age only playgrounds: more than 33 inches above the ground

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

(n) There shall be no strangulation hazards on, within the use zone of, or adjacent to the use zone of any piece of stationary play equipment.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children.

A strangulation hazard is something on which a child's clothes or something around a child's neck could become caught on a component of playground equipment.

Other examples of protrusion and strangulation hazards include bolt ends that extend more than two threads beyond the face of the nut, hardware configurations that form a hook or leave a gap or space between components, and open "S" type hooks. Special attention should be paid to the area at the top of slides and sliding devices. Ropes should be anchored securely at both ends, and should not be capable of forming a loop or a noose. If they do not meet these criteria, they pose a strangulation hazard. *CFOC, pgs. 216-217 Standard 5.075; pg. 260 Standard 5.185*

Enforcement

Level 1 Noncompliance if there is a strangulation hazard on a slide, swing, or merry-go-round.

Level 2 Noncompliance otherwise.

Assessment

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

Licensing Specialists will follow new instructions from ASTM and no longer assess for gaps at the top of slide chutes. Strangulation hazards are only a finding when a child who becomes entangled cannot touch the ground with his/her feet. Licensing Specialists will measure from the ground to the strangulation hazard. If the measurement is greater than the following measurement, a finding will be issued.

- 23 1/4 inches for infant and toddler playgrounds
- 25 1/4 inches for two-year-old and preschool playgrounds
- 33 inches for school age playgrounds

Strangulation hazards include:

- A bolt, screw, or other protrusion that passes the protrusion gauge test and which also project upward from a horizontal plane.
- A bolt, screw or other protrusion that increases in size or diameter as it moves away from the surface. (For example, a bolt with a washer on the outside of a nut, where the washer is greater in diameter than the nut. Or, a bolt with a large bolt head, where the bolt head is not flush with the surface.)
- Bolt ends that extend more than two threads beyond the face of the nut.
- On slides: a gap on the top or sides of a slide that the 1/8", 2" diameter protrusion gauge could pass all the way through.
- On "S" hooks: a gap in an "S" hook that a dime could fit into.
- Hanging ropes, cords, or chains, **on stationary play equipment**, longer than 12" that can make a loop 5" in diameter, **except** ropes, cords, or chains with swings attached to the bottom of them.
- Ropes, cords, or chains that hang into the use zone of a piece of playground equipment and are attached to something solid will be assessed as strangulation hazards.

Connectors such as "S" hooks, no matter where they are located on a piece of equipment, must be inspected as a strangulation hazard. If the connector has an opening greater than .04 (dime) and the opening does not face downward, a finding will be issued. The only connectors that will not be inspected are;

1. If at the top of a free standing swing greater than 8 feet in height.
2. If at the top of a swing with a cross bar but the cross bar is greater than 8 feet high.



These images are from CPSC and can be found at www.cpsc.gov/PagesFiles/63943/324.pdf.

The following protrusion or strangulation hazards are **not** noncompliance items:

- Protrusion or strangulation hazards on the underside of platforms which are over 48 inches high are not a finding.
- Hazards on the top of swing cross bars when the top of the swing is over 8 feet tall and there is not a horizontal bar between the support poles, nor is the swing attached to any other component or platform.
- Protrusions or strangulation hazards that are molded as a part of the design for dramatic play, such as the eye piece of a telescope or the ear of an animal, as long as that part is in good repair and no parts are missing.
- Hand hold and foot bars that were designed for that purpose such as those found on spring rockers. (This does not include hand holds on climbing walls.)
- Protrusion/strangulation hazards in recessed areas unless it extends passed the recessed area.
- Caps not flush with the equipment.
- Ropes or cords attached to tether-ball.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

- (o) There shall be no crush, shearing, or sharp edge hazards on, within the use zone of, or adjacent to the use zone of any piece of stationary play equipment.**

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children.

ASTM defines a crush hazard as a juncture at which the user could suffer contusion, laceration, abrasion, amputation, or fracture during use of the playground equipment. A crush hazard is created when two parts of a piece of play equipment come together in such a way that they could crush a child's fingers, toes, or other body parts. A shearing hazard is created when two parts of a piece of play equipment move against each other in such a way that they could sever a child's fingers or other body parts. A sharp edge hazard is created when there is a sharp point or edge on a piece of play equipment that could cut or puncture a child's skin. *CFOC, pgs. 216-217 Standard 5.075; pg. 260 Standard 5.184, 5.185]*

Enforcement

Always Level 2 Noncompliance.

Assessment

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

Molded plastic steering wheels that are a part of piece of stationary play equipment will not be assessed as a crush hazard.

(10) All outdoor play equipment and areas shall comply with the following safety standards.

- (p) There shall be no tripping hazards, such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.**

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. *CFOC, pgs. 216-217 Standard 5.075*

Enforcement

Always Level 3 Noncompliance.

Assessment

If a provider adds something, like a tire to cushion a cement footing, the object is considered a tripping hazard unless it is flush to the ground.

(11) The provider shall maintain playgrounds and playground equipment to protect children's safety.

Rationale / Explanation

Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. *CFOC, pgs. 216-217 Standard 5.075; pgs. 262-263 Standard 5.194, 5.196*

Enforcement

Level 1 Noncompliance if the lack of maintenance could cause equipment failure.

Level 3 Noncompliance otherwise.

Assessment

Adequate maintenance includes the following:

- Ensuring that there are no missing, bent, broken, or worn out components that could cause equipment to fail.
- Ensuring that all hardware is secure, and there are no missing nuts or bolts that could cause the equipment to fail.
- Ensuring that equipment does not have excessive wear that could cause the equipment, or a component of it, to fail.
- Ensuring that metal is not rusted or corroded to the point that it could cause the structure to fail.
- Ensuring that wood on children's play equipment is not rough or splintery.
- Ensuring that all equipment and equipment parts are stable.
- Ensure that tiles used for cushioning do not have gaps greater than 1 inch.

Findings will be issued to this rule if equipment or components could fail or cause an injury to children while using the equipment.

R381-100- 7: PERSONNEL

Purpose

This section provides rules and information about all individuals who work or volunteer at a child care facility.

General Information

Working days refers to the days the Child Care Licensing Program is open for business.

(1) The center must have a director who is at least 21 years of age.

Rationale / Explanation

The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. *CFOC 3rd Ed. pg.11 Standard 1.3.1.1.*

Enforcement

Always Level 2 Noncompliance.

Assessment

Two directors may be listed on a center's license, as long as both **individuals** meet director qualifications.

During any on-site inspection, when there is not a qualified director, the Licensing Specialist will issue a finding for noncompliance.

- (1) The center must have a director who is at least 21 years of age, who has completed the Center Director Training class offered by the Department, and who has one of the following educational credentials:**
- (a) an associates, bachelors, or graduate degree from an accredited college and successful completion of at least 12 semester credit hours of early childhood development courses;**
 - (b) valid proof of a level 8, 9, or 10 Utah Early Childhood Career Ladder certification issued by the Utah Office of Child Care or the Utah Child Care Professional Development Institute;**
 - (c) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other credential that the licensee demonstrates as equivalent to the Department; or**
 - (d) a currently valid National Administrator Credential (NAC) as approved by the Department, plus one of the following:**
 - (i) valid proof of successful completion of 12 semester credit hours of early childhood development courses from an accredited college; or**
 - (ii) valid proof of completion of the following six Utah Early Childhood Career Ladder courses, or their equivalent, as approved by the Utah Child Care Professional Development Institute : Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.**
 - (e) Any bachelors or higher college degree, and valid proof of completion of the following six Utah Early Childhood Career Ladder courses, or their equivalent, as approved by the Utah Child Care Professional Development Institute: Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.**

Rationale / Explanation

College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. *CFOC, 3rd Ed. pg.11 Standard 1.3.1.1.*

Enforcement

Level 2 Noncompliance except as described below.

Level 3 Noncompliance if directors have expired NAC, CDA, or CCP credentials.

Assessment

Successful completion of a college course means a passing grade of C or better.

Continuing Education Units (CEU) are different from college credits. In order to count as college credit, a course must appear on an official transcript from an accredited college or university.

There are online courses, such as CARE courses and classes from NACCRRRA, that meet the requirements of this rule. The CARE courses can be found at www.carecourses.com. The local Care About Childcare at <http://careaboutchildcare.utah.gov> has additional information.

The following CARE courses are equivalent to the required CAC (formerly CCR&R) classes:

- Understanding Children or Principles of Child Development and Learning is equivalent to Child Development Ages and Learning in the Early Years.
- Learning Centers is equivalent to A Great Place for Kids.
- Child Development and Guidance is equivalent to Learning to Get Along and Advanced Child Development.
- Many Ways to Learn is equivalent to Strong and Smart.

A course is only considered completed if documentation of a certificate or transcript is provided. A

Montessori Credential is considered equivalent to a CDA or CCP.

CDA certificates must be current in order to be used as director qualifications.

Information for National Administrator Credential (NAC) classes may be found at <http://www.utahchildcare.org/>.

NICCM out of Arizona with Bradley Smith as the contact is an approved NAC course.

(2) Any new Center director must complete the Department's Center Director Training Class no later than 60 working days after assuming director duties.

Enforcement

Always Level 2 Noncompliance.

(3) All caregivers shall be at least 18 years of age.

Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. *CFOC, 3rd Ed. pg. 13 Standard 1.3.2.3.*

The American Academy of Pediatrics and the American Public Health Association recommend that lead caregivers be at least 21 years of age. *CFOC, 3rd Ed. pg. 12, Standard 1.3.2.2.*

Enforcement

Always Level 2 Noncompliance.

- (4) All assistant caregivers shall be at least 16 years of age, and shall work under the immediate supervision of a caregiver who is at least 18 years of age.**
- (5) Assistant caregivers may be included in caregiver to child ratios, but shall not be left unsupervised with children.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that assistant caregivers be at least 18 years of age, and that volunteers and students be at least 16 years of age, but never be left alone with children or counted in the ratios. *CFOC, 3rd Ed. pg. 13 Standard 1.3.2.3.*

Eighteen is the age of legal consent. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgment, than adult responses. For more information on this research, see:

- <http://www.nimh.nih.gov/Publicat/teenbrain.cfm>
- <http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/>

Enforcement

Always Level 2 Noncompliance.

Assessment

Caregivers under the age of eighteen may not be left unsupervised with a child(ren) at any time.

- (6) Assistant caregivers shall meet all of the caregiver requirements under this rule, except the caregiver age requirement of 18 years.**

Rationale / Explanation

Except for the age requirement, assistant caregivers must meet the caregiver requirements for background screening, orientation training, annual training, and all other requirements for caregivers contained in the rules.

Enforcement

The Noncompliance Level depends on the caregiver requirement(s) with which the assistant caregiver failed to comply.

- (7) A volunteer may be included in the provider to child ratio only if the volunteer meets all of the caregiver requirements of this rule.**

Rationale / Explanation

A volunteer is anyone who provides care to a child but does not receive direct or indirect compensation for doing so.

Children through age 12 and children with disabilities through age 18 are considered children in care by statute. Children age 13 through age 15 who help out in a classroom of younger children are considered to be volunteers, but are not included in caregiver ratios because they do not meet age requirements. They are required to meet the other volunteer requirements including a department background screening.

- (8) Whenever there are children at the center, there shall be at least one caregiver present who can demonstrate the English literacy skills needed to care for children and respond to emergencies.**

Rationale / Explanation

Caregivers need English literacy skills in order to perform essential functions to protect children's health and safety, such as reading warning labels on chemicals, instructions on medications and medication authorization forms, emergency information on child enrollment forms, information on a child's health assessment, instructions on a fire extinguisher, etc.

English skills are also important in dealing with poison control and emergency response (911).

Enforcement

Level 1 Noncompliance if there is an emergency and a caregiver is unable to get the needed emergency assistance.

Level 2 Noncompliance otherwise.

Assessment

If there is a question about whether or not the caregivers who are present have the required English literacy skills, the Licensing Specialist may ask the caregivers to read some written material printed in English.

- (9) Each new caregiver, and volunteers who count in the caregiver to child ratio, shall receive at least 2.5 hours of pre-service training prior to assuming caregiving duties. Pre-service training shall be documented in the caregiver's file and shall include the following topics:**
- (a) job description and duties;**
 - (b) the Department-approved center's written policies and procedures;**
 - (c) the Department-approved center's emergency and disaster plan;**
 - (d) the current child care licensing rules found in Sections R430-100-11 through 24;**
 - (e) introduction and orientation to the children assigned to the caregiver;**
 - (f) a review of the information in the health assessment for each child in their assigned group;**
 - (g) signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;**
 - (h) recognizing the signs of homelessness and available assistance;**
 - (i) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies; and**
 - (j) prevention of sudden infant death syndrome and use of safe sleeping practices.**

Rationale / Explanation

The purpose of this rule is to ensure that all new staff members receive basic training for the work they will be doing and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. *CFOC 3rd Ed. pgs. 21-22 Standard 1.4.2.1.*

A yearly review of the center's written policies encourages administrators to keep this information current. *CFOC 3rd Ed. pg. 349 Standard 9.2.1.2.*

Enforcement

Level 2 Noncompliance if a new caregiver does not have orientation training or documentation of orientation training, in:

- the center's emergency and disaster plan
- the child care licensing rules for:
 - supervision and ratios – Section 11
 - injury prevention – Section 12
 - parent notification and child security – Section 13
 - child health – Section 14
 - infection control – Section 16
 - medications – Section 17
 - napping – Section 18
 - child discipline – Section 19
 - transportation – Section 21
 - diapering – Section 23
 - infant and toddler care – Section 24
- introduction and orientation to the children assigned to the caregiver
- a review of the information in the health assessment for each child in their assigned group
- procedures for releasing children to authorized individuals only
- proper clean up of body fluids
- signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation
- obtaining assistance in emergencies, as specified in the center's emergency and disaster plan
- SIDS, coping with crying babies, and Shaken Baby Syndrome, if the center cares for infants

Level 3 Noncompliance if a new caregiver does not have orientation training, or documentation of orientation training, in:

- job description and duties
- the center's written policies and procedures
- the child care licensing rules for:
 - child nutrition – Section 15
 - activities – Section 20
 - animals – Section 22

Assessment

In order to meet the requirement for training in Sections 11-24 of the Licensing Rules, the training must cover the actual rules, not just be on the topic of the rule section.

Providers may have up to 5 working days after a new caregiver begins working with children to complete the required orientation training, provided they are never left alone with children until all of the required orientation training is completed.

All employees and volunteer, including those listed below, are required to complete orientation training:

- Transporters and cooks
- 16 and 17-year-old assistant caregivers
- Program guests, such as someone presenting a puppet show, dance lessons, reading stories or making a presentation, if the guest will ever be left unsupervised with the children.
- High school or college students who work with the children as part of a class.
- 13 to 15-year-old volunteer helpers.

High school or college students who only observe children at a center, but do not interact with the children, are not required to complete orientation training.

If a person transfers within a corporation and the policies are the same, he/she is not required to repeat the orientation training.

- (10) The following individuals shall complete a minimum of 20 hours of child care training each year, based on the center's license date:
- (a) the director;
 - (b) the assistant director, if the center has one;
 - (c) all caregivers;
 - (d) all substitutes who work an average of 10 hours a week or more, as averaged over any three month period; and
 - (e) all volunteers that the provider includes in the provider to child ratio.
- (11) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
- (12) Caregivers who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the center's relicensure date.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors.

CFOC 3rd Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30

Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6

Accurate and complete training records are needed to track staff training and monitor compliance with this rule.

CFOC 3rd Ed. pg. 393 Standard 9.4.3.3.

Enforcement

Level 2 Noncompliance if caregivers don't have the required hours of training.

Level 3 Noncompliance if caregivers have documentation of the required hours of training, but the training documentation does not include all of the information required by rule (name of the training organization, the date, the training topic, and the total hours or minutes of training).

Assessment

Training hours are calculated from the license start date to license end date. The annual training is not required to be completed at the Annual Inspection. However, a license is not renewed until training hours have been completed.

Van drivers, cooks, secretaries, receptionists, bookkeepers, custodians, and maintenance workers do not need to complete annual training, unless they help out in a classroom an average of 10 hours per week or more, as averaged over a three month period.

Drivers are not required to complete annual training when all they do is transport children, even if they count in ratios during transportation.

Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only the training portion of the staff meeting during which training was given. Times spent covering business matters, such as assigning tasks and work schedules may not be counted towards training hours.

In-house training, including training from a guest presenter, must be documented. Any documentation format is acceptable as long as it includes the required information.

College and high school students may count clock time spent in child development courses as hours of annual training. One semester credit hour is considered to be equivalent to 15 clock hours of training. One quarter credit hour of credit is considered to be equivalent to 10 clock hours of training.

Since volunteering in a classroom is not considered child care related training, it does not count towards the required annual training hours.

Time spent researching and planning curriculum can be counted for non-face to face training hours. Time spent preparing (making copies, cutting, etc.) and presenting curriculum to the children does not count towards training hours.

The trainer may count the time spent training caregivers as non face-to-face hours and also count the topics covered. An employee who is on a leave of absence from the facility, for instance on maternity leave, is still required to complete all required training hours and topics.

Caregivers who only work a portion of the licensing year must complete an average of 1 hour and 40 minutes of training for each full month of employment. Half of this training must be face-to-face training. Time spent in orientation training during a new employee's first year of employment can count toward his/her hours of required annual training for the first year. The table below may be used to calculate the required number of training hours.

Annual Training Hours Required for Employees Hired Part-Way Through the Center's License Year		
When Hired	Required Hours Needed at Re-licensure	Required Face to Face Hours
1 Month before Re-licensure	1 hour 40 Minutes	50 minutes
2 Months before Re-licensure	3 hours 20 minutes	1 hour 40 minutes
3 Months before Re-licensure	5 hours	2 hours 30 minutes
4 Months before Re-licensure	6 hours 40 minutes	3 hours 20 minutes
5 Months before Re-licensure	8 hours 20 minutes	4 hours 10 minutes
6 Months before Re-licensure	10 hours	5 hours
7 Months before Re-licensure	11 hours 40 minutes	5 hours 50 minutes
8 Months before Re-licensure	13 hours 20 minutes	6 hours 40 minutes
9 Months before Re-licensure	15 hours	7 hours 30 minutes
10 Months before Re-licensure	16 hours 40 minutes	8 hours 20 minutes
11 Months before Re-licensure	18 hours 20 minutes	9 hours 10 minutes
12 Months before Re-licensure	20 hours	10 hours

The following trainings and classes do not count towards training hours for Child Care Licensing:

- stress management
- yoga.
- technical assistance from Child Care Licensing staff
- language classes.
- origami training
- dance classes for children
- adult anger management classes

(13) Annual training hours shall include the following topics:

- (a) the current child care licensing rules found in Sections R430-100-11 through 24;**
- (b) a review of the Department-approved center's written policies and procedures and emergency and disaster plans, including any updates;**
- (c) signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;**
- (d) principles of child growth and development, including development of the brain;**
- (e) positive guidance;**
- (f) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;**
- (g) prevention of sudden infant death syndrome and use of safe sleeping practices; and**
- (h) recognizing the signs of homelessness and available assistance;**

Rationale / Explanation

Staff training in child development and/or early childhood education is related to positive outcomes for children. This training enables the staff to provide children with a variety of learning and social experiences appropriate to the age of the child. *CFOC 3rd Ed. Standard 1.3.2.3 p. 13*

A yearly review of the center's written policies encourages administrators to keep this information current. *CFOC 3rd Ed. pg.349 Standard 9.2.1.2.*

Enforcement

Always Level 3 Noncompliance.

Assessment

In order to meet the requirement for training in Sections 11-24 of the Licensing Rules, the training must cover the actual rules, not just be on the topic of the rule section.

Watching reality TV and talk shows is not considered to be child care training.

In order to meet the requirement for training of Sections 11-24 of the Licensing Rules, the specific licensing rules rather than the general topic must be reviewed. For example, a nutrition class may count toward the required 20 hours of training, but unless the child care nutrition rules are reviewed, it does not meet training of Section 15 of the Licensing Rules.

The Care About Childcare (CAC) class "Medication Administration" covers Section 17 of the rules. Refer to <http://careaboutchildcare.utah.gov> for other courses from CAC that cover licensing rules and topics.

Only staff that are ever with infants and/or toddlers are required to have training in Preventing Shaken Baby Syndrome, Coping with Crying Babies and Preventing Sudden Infant Death Syndrome.

(14) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.

Rationale / Explanation

Face-to-face training is important because class members have an opportunity to engage in discussion with one another and ask questions about the class content.

Enforcement

Always Level 2 Noncompliance.

Assessment

To count as face-to-face training, there must be a certificate or other documentation from any outside agency delivering the training, such as CAC, workshops, or conferences. If there is no certificate or other documentation, the training may count towards the required training hours, but not as face-to-face training.

Examples of face-to-face training include time spent in center staff meeting trainings, conferences, and workshops. College and high school students may count clock time spent in child development courses as face-to-face training if the class is in-person (as opposed to online or take-home packets).

Real time, interactive webinars may count as face-to-face training as long as the caregiver provides documentation of attendance.

Documented hours from an outside source, such as a conference, can be counted as face-to-face training if a certificate is provided.

Parent/child relationship classes may count towards annual training.

A high school student may count actual clock hours spent in a child development classes as face-to-face training. Any time spent doing homework for the class can count as non-face-to-face training hours.

Because they are considered therapeutic and not child care related, adult anger management classes do not count towards annual training hours.

R381-100- 8: ADMINISTRATION

Purpose

This section provides rules and information about the administration of the facility.

(1) The licensee is responsible for all aspects of the operation and management of the center.

Rationale / Explanation

The Licensee may delegate responsibilities under this rule to staff in the child care center. However, ultimate responsibility for compliance with all licensing rules rests with the Licensee. The Licensee must ensure that he or she has adequate oversight of staff to whom duties have been delegated to ensure the delegated duties are completed as assigned.

Enforcement

Level 1 Noncompliance if the lack of adequate oversight resulted in noncompliance with one or more rules that have been identified as Level 1 Noncompliance rules.

Level 2 Noncompliance if the lack of adequate oversight resulted in noncompliance with one or more rules that have been identified as Level 2 Noncompliance rules.

Level 3 Noncompliance if the lack of adequate oversight resulted in noncompliance with one or more rules that have been identified as Level 3 Noncompliance rules.

Assessment

Any time there is a child in care (meaning the care in lieu of parental care of an unrelated child) the Licensee must be in compliance with licensing rules. This includes care provided at the facility by anyone at any time. This also includes care provided at another location when the children in care are the responsibility of the Licensee.

This rule will be considered out of compliance if a Licensee instructs an employee to disregard or be out of compliance with a licensing rule or rules.

(2) The licensee shall comply with all federal, state, and local laws and rules pertaining to the operation of a child care center.

Rationale / Explanation

This rule is intended to address problems which are not already addressed in other child care licensing rules, but which involve the violation of a federal, state, or local law or administrative rule of another agency that applies to the operation of a child care center.

Enforcement

A finding for this rule is issued only when there is not another licensing rule that addresses the situation. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing rules.

Level 1 Noncompliance if a Licensee fails to submit the Annual Immunization Report.

Assessment

If the law or rule from one agency is more strict than another the licensee must follow the strictest of the two.

A finding for this rule is issued only when there is not another licensing/certificate rule that addresses a problem. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing/certificate rules.

(3) The provider shall not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care.

Rationale / Explanation

This rule is intended to address problems which are not already specifically mentioned in other child care licensing rules but which jeopardize children's well-being.

Enforcement

A finding for this rule is issued only when there is not another licensing rule that addresses the situation. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing rules.

(4) The provider shall take all reasonable measures to protect the safety of children in care. The licensee shall not engage in activity or allow conduct that unreasonably endangers children in care.

Rationale / Explanation

This rule is intended to address problems which may arise that are not specifically mentioned in other child care licensing rules but which jeopardize children's safety.

Enforcement

A finding for this rule is issued only when there is not another licensing rule that addresses the situation. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing rules, except for the situations below:

Level 2 Noncompliance if:

- a child's elbow is dislocated after his/her arm is jerked or pulled or the child is lifted or swing by his/her arm (Nursemaid's Elbow)
- If the door to the street or parking is propped open and there are no caregivers or children in the room.
- Accessible buckets that have two inches or more of standing water and are unattended and not in use.

Level 3 Noncompliance for open, unscreened first floor windows.

Assessment

Noncompliance to this rule includes jerking, pulling, lifting or swinging a child by the arm(s), which can cause a partial dislocation of the elbow, also referred to as Nursemaid's Elbow.

(5) Either the center director or a designee with authority to act on behalf of the center director shall be present at the facility whenever the center is open for care.

Rationale / Explanation

The purpose of this rule is to ensure that there is always a qualified individual on-site who assumes responsibility for the management of the center and the protection of children's health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have responsibility for compliance with licensing rules. *CFOC, 3rd Ed. pg. 347 Standard 9.1.0.1*

Enforcement

Level 1 Noncompliance if there is noncompliance (due to an absent director or designee) with one or more rules that have been identified as Level 1 Noncompliance rules.

Level 2 Noncompliance if there is noncompliance (due to an absent director or designee) with one or more rules that have been identified as Level 2 Noncompliance rules.

Level 3 Noncompliance if there is noncompliance (due to an absent director or designee with one or more rule that have been identified as Level 3 Noncompliance rules, or if no director or designee is present.

Assessment

A finding to this rule will be issued during any on-site inspection at which a qualified director or director designee is not present.

(6) Director designees shall be at least 21 years of age, and shall have completed their pre-service training.

Rationale / Explanation

Completion of orientation training prior to assuming director designee duties helps to ensure the smooth functioning of the center, and is essential in order to protect the health and safety of the children in care. *CFOC, 3rd Ed. pgs. 21- 22 Standard 1.4.2.1*

Enforcement

Level 2 Noncompliance if the director designee has not completed his or her orientation training or is less than 18 years old.

Level 3 Noncompliance if the director designee is at least 18 years old, but not yet 21 years old.

(7) The center director shall be on-site at the center for at least 20 hours per week during operating hours in order to fulfill the duties specified in this rule, and to ensure compliance with this rule.

Rationale / Explanation

The director of a center plays a pivotal role in ensuring the day to day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children.

CFOC, 3rd Ed. pgs. 10-11 Standard 1.3.1.1.

Enforcement

Level 1 Noncompliance if the director is not on-site at least 20 hours per week and there is noncompliance (due to an absent director) with one or more rules that have been identified as Level 1 Noncompliance rules.

Level 2 Noncompliance if the director is not on-site at least 20 hours per week and there is noncompliance (due to an absent director) with one or more rules that have been identified as Level 2 Noncompliance rules.

Level 3 Noncompliance if the director is not on-site at least 20 hours per week and there is noncompliance (due to an absent director) with one or more rules that have been identified as Level 3 Noncompliance rules or if the director is not present at least 20 hours per week.

Assessment

Time that center directors spend on bus runs or running center related errands can count towards the required 20 on-site hours per week.

If a center director will be absent from the center for longer than three months (for example, due to maternity leave), the Licensee must apply for a change of director and have a qualified director present during the regular director's leave of absence.

(8) The center director must have sufficient freedom from other responsibilities to manage the center and respond to emergencies.

Rationale / Explanation

The purpose of this rule is to ensure that the center director is available and has sufficient freedom to perform the many duties that are required in order to supervise caregivers, ensure adequate communication with parents, monitor and correct health and safety hazards, and otherwise maintain compliance with the licensing rules. *CFOC, 3rd Ed. pg. 12 Standard 1.3.1.2.*

Enforcement

Level 1 Noncompliance if there is noncompliance (due to a director with insufficient freedom from other responsibilities) with one or more rules that have been identified as Level 1 Noncompliance rules.

Level 2 Noncompliance if there is noncompliance (due to a director with insufficient freedom from other responsibilities) with one or more rules that have been identified as Level 2 Noncompliance rules.

Level 3 Noncompliance if there is noncompliance (due to a director with insufficient freedom from other responsibilities) with one or more rules that have been identified as Level 3 Noncompliance rules or if no director or designee is present.

Assessment

This rule does not require director designees to have freedom from caregiving duties.

In centers with an average daily attendance of 40 children or less, the center director may have permanent part time (20 hours or less hours per week) caregiver duties. In centers with an average daily attendance of 30 children or less, the center director may have permanent full-time caregiving duties.

- (9) There shall be a working telephone at the facility, and the center director shall inform a parent and the Department of any changes to the center's telephone number within 48 hours of the change.**

Rationale / Explanation

The purpose of the rule is to ensure that staff can contact the parents of children in care, that the parents of children in care can contact staff, and that staff can always contact emergency personnel (fire, police, ambulance, etc.) if needed.

CFOC, 3rd Ed. pg. 243 Standard 5.3.1.12

Enforcement

Level 1 Noncompliance if there is an emergency and there is not a working telephone at the facility. Level 2

Noncompliance if there is no working telephone at the facility.

Level 3 Noncompliance if there is working phone at the facility but staff does not notify parents or the department staff of a change in phone number.

Assessment

If the phone for the center is a cell phone and it is not on site, this rule will be considered in compliance as long as there is a way for staff member to call 911.

- (10) The provider shall report to the Child Care Licensing Program within the next Department business day any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless that medical service was part of the child's medical treatment plan identified by the parent. The provider shall also submit a written report to Child Care Licensing within five working days of the incident.**

Rationale / Explanation

The purpose of this rule is so that the Department staff can work with center staff to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. *CFOC, 3rd Ed. pg. 383 Standard 9.4.1.10*

Enforcement

Level 1 Noncompliance for not reporting a fatality. Level 3

Noncompliance otherwise.

Assessment

For the purposes of this rule, emergency medical response means a call to 911 (or the police, ambulance, or fire department, if any of these are called because of an injury to a child).

Attention from a health care provider means the child was physically seen and examined by a health care professional. Center staff must report injuries that require attention from a health care provider as soon as they become aware of the visit to the health care provider (for example, in situations where the parent took the child to a health care provider after leaving the center).

In the event of a serious injury that requires the parent to take their child to a health care provider, the parent may sign the accident report the next time they are at the center.

When an accident/injury report is received but Child Care Licensing did not receive notification of the accident/injury within 24 hours, a finding will be issued.

To be in compliance with this rule the provider may choose to email the accident/injury report **or enter the report on the Child Care Licensing Portal.**

If a staff's child under age four has an accident or injury, all required documentation and reporting must be completed.

The days will be calculated as the working days of the Child Care Licensing Program. This rule will be considered in compliance if the provider notifies the Department by the next Department working day.

Whenever the parents are on site and have taken responsibility for their own children, if the child is injured a report is not required.

(11) The duties and responsibilities of the center director include the following:

- (a) appoint one or more individuals who meet the background screening and training requirements of this rule to be a director designee, with authority to act on behalf of the center director in his or her absence;**

Enforcement

Always Level 3 Noncompliance.

(11) The duties and responsibilities of the center director include the following:

- (b) train and supervise staff to:**
 - (i) ensure their compliance with this rule;**
 - (ii) ensure they meet the needs of the children in care as specified in this rule; and**

Rationale / Explanation

The purpose of this rule is to ensure that all center staff have the training and ongoing supervision needed to ensure they protect children's health and safety as required in the licensing rules. *CFOC, 3rd Ed. pgs. 21-22 Standard 1.4.2.1, pgs. 23-24 Standard 1.4.2.3, pgs. 43-44 Standards 1.8.2.2, 1.8.2.3, 1.8.2.4*

Enforcement

Level 1 Noncompliance if a caregiver is not adequately trained or supervised to comply with any rule and a child is harmed as a result of this.

Level 3 Noncompliance otherwise, including if a caregiver is not adequately trained to report child abuse and neglect to the proper authorities.

(11) The duties and responsibilities of the center director include the following:

(b) train and supervise staff to:

(iii) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.

Enforcement

Always Level 1 Noncompliance.

(12) The licensee shall establish, and shall ensure that all caregivers follow, written policies and procedures for the health and safety of each child in care. The licensee shall submit to the Department these policies and procedures for approval on a form provided by Child Care Licensing. The provider shall establish and follow written policies and procedures for the health and safety of the children in care.

Rationale / Explanation

The purpose of this rule is to ensure that there are written policies in place to protect children's health and safety. An organized, comprehensive approach to ensuring children's health and safety is necessary in child care centers. Such an approach requires written plans, policies, and procedures, and adequate record-keeping so that there is consistency over time and across staff, as well as an understanding between parents and caregivers. This allows clear expectations to be communicated to staff, and helps center directors train and hold staff responsible for following the written policies. *CFOC, 3rd Ed. pgs. 348-350 Standards 9.2.1.1, 9.2.1.2, 9.2.1.3, pg. 351 Standard 9.2.1.6*

A yearly review of the center's written policies encourages administrators to keep this information current. Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. *CFOC, 3rd Ed. pg. 349 Standard 9.2.1.2*

Enforcement

Level 2 Noncompliance if the provider does not follow his/her written policies for (a)-(d) or (g)-(k). Level

3 Noncompliance if the provider does not follow his/her written policies for (e) or (f).

Assessment

A finding to this rule is issued if the provider does not have any written policies or has them but does not follow them.

When an owner/director updates the center's policies and procedures they must submit the changed procedures to the Child Care Licensing for approval. Once approved, Child Care Licensing will have them scanned and send the approved policies back to the owner/director.

Rationale / Explanation

The purpose of this rule is to ensure that there are written policies in place to protect children's health and safety. An organized, comprehensive approach to ensuring children's health and safety is necessary in child care centers. Such an approach requires written plans, policies, and procedures, and adequate record-keeping so that there is consistency over time and across staff, as well as an understanding between parents and caregivers. This allows clear expectations to be communicated to staff, and helps center directors train and hold staff responsible for following the written policies. *CFOC, 3rd Ed. pgs. 348-350 Standards 9.2.1.1, 9.2.1.2, 9.2.1.3, pg. 351 Standard 9.2.1.6*

A yearly review of the center's written policies encourages administrators to keep this information current. Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. *CFOC, 3rd Ed. pg. 349 Standard 9.2.1.2*

Enforcement

Always Level 3 Noncompliance.

Assessment

A finding to this rule is issued if the provider has written policies but they are missing one or more of the required topics.

For the purpose of this rule, walking the children to and from school is considered transporting them. In this situation, the provider should have written policies addressing each item in (k) except for (iv). For (ii) the provider can substitute the word "provider" for the word "vehicle".

(13) The provider shall ensure that the written policies and procedures are available for review by parents, staff, and the Department during business hours.

Rationale / Explanation

Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. *CFOC, 3rd Ed. pg. 349 Standard 9.2.1.2.*

Access to these written policies by parents and staff is important to ensure that all parties understand the center's policies and expectations, and to help staff remember and follow the policies. Review of the written policies by the Department is used to determine, in part, the Licensee's compliance with the licensing rules. *CFOC, 3rd Ed. pg. 380 Standard 9.4.1.5*

Enforcement

Always Level 3 Noncompliance.

This means the policies and procedures must be available at the center and can be provided to parents, employees, or Child Care Licensing staff upon request.

R381-100- 9: RECORDS

Purpose

This section provides rules and information about the records required by Child Care Licensing.

General Information

Forms may be maintained electronically as long as they are accessible on site for review by Child Care Licensing.

Electronic signatures from parents are sufficient if the parents may get a copy upon request.

Documents required by Child Care Licensing may be scanned and emailed, faxed, mailed or hand delivered. Records must be kept for all enrolled children, including the provider's children under age 4, employees' children under age 4, and "drop-in" children.

Review of center records by Department staff is used to determine, in part, compliance with the licensing rules.

CFOC, 3rd Ed. pg.380 Standard 9.4.1.5

- (1) The provider shall maintain the following general records on-site for review by the Department:**
- (a) documentation of the previous 12 months of fire and disaster drills as specified in R381-100-10(11)(12)(13)(14);**

Rationale / Explanation

Review of center records by Department staff is used to determine, in part, compliance with the licensing rules.

CFOC, 3rd Ed. pg.380 Standard 9.4.1.5

Enforcement

Always Level 3 Noncompliance.

Assessment

All children of all ages, and all staff, must exit the building during drills.

The center staff must hold a fire drill each month unless the center is closed for the whole month.

If the center is evacuated due to an emergency situation, this can count as a fire or disaster drill provided the required information is documented.

If a center is open six months of the year or less (for example, a ski resort), only one disaster drill is required.

- (1) The provider shall maintain the following records on-site for review by the Department:**
- (b) current animal vaccination records as required in R381-100-22(3);**

Enforcement

Always Level 3 Noncompliance.

Assessment

A veterinary tag that includes the required information and shows that the vaccination is current may be used in lieu of an animal vaccination record.

- (1) The provider shall maintain the following records on-site for review by the Department:**
(c) a six week record of child attendance, including sign-in and sign-out records;

Enforcement

Always Level 3 Noncompliance.

- (1) The provider shall maintain the following records on-site for review by the Department:**
(d) a current local health department inspection;

Enforcement

Always Level 3 Noncompliance.

Assessment

Documentation of a kitchen inspection is not required if food is not served.

The health department inspection is conducted by the County Health Department.

- (1) The provider shall maintain the following records on-site for review by the Department:**
(e) a current local fire department inspection;

Enforcement

Always Level 3 Noncompliance.

- (1) The provider shall maintain the following records on-site for review by the Department:**
(f) copy of all covered individuals' background screening cards issued by the Department.

Enforcement

Always Level 3 Noncompliance.

Assessment

For additional information on the background screening rules, see the Background Screening Interpretation Manual available at: childcarelicensing.utah.gov.

Individuals who must submit background clearance documents ("covered individuals") include:

1. **Owners & Members of the Governing Body.**
 - Owners mean anyone who has a 25% or greater share in the business, or anyone with less than a 25% share if they are in the center anytime during hours of operation. If a center's legal structure is a corporation, a state or local government, or a private non-profit agency, and the organization operates other programs in addition to the child care program (for example, a ski resort, a recreation center, or a domestic violence shelter), the owners and members of the governing board include any owners and board members who perform one or more of the functions listed below.

- They have unsupervised access to the children in care at the center, or are present in the center during hours of operation.
 - They make decisions regarding the day-to-day operations of the center.
 - They hire and fire child care staff.
 - The child care staff report to them and/or they conduct personnel evaluations of the child care staff.
 - They are involved in writing the center's policies and procedures.
2. **Directors.** This means the person who is the director, director designee, and/or assistant director of the center.
3. **Employees.** This includes anyone employed to work in the child care center. For child care centers located in buildings that also house other activities (for example, a city or county recreation center, a community center, a church, or a school), non-child care staff (staff who do not have any duties working with child care children), are not required to submit background clearances, provided that the center first submits a written policy explaining how they ensure that non-child care staff do not have unsupervised access to child care children, including when child care children are in the bathroom.
- If a person is on leave, for example, maternity leave, but the center still considers them an employee, they should be included on the renewal background screening forms. If a person quits and then returns to work, or is on leave and the center does **not** still consider them an employee, they will need to submit a background screening form.
4. **Providers of care.** This means anyone who provides direct care to one or more children in the center.
5. **Volunteers, except parents of children enrolled.** This includes any volunteer who works with the children or is present in the child care facility when care is being provided to children. If a parent volunteer at a program receives compensation (either monetary, or free child care) for volunteering in the center, they are considered an employee under #3 above. A parent of an enrolled child who has not passed a background screening may not have unsupervised access to any child in care except their own child.
- Volunteers include students completing a practicum for a high school or college course that involves working in a regulated child care facility, unless the requirement is that the student observe the children only, and not interact with them. If the student only observes the children and does not interact with them, they do not need to pass a background screening. If a student is being paid to complete a practicum, they are considered an employee under #4 above.
 - The child care licensing statute defines child care as care for children through age 12, and children with disabilities through age 18. Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios, and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening.
6. **Anyone who has unsupervised contact to a child in care.**
- If parents or guardians of children with an IEP or an IFSP have an agreement with a school or other agency to have their child receive services while in the child care center, the individual providing these services is not required to have a background screening through Child Care Licensing. The children will be considered to be under the care of the school or other agency during the time they are receiving services.
 - Employees who take a leave of absence for 3 months or less (for example, maternity leave) and remain in Utah do not have to complete new initial form upon returning to the center.
 - Employees who quit and are re-hired must complete new background screening form.

- Employees of seasonal programs (such as those that follow the school calendar, those that offer care only in the summer, or those that offer care only during ski seasons) can be listed on renewal forms if they remain in Utah while the program is closed.

(2) The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:

- (a) an admission form containing the following information for each child:**
- (i) name;**
 - (ii) date of birth;**
 - (iii) the parent's name, address, and phone number, including a daytime phone number;**
 - (iv) the names of people authorized by the parent to pick up the child;**
 - (v) the name, address and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent;**
 - (vi) if available, the name, address, and phone number of an out of area/state emergency contact person for the child; and**
 - (vii) current emergency medical treatment and emergency medical transportation releases with the parent's signature;**

Rationale / Explanation

The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Names of individuals authorized to pick children up are needed to prevent children from being taken by unauthorized individuals. Emergency treatment consent is needed in order to obtain medical care for children in emergencies. Admission of children without this information can leave the staff unprepared to deal with children's daily and emergent health needs. *CFOC, 3rd Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6*

Enforcement

Level 2 Noncompliance if there is not an admission form.

Level 3 Noncompliance if the admission form is missing any information.

Assessment

This rule is in compliance if the information required in the admission form is on another form, **paper or electronic**.

Parents may list more than one child on an admission form but a separate health assessment is required for each individual child.

Providers may send forms to parents electronically and have them enter their names into the signature lines.

The admission form must designate where to write out of state emergency contact information. It is not enough for the Owner/Director to state that they verbally tell parents to use one of the lines on the admission form to list an out of state emergency contacts. Consider the rule in compliance when the form has a place for parents/guardians to document emergency contact information but they failed to do so.

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
(b) **a current annual health assessment form as required in R381-100-14(5);**

[Rationale / Explanation](#)

The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. *CFOC, 3rd Ed. pgs. 386- 391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.*

[Enforcement](#)

Always Level 3 Noncompliance.

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
(c) **for each infant, toddler, and preschooler, current immunization records or documentation of a legally valid exemption, as specified in R381-100-14(4);**

[Rationale / Explanation](#)

The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. *CFOC, 3rd Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.*

[Enforcement](#)

Always Level 3 Noncompliance.

[Assessment](#)

Acceptable immunization records can either be on the pink state immunization form, the yellow card from the local health department, or any immunization record from a health care provider.

Immunization rule for students R396-100(6) requires providers to have current immunization records for **all** of the children and submit an annual report.

If a parent chooses not to immunize their child, they must get an official exemption form from the county health department.

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
(d) **a transportation permission form, if the center provides transportation services;**

Enforcement

Always Level 3 Noncompliance.

Assessment

For the purposes of this rule, transportation services include transportation to and from off-site activities, home, or school (including walking children to and from school or around the block).

(2) The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:

- (e) a six week record of medication permission forms, and a six week record of medications actually administered; and**

Rationale / Explanation

The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. *CFOC, 3rd Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.*

Enforcement

Always Level 3 Noncompliance.

(2) The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:

- (f) a six week record of incident, accident, and injury reports;**

Rationale / Explanation

The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. *CFOC, 3rd Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.*

Enforcement

Always Level 3 Noncompliance.

(2) The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:

- (g) a six week record of eating, sleeping, and diaper changes as required in R381-100-23(12), R381- 100-24(15).**

Enforcement

Always Level 3 Noncompliance.

(3) The provider shall ensure that information in children's files is not released without written parental permission.

Rationale / Explanation

Prior informed, written consent of the parent is required for the release of written or verbal records and information about his/her child. The purpose of this rule is to prevent unauthorized individuals from accessing confidential

information about a child, and to prevent discrimination against a child due to the release of confidential information about the child or his or her family. *CFOC, 3rd Ed. pgs. 356-357 Standard 9.2.3.6, pgs. 386-387 Standard 9.4.2.1.*

Enforcement

Level 1 Noncompliance if the information released results in a prohibited person having contact with a child.

Level 2 Noncompliance if the information released results in discrimination against a child or humiliation of a child. Level

3 Noncompliance if information is released but it does not result in harm to a child.

- (4) The provider shall maintain the following records for each staff member on-site for review by the Department:**
- (a) date of initial employment;**

Enforcement

Always Level 3 Noncompliance.

Assessment

Date of initial employment means the first day the employee is paid or volunteered. Documentation of the initial date of employment is used to verify compliance with background screening requirements and orientation.

- (4) The provider shall maintain the following records for each staff member on-site for review by the Department:**
- (b) copy of the current background screening card issued by the Department;**

Enforcement

Always Level 3 Noncompliance.

Assessment

Background Screening forms will be reviewed on site or if the provider states for any reason that they submitted background screening forms and there is not a record in the Child Care Licensing database. The provider will use the form to prove that they submitted it. Findings will be issued when the covered individual does not show on the database and it has been more than the 10 for the required days to report.

If the covered individual has a background screening card issued by Child Care Licensing, a copy of this card on file will serve as documentation of background screening. Original cards are to be given to the covered individual.

For more detailed enforcement information review the information under number 1 of this section.

(4) The provider shall maintain the following records for each staff member on-site for review by the Department:

(c) a six week record of days and hours worked, and the times worked each day;

Enforcement

Always Level 3 Noncompliance.

Assessment

Licensees must keep a written record of days and hours worked for all staff, including directors. The record must include the times worked each day.

(4) The provider shall maintain the following records for each staff member on-site for review by the Department:

(d) pre-service training documentation for caregivers, and for volunteers who count in the caregiver to child ratio;

Enforcement

Always Level 3 Noncompliance.

Assessment

Children age 13 and older who help out in a classroom of younger children are not included in caregiver to child ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening and pre-service training.

(4) The provider shall maintain the following records for each staff member on-site for review by the Department:

(e) annual training documentation for all caregivers and substitutes who work an average of 10 hours or more a week, as averaged over any three month period; and

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule is not out of compliance unless the annual training has not been completed by the center's license expiration date (not the date of their Annual Announced Inspection.)

One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.

For more details on training hours see R381-100-7(9-14)

(4) The provider shall maintain the following records for each staff member on-site for review by the Department:

(f) current first aid and CPR certification, if applicable as required in R381-100-10(2), R381-100-20(5) (d), and R381-100-21(2).

Enforcement

Always Level 3 Noncompliance.

Assessment

The expiration date on the first aid and CPR card determines whether or not the certification is current.

The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.

The CPR cards or certificates must indicate that the course covered Infant and child CPR.

Equivalent CPR certification must include hands-on skills testing.

R381-100-10: EMERGENCY PREPAREDNESS

Purpose

This section provides rules and information about preparing for and handling emergencies.

General Information

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgments made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. *CFOC, 3rd Ed. pgs. 366-368 Standard 9.2.4.3*

Review of records by the Department staff is used to determine, in part, compliance with the licensing rules. *CFOC, 3rd Ed. pg. 380 Standard 9.4.1.5*

- (1) The provider shall post the center's street address and emergency numbers, including ambulance, fire, police, and poison control, near each telephone in the center.**

Rationale / Explanation

It is easy for caregivers to panic in an emergency situation. The purpose of this rule is so that caregivers have easy and immediate access to phone numbers they might need to use in an emergency, and can give emergency personnel, such as the police or the fire department, the center's street address. *CFOC, 3rd Ed. pgs. 380-381 Standard 9.4.1.6*

Enforcement

Level 1 Noncompliance if failure to post this information resulted in an emergency situation in which emergency personnel were not contacted or able to respond in a timely manner.

Level 3 Noncompliance otherwise.

Assessment

Posting 911 can meet the requirement for posting emergency numbers for ambulance, fire, and police, but not Poison Control or the facility address.

If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone. If a classroom telephone is programmed such that it will only dial 911, the only thing that needs to be posted at that telephone is the center's physical address.

If a cell phone or portable phone is used, emergency numbers need to be posted in plain view so that anyone needing the information can easily find it. If a cell phone or portable phone is used, emergency numbers need to be posted in plain view so that anyone needing the information can easily find it. **Emergency numbers can be posted either on the phone, on or near the base, or in a conspicuous place.**

(2) At least one person at the facility at all times when children are in care shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification. Equivalent CPR certification must include hands-on testing.

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation.

CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

Enforcement

Level 2 Noncompliance if:

- Required persons do not have CPR certification.
- The certification training was not hands on.
- The certification does not include infant and child CPR.

Level 3 Noncompliance for no first aid certification.

Assessment

The expiration date on the first aid and CPR card determines whether the certification is current. If there is no expiration date listed on the card but the issue date is less than 1 year old, Child Care Licensing will accept the card as current.

The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.

Cards that include basic life support or BLS will be accepted as being compliant this rule. These cards do not have the words infant and child written on them.

Due to differences in training courses, CNA certificate will not be accepted as approved CPR certification. Current certification for RN's, LPN's or **First Responders certification** will be accepted for both CPR and First Aid.

This rule will be out of compliance if there is not documentation for the required staff members.

Current first aid certificates from any source will be accepted.

(3) The licensee shall maintain first-aid supplies in the center, including at least antiseptic, band-aids, and tweezers.

Rationale / Explanation

The purpose of this rule is to ensure there are supplies needed to respond to minor injuries of children. *CFOC, 3rd Ed. pg. 257-258 Standard 5.6.0.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

First aid items do not have to be in kits, they can be anywhere at the facility. For this rule, Neosporin is considered a topical antiseptic.

- (4) The licensee shall submit to the Department a written emergency preparedness and disaster response plan for approval on a form provided by Child Care Licensing.**

Rationale / Explanation

The requirement for posting the relocation site address in a conspicuous location is so that, in the event of an emergency when the center has been evacuated, parents coming to the center will know where the children have been evacuated to.

Additional helpful (but not mandatory) emergency supplies could include blankets, a flashlight, and books, toys, or activities to occupy children.

Enforcement

Level 2 Noncompliance if there is no written emergency and disaster plan, but this has not resulted in injury to a child.

Level 3 Noncompliance otherwise.

Assessment

If at anytime changes are made to the emergency and disaster plan, the Owners/Directors must provide a copy of the updated plan to Child Care Licensing. Once the plan has been approved, Child Care Licensing will scan the plan into the database and send the approved plans to the facility.

Electronic copies of Emergency and Disaster plans are acceptable, however, these plans still must be documented each time the plan is reviewed and updated.

- (5) The provider shall ensure that the emergency and disaster plan is followed in the event of an emergency.**

Rationale / Explanation

This rule is closely tied to R381-100-8(5), which requires that either the center director or a designee with authority to act on behalf of the center director is present at the facility whenever the center is open for care. In an emergency situation, it is crucial that there be a clearly designated line of authority, and that the person in charge directs all staff to carry out the emergency plan as written and practiced. This cannot happen unless staff have regular training in the plan and practice in carrying it out.

Enforcement

Level 2 Noncompliance.

- (6) The provider shall review the emergency and disaster plan annually, and update it as needed. The provider shall note the date of reviews and updates to the plan on the plan.**

Rationale / Explanation

The purpose of this rule is to ensure that the information in the emergency and disaster plan is up-to-date, so that staff do not attempt to follow an out-of-date plan in the event of an emergency.

Enforcement

Always Level 3 Noncompliance.

- (7) The emergency and disaster plan shall be available for immediate review by staff, parents, and the Department during business hours.**

Enforcement

Always Level 3 Noncompliance.

- (8) The provider shall conduct fire evacuation drills monthly. Drills shall include complete exit of all children and staff from the building.**

Rationale / Explanation

It is easy for caregivers to panic in an emergency situation. The purpose of this rule is so that caregivers can practice any additional procedures that are needed for children who might need extra attention. If these procedures are not in place, caregivers are in danger of neglecting some children or paying too much attention to others while they are in charge of evacuating all children.

Furthermore, explicit attention to special needs children in practicing drills and in the evacuation plan itself is needed since there is such a wide variety of what might occur in the variety of emergencies. Some children are physically vulnerable. They may be in wheelchairs or rely on feeding tubes. Others have intellectual and/or emotional challenges such as autism. Any disruption in their routines can pose serious challenges. If a disaster strikes, these children are the most vulnerable, least able to protect themselves. Therefore, identification of the children with special needs; and the practice of evacuating them along with all the other children are both critical for adequate preparation. *Save the Children National Guidance, October 2012*

Enforcement

Level 1 Noncompliance if there were not any drills conducted for each of the previous 12 months and there is an actual fire in which children were not effectively evacuated.

Level 2 Noncompliance if 1 to 4 drills were conducted in the previous 12 months and there was not a fire. Level 3

Noncompliance otherwise.

Assessment

The center must hold a fire drill each month unless the center is closed for the whole month.

If the staff conduct an actual evacuation due to an emergency situation, this can count as a fire drill provided the required information is documented.

- (9) The provider shall document all fire drills, including:**
- (a) the date and time of the drill;**
 - (b) the number of children participating;**
 - (c) the name of the person supervising the drill;**
 - (d) the total time to complete the evacuation; and**
 - (e) any problems encountered.**

Enforcement

Always Level 3 Noncompliance.

Assessment

To be in compliance with this rule, providers must document all required information.

- (10) The provider shall conduct drills for disasters other than fires at least once every six months.**

Enforcement

Level 1 Noncompliance if two drills have not been conducted during the previous 12 months and there is an actual disaster in which children were not effectively evacuated.

Level 2 Noncompliance if two drills have not been conducted during the previous 12 months.

Assessment

If the center staff conduct an actual evacuation due to an emergency situation, this can count as a fire or disaster drill provided the required information is documented.

If a center is open six months of the year or less (for example, a ski resort), only one disaster drill is required.

- (11) The provider shall document all disaster drills, including:**
- (a) the type of disaster, such as earthquake, flood, prolonged power outage, tornado;**
 - (b) the date and time of the drill;**
 - (c) the number of children participating;**
 - (d) the name of the person supervising the drill; and**
 - (e) any problems encountered.**

Enforcement

Always Level 3 Noncompliance.

Assessment

To be in compliance with this rule, providers must document all required information.

If the form used has check boxes for the type of drill conducted the box does not have to be checked if the type of disaster is documented in another way.

- (12) The center shall vary the days and times on which fire and other disaster drills are held.**

Rationale / Explanation

The purpose of this rule is so that all staff and children, including part-time staff and children, have opportunities to practice the emergency drills and to ensure that drills are practiced during different routine times, such as meal times, nap times, etc.

Enforcement

Always Level 3 Noncompliance.

Assessment

In order for the day and time of the drills to be considered "varied", drills must be held on at least two different days of the week and two different times of the day.

R381-100-11: SUPERVISION AND RATIOS

Purpose

This section provides rules and information about supervision of the children in care and the number of required caregivers.

General Information

A child in care counts in both ratios and group size. All supervision and ratio rules apply to owners and employees' children under the age of 4.

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Caregivers are to regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location or a child wandered off when a door was open. Regular counting of children can alert the caregiver to a missing child. *CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1.*

An October 2005 legislative audit of the Child Care Licensing Program examined Utah's ratio rule specifically, and found that Utah's requirements are consistent with other states. The audit stated that Utah ratios are actually on the less restrictive end of the range used by states, and fall below the national standards for every age group. The audit concluded that Utah's rules are reasonable and justifiable.

The purpose of required caregiver to child ratios is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Low caregiver to child ratios are most critical for infants and toddlers. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. *CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2.*

A group with more than one caregiver may be temporarily out of ratio very briefly if a staff person needs to use the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.

At any inspection, if supervision of the children or ratios are found out of compliance, a finding will be issued.

- (1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.**

Enforcement

Level 1 Noncompliance except as listed below for Level 2.

Level 2 Noncompliance

- If a large room is completely separated into smaller classrooms (so that children and caregivers do not have an opening or an open gate through which they can move freely between the divided classrooms) and one of the divided rooms does not have a caregiver present or if school age only children are unsupervised.
- If a caregiver has to leave the children unsupervised to open the front door if the children are on the same floor and the room is in close proximity to the door.
- If there is an adjacent room with open doors or archways with a caregiver in one of the rooms.

Assessment

This rule is out of compliance if there is no qualified caregiver in the room with the children. This rule is not out of compliance if there is a qualified caregiver in the room but his or her back is turned to the children. Caregivers may send a school age child to do a brief errand out the classroom (for example, take something to the kitchen or office or to get a drink from an indoor drinking fountain).

If a classroom does not have a bathroom in or adjacent to it, children age 3 and older may be go to the bathroom by themselves, as long as the Licensee has and follows a written policy that includes the following:

- Only one child at a time from a classroom may be allowed to go to the bathroom by himself/herself. Another child cannot be allowed to leave to use the bathroom until the previous child has returned.
- To make sure each child returns in a reasonable amount of time, the classroom caregiver must track the time each child is gone to use the bathroom.
- Building exits must be effectively monitored to ensure that children sent to the bathroom do not leave the building.
- If the children use a bathroom that is shared by the public (for example a gym, rec center, park bathroom, etc.), information regarding the supervision of children while in the bathroom.

Video cameras and mirrors may be used to supervise napping children if:

- The non napping room is adjacent to the sleeping room.
- There is a staff member in the non sleeping area.
- Ratios are maintained.
- Cameras or mirrors are positioned so that every child can be seen.
- The staff member can see and hear each child.
- There is an open door and no blocking barriers, such as a gate.
- When awake, the children are moved to the non napping area.

Related children of owners and employees age 4 and older are not required to be supervised during the time the owner or employee is working at the facility. They do still count in square footage, capacity and group size.

A finding will not be issued when a child is in a play pen and providers can see and hear the child and are near enough to intervene when necessary. Remember that infants and toddlers cannot be confined in any piece of equipment for more than 30 minutes.

It is acceptable for providers to sit between two classrooms during nap time and supervise napping children age 18 months and older in each classroom. Ratios must be maintained.

If a blanket is draped over sleeping equipment and the child in the equipment cannot be seen without moving the blanket, a finding will be issued for lack of supervision.

A fenced play area, such as the one pictured is considered a piece of equipment. When the caregiver can reach the child in the fenced play area without opening the gate, consider the caregiver to be directly supervising the child. Infants and toddlers cannot be in this fenced play area for more than 30 minutes.



For children age 2 and older, when caregivers are positioned in an open doorway, opening, or archway between two rooms and can see and hear all the children in both rooms, the children will be considered as being supervised. Required ratios must be maintained.

(2) Caregivers shall actively supervise children on the playground to minimize the risk of injury to a child.

Rationale/ Explanation

Children like to test their skills and abilities. This is particularly true in outdoor playgrounds with playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. *CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1.*

Enforcement

Always Level 1 Noncompliance.

Assessment

Actively supervising children means the caregivers' attention is focused on the children at all times, and not on personal interests (such as visiting with other caregivers, talking on a cell phone, text messaging, reading, lesson planning and preparation, etc.) or non-caregiving duties. Caregivers are also to maintain awareness of the entire group even when interacting with small groups or individual children and position themselves so that all children playing on the playground are supervised.

If there are children on separate playgrounds and there is not an open gate between them, there must be a caregiver(s) in each of the play areas. Caregivers may not supervise children from outside of a fence.

Children age 3 and older may be allowed to leave the playground to use the bathroom by themselves, as long as the Licensee has and follows a written policy that includes the following:

- Only one child at a time from each group on the playground may be allowed to go to the bathroom by themselves. Another child cannot be allowed to leave to use the bathroom until the previous child has returned.
- The caregiver must track the time each child is gone to use the bathroom, to make sure each child returns in a reasonable amount of time.
- Building exits must be effectively monitored to ensure that children sent to the bathroom do not leave the building.
- If the children use a bathroom that is shared by the public (for example a gym, rec center, park bathroom, etc.), information regarding the supervision of children while in the bathroom.

When determining supervision of outdoor areas separated by fences:

- Consider it one area when the fence is 40 inches or less in height with an opening through which caregivers and children can move freely.
- Consider it two areas when the fence is more than 40 inches in height.
- Consider it two areas when the fence is 18 inches or higher and there is no opening.

(3) There shall be at least two caregivers with the children at all times when there are more than 8 children or more than 2 infants present.

Rationale/ Explanation

The purpose of this rule is so that there will be a second caregiver available to respond to emergencies if needed, while the other caregiver supervises the children. *CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2*

Enforcement

Level 1 Noncompliance if there are 2 or more infants or toddlers included in the group of more than 8 children, or if the group of children exceeds ratios.

Level 2 Noncompliance otherwise.

Assessment

If ratios are in compliance with one caregiver and there are not more than 2 infants/toddlers in the group of children, the second caregiver can be any place at the facility and does not have to be with the group of children.

When infants and/or toddlers are combined with older children, the room/area will be assessed as an infant/toddler classroom and must meet the requirements for an infant/toddler room. For example, it must have a diaper changing station [100-23(1)] and sinks [100-4(5)], it cannot be used as access to other areas [100-4(6)].

(4) The licensee shall maintain the minimum caregiver to child ratios and group sizes in Table 4 for single age groups of children.

Ages of Children	# of Caregivers	# of Children	Maximum Group Size
Birth – 23 months	1	4	8
2 years old	1	7	14
3 years old	1	12	24
4 years old	1	15	30
5 years old & school	1	20	40

Rationale/ Explanation

It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. *CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2.*

The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend the following maximum caregiver to child ratios and group sizes. *CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2*

These are not the Department Ratios Ratios Recommended by AAP and APHA		
Age of Children	Staff to Child Ratio	Maximum Group Size
Birth – 12 Months	1:3	6
13 Month – 30 Months	1:4	8
31 Months – 35 Months	1:5	10
3-Year of Age	1:7	14
4 Years – 5 Years	1:8	16
6 Years – 8 Years	1:10	20
9 Year – 12 Years	1:12	24

Enforcement

Level 1 Noncompliance If:

- Infant/toddler groups: over ratio or group size by any amount
- Twos: over ratio or group size by 2 or more children
- Threes & Fours: over ratio or group size by 4 or more children
- Fives & School Age: over ratio or group size by 6 or more children

Level 2 Noncompliance If:

- Twos: over ratio or group size by 1 child
- Threes & Fours: over ratio or group size by 3 children
- Fives & School Age: over ratio or group size by 4-5 children

Level 3 Noncompliance If:

- Threes & Fours: over ratio or group size by 1-2 children
- Fives & School Age: over ratio or group size by 1-3 children
- When there is enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios.

Assessment

A group with more than one caregiver may be temporarily out of ratio for brief periods of time if one caregiver leaves the room but remains in the center in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, helping a child in the bathroom, helping a child change soiled clothing, etc. (Examples of tasks **not** related to meeting the immediate needs of the children in the group include: doing laundry or other housekeeping duties, making personal phone calls, taking a work break, etc.) However, when this is done, Licensees must always remember that no caregiver under the age of 18 can ever be left alone with children, even for brief periods of time.

Preschoolers and school age children may temporarily be in groups that exceed maximum group sizes for outdoor play, meal times, nap times, or if there is a special activity such as a puppet show, provided the required staff to child ratios are maintained.

For circumstances beyond the provider's control, ratios (**not supervision**) may be temporarily exceeded for up to 45 minutes. Examples of circumstances beyond provider's control include:

- Staff members not arriving at their scheduled time.
- Children arriving earlier or departing later than their normal time without notifying the facility staff. If licensing staff arrive during the time ratios are out of compliance, the Licensing Specialist will:
- Wait for 45 minutes for the required staff member to arrive.
- If the staff member arrives within 45 minutes, a finding will not be issued but two Focus inspections will be conducted to confirm it was an unusual circumstance.
- If the staff member does not arrive within 45 minutes, a finding will be issued at the inspection and Follow-Up inspections will be conducted.

When following up on ratios, all classrooms and areas will be assessed, not just the classroom or areas that were found out of compliance.

Because the license is for the facility, not individual programs or activities, ratios must be maintained at all times. This includes activities at the center such as Parents' Night Out but does not include activities where parents of the children remain at the facility.

When a staff member is not being used to meet the required ratios and is caring for their own child, the staff member's child does not count in ratios, capacity or group size. The parent is the only person responsible for the care of their child.

A parent who is an employee can change diapers in the infant room as long as the parent is only caring for his/her own child and not helping care for other children. The capacity under two would not change because the infant would not be considered a child in care.

Because the license is for the entire facility, when owners live in a center and their home and the center are the same building, children in the living quarters must be supervised the same as children in other areas of the center. Caregiver's children under the age of 4 must be directly supervised.

- (5) **A center constructed prior to 1 January 2004 which has been licensed and operated as a child care center continuously since 1 January 2004 is exempt from maximum group size requirements, if the required caregiver to child ratios are maintained, and the required square footage for each classroom is maintained.**
- (6) **Mixed age groups shall meet the ratios and group sizes specified in Tables 5-15.**

Steps for using mixed ratio charts

1. Determine the ages of the children in the group.
2. Find the corresponding chart.
3. Calculate the number of children in the group.
4. Compare the number of children with the total number of children allowed with one caregiver.
5. If there are two caregivers needed, ensure that the group size is not exceeded.
6. Determine how many children of each individual age is in the group.
7. Confirm that the number of each age of children is within the allowed perimeters.
8. If any age is over the maximum children allowed with one caregiver, a second caregiver will be required.

Table 5 Older Toddlers and Two-year olds		
# Caregivers Required	Age	# Children Present
1	18-23 Mos.	1-3
	2	1-9
Total Children: up to 7		
2	18-23 Mos.	1-6
	2	1-13
Total Children: up to 14		

Table 6 Two-year-olds and Three-year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	3	1-9
Total Children: up to 10		
2	2	1-13
	3	1-19
Total Children: up to 20		

Table 7 Two-year-olds and Four-year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	4	1-10
Total Children: up to 11		
2	2	1-13
	4	1-21
Total Children: up to 22		

Table 8 Two-year-olds and Five to Twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	5-12	1-13
Total Children: up to 14		
2	2	1-13
	5-12	1-27
Total Children: up to 28		

Table 9 Three-year-olds and Four-year-olds		
# Caregivers Required	Age	# Children Present
1	3	1-11
	4	1-13
Total Children: up to 14		
2	3	1-23
	4	1-27
Total Children: up to 28		

Table 10 Three-year-olds and Five to Twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	3	1-11
	5-12	1-15
Total Children: up to 16		
2	3	1-23
	5-12	1-31
Total Children: up to 32		

Table 11 Four-year-old and Five to Twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	4	1-14
	5-12	1-17
Total Children: up to 18		
2	4	1-29
	5-12	1-35
Total Children: up to 36		

Table 12 Two-year-olds, Three-year-olds, and Four-year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	3	1-9
	4	1-9
Total Children: up to 11		
2	2	1-13
	3	1-20
	4	1-20
Total Children: up to 22		

Table 13 Two-year-olds, Three-year-olds, and Five to Twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	3	1-11
	5-12	1-11
Total Children: up to 13		
2	2	1-13
	3	1-24
	5-12	1-24
Total Children: up to 26		

Table 14 Two-year-olds, Four-year-olds, and Five to Twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	4	1-12
	5-12	1-12
	Total Children: up to 14	
2	2	1-13
	4	1-26
	5-12	1-26
Total Children: up to 28		

Table 15 Three-Year-Olds, Four-year-olds, and Five to Twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	3	1-11
	4	1-14
	5-12	1-14
Total Children: up to 16		
2	3	1-23
	4	1-30
	5-12	1-30
Total Children: up to 32		

Table 16 Two-year-olds, Three-year-olds, Four-year-olds, and Five to Twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	3	1-11
	4	1-11
	5-12	1-11
Total Children: up to 14		
2	2	1-13
	3	1-25
	4	1-25
	5-12	1-25
Total Children: up to 28		

Enforcement

Level 1 Noncompliance:

- Any group with infants or toddlers in it is over ratio or group size by any amount
- If the youngest child is age 2 and over ratio by 4 or more children
- If the youngest child is age 3 or older and over ratio by 5 or more children

Level 2 Noncompliance:

- If the youngest child is age 2 and over ratios by 3 children
- If the youngest child is age 3 or older and over by 4 children

Level 3 Noncompliance:

- If the youngest child is age 2 and over ratio by 1-2 children
- If the youngest child is age 3 or older and over ratio by 1-3 children

Assessment

When there are more than eight children in the group, the Licensing Specialist will:

1. Ask the ages of the children in the group.
2. Use tables 5-15 to determine how many caregivers are required.

When there are eight or fewer children in the group, the Licensing Specialist will:

1. Ask the ages of the children in the group.
2. Confirm there are 2 caregivers with the group if there are more than 2 infants or toddlers in the group. Findings for ratios are based on the number of children in care at the facility not on the number of enrolled children.

(7) Infants and toddlers may be included in mixed age groups only when 8 or fewer children are present in the group.

Rationale/ Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4

Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4

Assessment

If there are toddlers and twos in a group, the room where these children are cared for must be in compliance with requirements for a toddler room. For example, it must have a diaper changing station [100-23(1)] and sinks [100- 4(5)]; it cannot be used as access to other areas [100-4(6)].

This rule includes infants and toddlers who are children of center employees.

Infants and toddlers may be with older children for occasional special visitors and center programs but not for regularly scheduled activities.

Employees children age 4 and older do not count in ratios, but **do** count in the group size, capacity and square footage.

- (8) **If more than 2 infants or toddlers are included in a mixed age group, there shall be at least 2 caregivers with the group.**

Rationale/ Explanation

The purpose of this rule is so that there will be enough adults present to evacuate all children in the group, including infants and toddlers who must be carried, in the event of an emergency. *CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2*

Enforcement

Level 1 Noncompliance when there are more than four children in the group. Level

3 Noncompliance otherwise.

Assessment

Employees children age 4 and older do not count in ratios, but **do** count in the group size, capacity and square footage.

This rule is out of compliance only when there are 8 or fewer children present in the group and the group includes more than 2 infants or toddlers and there is only one caregiver in the room with the children. Two caregivers must be with groups of children with more than two infants and/or toddlers.

- (9) **During nap time the caregiver to child ratio may double for not more than two hours for children age 18 months and older, if the children are in a restful or non-active state, and if a means of communication is maintained with another caregiver who is on-site. The caregiver supervising the napping children must be able to contact the other on-site caregiver without having to leave children unattended in the napping area.**

Rationale/ Explanation

Napping children require less supervision than awake children. However, there must still be enough caregivers present and available, without leaving children unattended, to evacuate all children from the facility in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. *CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2, pgs. 64-66 Standard 2.2.0.1.*

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule applies only to nap times. For example, it does not apply to TV or movie times, or other less active times that are not nap times. If center staff have school age children nap as outlined in R381-100-18, then ratios in those school age rooms may be doubled during nap time. If center staff provide quiet time for homework, movies, etc., this is not considered to be a nap time and ratios cannot be doubled during these times.

If infants and toddlers are included in mixed age groups, the only time ratios can be doubled during nap time is if all the children are 18 months and older and there cannot be more than two infants and/or toddlers in groups with more than 8 children. The rule does not allow doubling the ratio for infants at any time.

As children begin to wake up from naps, if less than half the group is awake and engaged in a quiet activity, such as looking at a book, putting together a puzzle, drawing or coloring, or using play dough, a classroom can still have half of the required number of caregivers. However, once half or more of the children are awake and off their nap mats or cots, the classroom must meet the required non-nap time ratios. This applies only to the maximum two hour nap time period.

Employees children age 4 and older do not count in ratios, but **do** count in the group size.

(10) The children of the licensee or any employee, age four or older, are not counted in the caregiver to child ratios when the parent of the child is working at the center, but are counted in the maximum group size.

Rationale/ Explanation

This rule will be used to determine if a Licensee is in compliance with the rules on required capacity, caregiver to child ratios, and maximum group sizes.

Assessment

A child's parent is considered to be "working at the center" if they are on the clock at the center but have left to perform a work-related duty (for example, a bus run or buying center supplies) or if they are on a lunch or work break.

R381-100-12: INJURY PREVENTION

Purpose

This section provides rules and information about preventing and handling injuries to children in care.

General Information

A more comprehensive list of ways inaccessible items will be assessed can be found in section 2.

These rules apply to both the indoor and outdoor areas of the facility.

Storage containers that must be pulled out of or off of a shelf in order to assess its contents will be considered a drawer.

- (1) The provider shall ensure that the building, grounds, toys, and equipment are maintained and used in a safe manner to prevent injury to children.**

Rationale / Explanation

Proper maintenance is a key factor in trying to ensure a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. Regular maintenance checks and appropriate corrective actions documented in writing can reduce the risk of potential injury and provide a mechanism for periodic monitoring and improvements. *CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 259-260 Standard 5.7.0.2, pg. 260 Standard 5.7.0.4, pg. 277 Standard 6.2.5.1, pg. 375 Standard 9.2.6.3*

The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. Children's environments must also be protected from exposure to moisture, dust, and excessive temperatures. *CFOC, 3rd Ed. pg. 261 Standard 5.7.0.7*

The American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. *CFOC, 3rd Ed. pgs. 204-205 Standard 5.1.3.2.*

Constant direct supervision is also needed in order to ensure that even well-maintained equipment is not used in unsafe ways. *CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1*

Enforcement

Level 2 Noncompliance if melting wax, such as in a candle warmer, is accessible to children.

Assessment

Other than above, a finding to this rule is issued only when there is not another rule that specifically addresses an observed lack of safe maintenance or use of the building, grounds, toys, and equipment. The noncompliance level depends on what was observed.

For plug-in items, such as those made by Wallflowers, Glade and Scentsy, are only a finding if they are filled with melting wax.

Hot glue guns and irons may be used by school age children during supervised activities only.

- (2) The provider shall ensure that walkways are free of tripping hazards such as unsecured flooring or cords.**

Rationale / Explanation

The purpose of this rule is to prevent injuries to children from tripping and falling. *CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1*

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule does not prevent the use of throw rugs.

Cords in the outdoor play area will be assessed as tripping hazards only in the use zones of stationary play equipment.

- (3) Areas accessible to children shall be free of unstable heavy equipment, furniture, or other items that children could pull down on themselves.**

Rationale / Explanation

Children have suffered serious injuries and death due to unstable heavy equipment falling on them. The Consumer Product Safety Commission (CPSC) estimates that, between 2009 and 2011, 25,400 children had emergency department treated injuries from tip-overs and 44% of those tip-overs involved televisions and furniture. They also estimate that, between 2009 and 2011, there were 294 child fatalities from tip-overs and 62% of those involved televisions and furniture.

Enforcement

Always Level 2 Noncompliance.

Assessment

Licensing Specialists will assess items over four feet high that are both heavy and unstable that children could climb onto or could pull over. Furniture less than four feet high will only be assessed if there is something heavy enough to injure a child, such as a television, small refrigerator, or unstable stacks of cinder blocks.

- (4) The following items shall be inaccessible to children:**
- (a) firearms, ammunition, and other weapons on the premises. Firearms shall be stored separately from ammunition, in a cabinet or area that is locked with a key or combination lock, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law;**

Rationale / Explanation

The purpose of this rule is to prevent child injuries or deaths from firearms. Children have a natural curiosity about firearms and have often seen their use glamorized on television. Firearms pose a great potential for tragic accidents with children.

CFOC, 3rd Ed. pg. 257 Standard 5.5.0.8, pg. 363 Standard 9.2.3.16.

According to Think Progress, 10,000 kids are injured or killed by guns each year in the U.S.

<http://thinkprogress.org/health/2014/01/27/3206581/kids-gun-violence-killed-injuries>.

Every hour a child or teen is sent to the hospital with a gunshot wound, most of them accidental. The following is an informational news report about guns and gun safety: <http://abc.go.com/shows/2020/listing/2014-01/31-2020-131-young-guns-a-diane-sawyer-special#more>

Enforcement

Level 2 Noncompliance if a firearm with a trigger lock is accessible. Level

1 Noncompliance otherwise.

Assessment

Firearms include guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns.

Firearms must be stored separately from ammunition, in a cabinet or area that is locked with a key, combination, or finger print lock. Use of a trigger lock is **not** an acceptable alternative to storing firearms in a locked cabinet or area.

Ammunition may be stored in the same cabinet or area as the firearm but not in the chamber of the firearm or in the firearm at all.

A weapon is defined as an item for which the intended use can cause harm or death to people or animals. Paintball guns, BB guns, Airsoft guns, stun guns, sling shots, arrows, and mace are some examples of weapons, and must be inaccessible to children in care.

(4) The following items shall be inaccessible to children:

- (b) tobacco, e-cigarettes, e-juice, e-liquids, alcohol, illegal substances, and sexually explicit material;**

Rationale / Explanation

The age, defenselessness, and lack of mature judgement of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement in child care programs. *CFOC, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. *CFOC, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

Enforcement

Level 1 Noncompliance if children have access to tobacco, alcohol, or illegal substances Level 2

Noncompliance otherwise.

Assessment

Unsmoked cigarettes, cigarette butts, electronic cigarettes, E-liquid, E-juice, E-cigarettes, electronic cigarets, vapor cigarets and chewing tobacco must be inaccessible because they contain harmful substances.

- (4) The following items shall be inaccessible to children:**
(c) when in use, portable space heaters, fireplaces, and wood burning stoves;

Rationale / Explanation

Portable space heaters, fireplaces, and wood burning stoves are all hot enough to burn children when in use. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. *CFOC, 3rd Ed. pgs. 215-216 Standards 5.2.1.11, 5.2.1.12, 5.2.1.13*

Enforcement

Level 1 Noncompliance for accessible wood burning stoves or fireplaces. Level

2 Noncompliance for accessible portable space heaters.

Assessment

Patio heaters are considered portable space heaters and must be inaccessible to children in care.

A space heater is any heater that can be moved and is not permanently installed into the wall. This includes space heaters that are manufactured to look like fireplaces. When being used while children are in care, they must be made inaccessible.

While children are in care, if an infrared fireplace is used it must be made inaccessible.

- (4) The following items shall be inaccessible to children:**
(d) toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials;

Rationale / Explanation

All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many non-house fire flash burn admissions to burn units. *CFOC, 3rd Ed. pgs. 226-229 Standards 5.2.8.1, 5.2.9.1, pgs. 234-235 Standard 5.2.9.11, pg. 256 Standard 5.5.0.5*

Enforcement

Level 2 Noncompliance if any of the following are accessible to children:

ammonia	insecticide	paint thinner
anti-freeze	insect repellent	rubbing alcohol
bleach (undiluted)	iodine	rubber cement
Tiki Torch Fuel	jewelry cleaner	silicone spray
corroded batteries	kerosene	solvents containing acetone
drain cleaners	laundry pods	spray paint
energy shots, such as 5 Hours Energy	liquid correction fluids, such as Wite Out	super glue
fertilizer with weed killer	linseed oil	tile grout sealer
florescent light tubes	lighter fluid	turpentine
gasoline	model glue	vinyl adhesive remover
gunpowder	nail glue	water sealant
gun solvent	nail polish remover	WD-40
hydrocarbons, such as De-Solv-It	pesticide	weed killer
laundry detergent pods		windshield washer fluid

Level 3 Noncompliance if household cleaners are accessible to children.

Household cleaners include:

green products	sanitizers, such as bleach water	motor oil
fish bowl/tank cleaners	multi purpose cleaners, such as Armor All Multi Purpose Cleaner	

Assessment

The following items are **not** considered toxic or hazards chemicals (this is not an all inclusive list):

blue toilet water	firework snaps	rinsing agents
charcoal that is treated with lighter fluid	florescent light bulbs	shaving cream
cleanser (including liquid cleansers, and cleansers with bleach)	GOJO products	silica gel packets
disinfecting or sanitizing wipes, such as Clorox Wipes	ice melt or rock salt	spackling
energy drinks	laundry detergent	stucco
essential oils	liquid bandage products	white board cleaner
Fast Orange hand cleaner	plant fertilizer, such as Schultz Root Stimulator	witch hazel
Febreze products	propane	wood pellets

A finding will not be issued if items are accessible to children that have the warning to “keep out of the reach of children” and they are not on the lists above. However, the Licensing Specialist will get the product information and research will be completed to see if it should be added to either of the lists.

School age children may use spray paint in a supervised art activity, but spray paint must be stored inaccessible. For rooms used only by school age children a finding will not be issued for accessible cleaners and sanitizers. If a child is harmed after accessing cleaners and/or sanitizers, a lack of supervision finding will be issued.

Sanitizing solutions accessible to a child on a changing table will not be considered out of compliance as long as it is inaccessible to all children not being changed.

(4) The following items shall be inaccessible to children:
(e) poisonous plants;

[Rationale / Explanation](#)

Plants are among the most common household substances that children ingest. Poisonous plants can also cause skin rashes. *CFOC, 3rd Ed. pg. 234 Standard 5.2.9.10*

See CFOC, 3rd Ed. pgs. 470-471, Appendix Y for a list of safe and poisonous plants.

[Enforcement](#)

Level 2 Noncompliance if there are accessible poisonous plants in rooms with mobile infants or toddlers. Level

3 Noncompliance otherwise.

[Assessment](#)

Poisonous plants include:

castor bean	oleander	stinging nettle
jimson weed	poison ivy	toadstools
mushrooms	poison oak	

Chestnuts are not considered a poisonous plant.

(4) The following items shall be inaccessible to children:
(f) matches or cigarette lighters;

[Rationale / Explanation](#)

Accidental fires are often started by children playing with matches and cigarette lighters. *CFOC, 3rd Ed. pg. 256 Standard 5.5.0.6*

Enforcement

Always Level 2 Noncompliance.

(4) The following items shall be inaccessible to children:

(g) open flames;

Rationale / Explanation

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle. *CFOC, 3rd Ed. pg. 256 Standard 5.5.0.6*

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule does not prevent a caregiver from having a birthday cake or cupcakes with candles, provided there is constant direct supervision of the lit candles until they are blown out.

(4) The following items shall be inaccessible to children:

(h) sharp objects, edges, corners, or points which could cut or puncture skin;

Rationale / Explanation

The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. *CFOC, 3rd E. pgs. 237-238 Standard 5.3.1.2, pgs. 284-285 Standard 6.4.1.2*

Enforcement

Always Level 2 Noncompliance.

Assessment

The following are example that **will** be considered sharp objects, edges, or points:

antlers, sharp enough to puncture skin	hypodermic needles	sharp knives, even those in sheaths or butcher blocks
box cutters	running fan with guards spaced greater than 5/16 inch	syringes and lancets
cactus	paper cutters and trimmers	thumb tacks or pins on the floor
dog clippers	razors, razor blades, razor heads	
fish hooks	sewing needles on the floor	

In rooms used for school age children only, this rule also does not include adult scissors or sewing needles.

Child scissors are defined as scissors that have a blunt edge and are not more than 6" in length and can be accessible to children.

This rule is not meant to prohibit preschoolers from engaging in supervised woodworking activities.

Two-pronged cubicle clips that are accessible to children shall be treated the same as tacks and pins, and are a finding only if they are on the floor.

The following **will not** be consider sharp objects, edges, or points:

antlers, unless they are broken and have a sharp edge	metal claw hammers	staples and staple guns
apple corer/slicer	metal skewers	staplers
Christmas Cactus	paper shredder	Staple removers
cheese graters	potato peelers	tape dispenser
decorative scrap book scissors	pumpkin carving utensils	toothpicks
hammers	screw drivers	

(4) The following items shall be inaccessible to children:

- (i) for children age 4 and under, ropes, cords, wires and chains long enough to encircle a child's neck, such as those found on window blinds or drapery cords;**

Rationale / Explanation

Window covering cords are frequently associated with strangulation of children under five years of age. Cords and ribbons tied to pacifiers can become tightly twisted, or can catch on crib corner posts or other protrusions, causing strangulation. *CFOC, 3rd Ed. pg. 129 Standard 3.4.6.1.*

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule is not meant to prohibit children from engaging in activities with any of the following: lacing cards; stringing beads; yarn; ribbon; boondoggle; scarves; string; shoelaces; jump ropes; or dress-up clothing, purses, and jewelry.

A window blind or drapery cord that is doubled, creating a loop, will be considered inaccessible to children under age 3 if it is hanging higher than 36 inches and inaccessible to 3 and 4 year old children if it is hanging higher than 48 inches. A window blind or drapery cord that is not doubled, will be considered inaccessible to children under age 3 if less than 12 inches is hanging below 36 inches and inaccessible to 3 and 4 year old children if less than 12 inches is hanging below 48 inches.

Pacifier cords longer than 12 inches must be inaccessible to children. Strings longer than 12 inches on mobiles over cribs are strangulation hazards.

Nylon straps that are used with group feeding tables or highchairs are not out of compliance with this rule.

Noncompliance findings will be issued for ropes, cords, chains, or wires that are longer than 12 inches and can make a loop 5 inches or greater in diameter anywhere on a piece of playground equipment and attached to secure objects.

Loose jump ropes, ropes, cords, chains suspending swings or tether balls will not be considered out of compliance with this rule.

Lanyards and necklaces can be used by children in care.

(4) The following items shall be inaccessible to children:

- (j) for children age 4 and under, plastic bags large enough for a child's head to fit inside, latex gloves, and balloons; and**

Rationale / Explanation

Plastic bags pose a suffocation risk for children. Rubber balloons and latex gloves can cause choking if children accidentally swallow them, or bite off parts of them and swallow them. *CFOC, 3rd Ed. pg. 257 Standard 5.5.0.7, pgs. 284-285 Standards 6.4.1.2, 6.4.1.5.*

Enforcement

Level 1 Noncompliance if a child is observed playing with an empty plastic bag large enough for a child's head to fit inside, latex gloves, or balloons.

Level 3 Noncompliance otherwise.

Assessment

As long as children are directly supervised, providers may use plastic grocery bags for activities, such as making kites.

This rule applies to:

empty, loose plastic bags	latex balloons in or out of bags	latex or rubber balloons whether or not inflated
empty plastic bags gallon size or larger	latex balloons, even if the children are being directly supervised	punch balloons

This rule does **not** apply to:

latex gloves in a box	Mylar balloons	punch balls made of thick latex
latex gloves in a closed first aid kit.	plastic bags stored in any closed container	unused plastic bags on a roll or in a box
latex gloves on a changing table, if they are only within reach of the child on the changing table	plastic bags with something in them	
multiple use latex gloves	plastic trash can liners inside of a trash can	

(4) The following items shall be inaccessible to children:

- (k) for children age 2 and under, toys or other items with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches, or objects with removable parts that have a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches

Rationale / Explanation

These items pose a choking hazard for small children. *CFOC, 3rd Ed. pgs. 284-285 Standard 6.4.1.2.*

Enforcement

Always Level 2 Noncompliance.

Assessment

Small item will be assessed by using a choke tube tester. It is a choking hazard only when it fits entirely in the choke tube and is accessible to children age 2 and under. Rooms will only be assessed for choking hazards when there are children age 2 and under in the room and there are items visible and accessible to the children. Visible means you can touch the item without opening a cabinet, drawer, container lid, etc.

Infants and toddlers can have access to crayons and chalk that are **not** choking hazards. They can use crayons and chalk that are choking hazards with constant, direct supervision by a caregiver.

This rule does **not** apply to:

- two-year-olds having access to crayons or chalk regardless of their size
- items 1/2" in diameter or smaller, such as
 - rice
 - beans
 - small macaroni
 - small beads
 - sequins
 - single small Lite-Brite pegs
 - small craft eyes
- rubber bands
- Potpourri
- bobby pins
- feathers
- small pieces of food served to children, except as specified in 100-24(5) for infants and toddlers
- fabric, including felt
- Tootsie Rolls
- stud earrings

Consider the following as choking hazards when they fit in the choke tube, are accessible, visible, and there are children age 2 and under in the room at the time of the inspection:

- loose caps from markers
- any piece or part of a toy that is intended to be played with in pieces or parts (such as puzzle pieces **and Legos**).
- pony tail holders with decorative items that fit in the choke tube
- hardened pieces of dry play dough
- hard food, such as hard tack candy, nuts, uncooked large beans and large pasta
- Christmas decorations

If children age two and under are in a carefully supervised activity, such as an art activity with a caregiver sitting at the art table with them, they may use art materials smaller than the allowed size, such as cotton balls, large macaroni, or craft eyes larger than ½ inch in diameter. However, these items may not be accessible to these children unless a caregiver is at the table with the children supervising their use of these items.

This rule does not prohibit children age 3 and older from engaging in activities or games that have small pieces, as long as these items are not left on the floor with children age 2 and under in the room, or left out on a surface under 36" high, where children age 2 and under could pick them up without opening a drawer, cupboard, lid, or closet.

(5) The provider shall store all toxic or hazardous chemicals in a container labeled with its contents.

Rationale / Explanation

The purpose of this rule is so that a toxic or hazardous chemical is not mistaken for a harmless material. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. CFOC, 3rd Ed. pgs. 228-229 Standard 5.2.9.1

Enforcement

Always Level 2 Noncompliance.

Assessment

Toxic or hazardous chemicals include sanitizing solutions.

Cleaning buckets that contain chemicals and will be dumped after the cleaning is finished do not have to be labeled with their contents.

Buckets used to store cleaners must be labeled with the name of the cleaner.

Providers may store home-made cleaning solutions that have the exact same ingredients as store-bought cleaners in the containers of the store-bought cleaner. For example, providers may make a cleaning solution of bleach and water and store it in a Clorox Anywhere Hard Surface cleaner container.

This rule will be in compliance if toxic chemicals are in containers with a general label, such as “sanitizer” or “window cleaner”.

No matter what is actually in the container, if the container is labeled as a toxic chemical a finding will be issued.

(6) Electrical outlets and surge protectors accessible to children age four and younger shall have protective caps or safety devices when not in use.

Rationale / Explanation

Preventing children from placing fingers or sticking objects into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. The combination of electricity and mouth moisture closes the electrical circuit, and can lead to serious life-long injuries. CFOC, 3rd Ed. pgs. 219-220 Standard 5.2.4.2.

Enforcement

Always Level 2 Noncompliance.

Assessment

In rooms/areas for children under age 3, accessible outlets include any outlet within 36" of a surface a child in care sleeps on, and any outlet within 36" from any surface in a bathroom a child in care could climb on, such as a bathtub, toilet or counter. In rooms/areas for children ages 3 and 4, accessible outlets include any outlet within 48" of a surface a child in care sleeps on, and any outlet within 48" from any surface in a bathroom a child in care could climb on, such as a bathtub, toilet or counter.

A tamper resistant outlet is considered to be a safety device. The outlet must be marked with "TR" or the words "tamper resistant". A grounded outlet is an outlet that has holes for three prongs. Grounded outlets still need safety covers, unless they are also tamper resistant.

GFCI Protected Outlets do not protect against electrical shock so they are out of compliance if not covered.

Grounding holes are not required to be covered or protected.

When an item plugs into an outlet cover and covers the whole opening (both plugs), such as a doorbell box or deodorizer, the unused outlet will be considered covered.

All unused plugs in surge protectors that are plugged in must be covered. Some surge protectors pose a fire hazard if covered with individual plugs. There are covers that encase the entire surge protector that may be more safe to use.

(7) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.

Rationale / Explanation

Tap water burns are the leading cause of nonfatal burns, and children under 5 years of age are the most frequent victims. Water heated to 130 degrees Fahrenheit takes only 30 seconds to burn the skin. Water heated to 120 degrees takes 2 minutes to burn the skin. CFOC, 3rd Ed. pg. 216 Standard 5.2.1.14

Enforcement

This rule refers to water in sinks used by children.

Level 2 Noncompliance if the hot water temperature is 128 degrees or higher. Level 3 Noncompliance if the temperature is between 123 and 127.9 degrees.

Assessment

Due to the variable accuracy of hot water thermometers, this rule is not considered out of compliance unless the temperature measures 123 degrees or hotter.

The Licensing Specialist will hold the thermometer in the running water until the temperature stops rising.

Hand washing sinks used by children will be assessed for temperature. If there is more than one water heater, the water temperature will be assessed at one hand washing sink hooked up to each hot water heater. If mixing valves are used, the temperature will be assessed at each separate sink using the valve.

(8) High chairs shall have T-shaped safety straps or devices that are used whenever a child is in the chair.

Rationale / Explanation

The purpose of this rule is to prevent children from sliding out of a high chair and falling to the ground, or sliding partway out and becoming entrapped, which poses a strangulation hazard. *CFOC, 3rd Ed. pgs. 241-242*

Enforcement

Level 1 Noncompliance if the high chair is used by infants or toddlers. Level 2

Noncompliance otherwise.

Assessment

If the chair is low enough to the ground that the child's feet can touch the ground while sitting in the chair, a T-shaped strap or other device is not required.

Booster seats with a tray attached are considered a highchair.

(9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. *CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2*

See the last page of this document for examples of the kinds of equipment that do and do not require cushioning under Subsections (9)(a)-(b) and (10)(a)-(b) of this rule.

Enforcement

Level 1 Noncompliance if indoor play equipment exceeds the allowed height and does not have the required cushioning.

Level 2 Noncompliance if indoor play equipment exceeds the allowed height but has the required cushioning.

Assessment

This rule only applies to stationary gross motor play equipment, such as a climber, slide, swing (not an infant swing), merry-go-round, or spring rocker.

A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.

If an inflatable bounce house is used by children in care, there must be compliance for applicable rules for stationary play equipment.

The following items will not be assessed as indoor stationary play equipment:

- slides that exit into swimming pools
- carpeted ramps
- tunnels that sit directly on the floor and do not have at least a 2" by 2" flat surface on the top

Rubber tire jumping devices will not be assessed as a trampoline but will be assessed as a piece of stationary play equipment.

(9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.

(a) If such equipment has an elevated designated play surface less than 18 inches in height, it shall not be placed on a hard surface, such as wood, tile, linoleum, or concrete, and shall have a three foot use zone.

Rationale / Explanation

There are several different types of ASTM compliant cushioning that can be used under indoor play equipment. These include certain mats, carpeting, and unitary cushioning materials. For examples of possible ASTM compliant indoor cushioning materials, see:

- <http://www.safelandings.com>
- <http://www.surfaceplay.com>
- http://www.daycaremall.com/softplay_3.html

Enforcement

Level 1 Noncompliance if the equipment is on a hard surface.

Level 2 Noncompliance otherwise.

Assessment

This rule does not apply to equipment that is 6" or less from the floor, such as low balance beams.

A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.

The use zone is measured from the outermost point of the equipment.

Mats that are part of the equipment are considered cushioning and part of the use zone.

When the elevated designated play surface of a waterfall climber is less than 18 inches in height, the bottom layer is counted as part of the equipment and the use zone is measured from the bottom of the equipment.

When equipment has a piece in it that children are clearly meant to climb over, it will be assessed as stationary play equipment. If it is a completely enclosed pit it will not be assessed as a piece of stationary play equipment.

No use zone is required for the back piece of equipment if it is flush against the wall. The sides and the front of the equipment need a three foot use zone.

If the elevated designated play surface of a waterfall climber is less than 18 inches in height, the measurement will be taken from the bottom of the equipment.

Pillows are allowed to be in the use zone of stationary play equipment but will not be assessed as part of the actual cushioning.

If a piece of equipment is stored in a place other than where it is used by children, the caregiver will be asked to place the equipment where it is when used by children so it can be assessed for an adequate use zone.

When loose toys, such as balls or blocks, are in the use zone the item will not be marked as out of compliance.

Measurements for use zones will be from out most surfaces of the equipment and measured in all directions around and above the equipment.

(9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.

(b) If such equipment has an elevated designated play surface that is 18 inches to 3 feet in height, it shall be surrounded by mats at least 2 inches thick, or cushioning that meets ASTM Standard F1292, in a three foot use zone.

Enforcement

Level 1 Noncompliance if the equipment is on a hard surface such as wood, tile, linoleum, or concrete. Level 2

Noncompliance otherwise.

Assessment

This rule does not apply to equipment that is 6" or less from the floor, such as low balance beams.

A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.

Mats that are part of the equipment are considered cushioning and part of the use zone.

If an inflatable bounce house is used by children in care, there must be compliance for applicable rules for stationary play equipment.

A rocking horse that is over 18" high, such as a spring rocker, needs a use zone and cushioning. If a rocking horse is less than 18" high, it does not need a use zone or cushioning.

When loose toys, such as balls or blocks, are in the use zone the item will not be marked as out of compliance.

(10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. *CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2*

Enforcement

Level 1 Noncompliance if indoor play equipment exceeds the allowed height and does not have the required cushioning.

Level 2 Noncompliance if indoor play equipment exceeds the allowed height but has the required cushioning.

Assessment

This rule only applies to stationary gross motor play equipment, such as a climber, slide, swing, merry-go-round, or spring rocker.

A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.

If an inflatable bounce house is used by children in care, there must be compliance for applicable rules for stationary play equipment.

The following items will not be assessed as indoor stationary play equipment:

- slides that exit into swimming pools
- carpeted ramps
- tunnels that sit directly on the floor and do not have at least a 2" by 2" flat surface on the top

When loose toys, such as balls or blocks, are in the use zone the item will not be marked as out of compliance. Rubber tire jumping devices will not be assessed as a trampoline but will be assessed as a piece of stationary play equipment.

(10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.

- (a) If such equipment has an elevated designated play surface less than 3 feet in height, it shall be surrounded by protective cushioning material, such as mats at least 1 inch thick, in a six foot use zone.**

Rationale / Explanation

There are several different types of ASTM compliant cushioning that can be used under indoor play equipment. These include certain mats, carpeting, and unitary cushioning materials. For examples of possible ASTM compliant indoor cushioning materials, see:

- <http://www.safelandings.com>
- <http://www.surfaceplay.com>
- http://www.daycaremall.com/softplay_3.html

Enforcement

Level 1 Noncompliance if the equipment is on a hard surface.

Level 2 Noncompliance otherwise.

Assessment

This rule does not apply to equipment that is 6" or less from the floor, such as low balance beams.

A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.

The cushioning must be in the entire use zone. The use zone will be measured from the furthest perimeter of the equipment.

(10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.

(b) If such equipment has an elevated designated play surface that is 3 feet to 5-1/2 feet in height, it shall be surrounded by cushioning that meets ASTM Standard F1292, in a six foot use zone.

Enforcement

Level 1 Noncompliance if the equipment is on a hard surface.

Level 2 Noncompliance otherwise.

(11) There shall be no trampolines on the premises that are accessible to any child in care.

Rationale / Explanation

Trampolines pose serious safety hazards. The Consumer Product Safety Commission estimates that in 1998 there were 95,000 hospital emergency room-treated injuries associated with trampolines. About 75% of the victims are under 15 years of age, and 10% are under five years of age. The hazards that result in injuries and deaths are:

- falling or jumping off the trampoline.
- falling on the trampoline springs or frame.
- colliding with another person on the trampoline.
- landing improperly while jumping or doing stunts on the trampoline.

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule includes full size above-ground trampolines, built into the ground trampolines, and mini-trampolines.

(12) If there is a swimming pool on the premises that is not emptied after each use:

(a) the provider shall ensure that the pool is enclosed within a fence or other solid barrier at least six feet high that is kept locked whenever the pool is not in use;

Rationale / Explanation

The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. *CFOC, 3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4*

Enforcement

Always Level 1 Noncompliance.

Assessment

For a swimming pool fence to be considered locked, it must have a key or combination lock.

(12) If there is a swimming pool on the premises that is not emptied after each use:

(a) the provider shall maintain the pool in a safe manner;

Assessment

A finding to this rule is issued only when there is not another licensing rule that addresses a problem. The noncompliance level depends on the problem. Child Care Licensing staff will compare the seriousness of the problem with the noncompliance levels of the most similar child care licensing rules.

(12) If there is a swimming pool on the premises that is not emptied after each use:

(a) the provider shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool; and

Rationale / Explanation

This rule is intended to address problems which are not already addressed in other child care licensing rules, but which involve the violation of a federal, state, or local law or administrative rule of another agency that applies to the operation of a child care facility.

Enforcement

Always Level 3 Noncompliance.

(12) If there is a swimming pool on the premises that is not emptied after each use:

(b) If the pool is over four feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the licensee can demonstrate to the Department to be equivalent to Red Cross certification, any time children have access to the pool.

Enforcement

Level 1 Noncompliance when there is no certified life guard.

Level 3 Noncompliance when there is a certified life guard but documentation of the certification is not available for review.

Assessment

Documentation of life guard certification must be available for review.

(13) If wading pools are used:

(a) a caregiver must be at the pool supervising children whenever there is water in the pool;

[Rationale / Explanation](#)

The purpose of this rule is to prevent drowning. Small children can drown within 30 seconds in as little as 2 inches of water. *CFOC, 3rd Ed. pgs. 68-29 Standard 2.2.0.4, pg. 283 Standard 6.3.5.3*

The provider should check with their local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-100-8(2) requires providers to comply with local laws and rules such as these.

[Enforcement](#)

Always Level 1 Noncompliance.

[Assessment](#)

Supervising at the pool means that a caregiver is close enough to see the entire bottom of the pool.

Wading pools are pools that hold shallow water and are not meant to swim in. These rules apply to all wading pools.

(13) If wading pools are used:

(a) diapered children must wear swim diapers and rubber pants while in the pool; and

[Rationale / Explanation](#)

The purpose of this rule is to minimize the risk of spreading cryptosporidiosis, a diarrheal disease caused by a microscopic parasite. Utah Department of Health rule requires any child under three years old, any child not toilet trained, and anyone who lacks control of defecation shall wear a water resistant swim diaper and waterproof swimwear. Swim diapers and waterproof swimwear shall have waist and leg openings fitted such that they are in contact with the waist or leg around the entire circumference (R392-302-30).

The licensee should check with their local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-100-8(2) requires providers to comply with local laws and rules such as these.

[Enforcement](#)

Always Level 2 Noncompliance.

(13) If wading pools are used:

(a) the pool shall be emptied and sanitized after each use by a separate group of children.

[Rationale / Explanation](#)

The purpose of this rule is to minimize the risk of spreading disease through shared wading pool water. *CFOC, 3rd Ed. pg. 283 Standard 6.3.5.3*

[Enforcement](#)

Always Level 2 Noncompliance.

Examples of equipment that **does** require cushioning and use zone under Subsections (9)(a)-(b) and (10)(a)-(b) of this rule.



Examples of equipment that **does not** require cushioning and use zone under Subsections (9)(a)-(b) and (10)(a)-(b) of this rule.



R381-100- 13: PARENT NOTIFICATION AND CHILD SECURITY

Purpose

This section provides rules and information about what needs to be communicate to parents regarding their children. It also provides information on how to keep children secure while they are in care.

- (1) The provider shall post a copy of the Department's child care guide in the center for parents' review during business hours.**

Rationale / Explanation

The purpose of this rule is to inform parents of the existence of child care licensing regulations, and how they can contact the Department if they have a complaint regarding a licensing violation in a regulated child care facility. *CFOC, 3rd Ed. pgs. 380-381 Standard 9.4.1.6*

Enforcement

Always Level 3 Noncompliance.

Assessment

The entire Department's child care guide (not just one side of it) must be posted to be in compliance with this rule. It must also be posted in an area parents can review as they come and go.

- (2) Parents shall have access to the center and their child's classroom at all times their child is in care.**

Rationale / Explanation

Allowing parents unrestricted access to the center and their child's classroom at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. *CFOC, 3rd Ed. pg. 78 Standard 2.3.1.2, pgs. 380-381 Standard 9.4.1.6*

Enforcement

Always Level 3 Noncompliance.

Assessment

If a center's door is locked for security reasons and parents must ring a doorbell for someone inside to come and let them in, there must always be someone at the front desk or in the entry area to immediately let parents into the center. The Licensee is not in compliance with this rule if there are periods of time when the front desk or entry area is not staffed and parents have to wait for someone to come and let them into the center.

The Licensee is in compliance with this rule if the center is locked with a coded key pay and parents have the code.

- (3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:**
 - (a) Each child must be signed in and out of the center, including the date and time the child arrives or leaves.**

Rationale / Explanation

Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the center at any given time, and how many caregivers are needed. *CFOC, 3rd Ed. pgs. 372-373 Standard 9.2.4.10*

Enforcement

Level 1 Noncompliance if there is no sign-in or sign-out procedure. Level 3

Noncompliance otherwise.

Assessment

An electronic computer system which uses an identification code to sign children in and out meet the intent of this rule.

(3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:

- (b) Persons signing children into the center shall use identifiers, such as a signature, initials, or electronic code.**
- (c) Persons signing children out of the center shall use identifiers, such as a signature, initials, or electronic code, and shall have photo identification if they are unknown to the provider.**

Rationale / Explanation

Proper departure procedures and identification are necessary to prevent unauthorized individuals from taking a child from the center. *CFOC, 3rd Ed. pgs. 371-372 Standards 9.2.4.8, 9.2.4.9*

Enforcement

Level 1 Noncompliance if failure to follow these procedures results in:

- a lost child
- a child being left on an off-site activity
- a child being left unattended in a vehicle
- a child being left at the center after it closes
- harm to a child

Level 2 Noncompliance otherwise.

Assessment

There is no age requirement for the person picking up a child in care. The only requirement is that the person picking up a child has written authorization from the parent and has a photo ID if they are unknown to the provider.

(3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:

- (d) Only parents or persons with written authorization from the parent may take any child from the center. In an emergency, the provider may accept verbal authorization if the provider can confirm the identity of the person giving the verbal authorization and the identity of the person picking up the child.**

Enforcement

Level 1 Noncompliance if an unauthorized person is allowed to take a child from the center and the parent does not give approval after the fact.

Level 3 Noncompliance if an unauthorized person took a child and the parent gave approval after the fact.

- (3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:**
- (e) School age children may sign themselves in and out of the center with written permission from their parent.**

Enforcement

Always Level 3 Noncompliance.

- (4) The provider shall give parents a written report of every incident, accident, or injury involving their child on the day of occurrence. The caregivers involved, the center director, and the person picking the child up shall sign the report on the day of occurrence. If a school age child signs himself or herself out of the center, a copy of the report shall be sent to the parent on the day following the occurrence.**

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without an injury report, parents may not know to watch their child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall, but may actually have a concussion. Incident reports can also allow providers to recognize Injury patterns and possible abuse to a child. *CFOC, 3rd Ed. pg. 382 Standard 9.4.1.9*

Enforcement

Always Level 3 Noncompliance.

Assessment

The following are examples of incidents for which an incident, accident, or injury report **must** be completed:

- any injury that requires medical treatment (a copy must also be submitted to licensing).
- two children fighting such that one needs medical treatment (incident reports should be completed for both children).
- any bites that break the skin, or one child being bitten frequently or biting frequently.
- any abuse or inappropriate touching that happens in the child care, even when the perpetrator is a child.
- forgetting to pick up a child from school.
- a child escaping or leaving the premises without a provider.

If the person picking up a child refuses to sign or take the incident report, Licensees will not be found out of compliance with this rule, provided they can demonstrate that they have an effective process in place to get same- day signatures on reports and have made a good faith effort to follow that process.

If the parent does not pick up the child (for example, if the provider dropped the child off at school and the parent picked the child up at school) or if there is a serious injury that requires the parent to take his/her child to a health care provider, the provider may get the parent signature and give the parent a copy of the report the next time the parent is at the center.

If the parent does not bring the child back for care, the provider may write on the report “child is no longer enrolled and/or the parent refused to sign.”

If the director is also the caregiver who witnessed the incident or accident, on the form s/he can sign for both the caregiver and the director.

Written incident/injury reports are not required if the incident/injury occurred before the child was signed in or after the child was signed out.

(5) If a child is injured and the injury appears serious but not life threatening, the provider shall contact the parent immediately, in addition to giving the parent a written report of the injury.

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed of and can make decisions regarding the care of their child after a serious injury.

Enforcement

Level 1 Noncompliance if the parent is not notified.

Level 3 Noncompliance if the parent is not notified immediately.

(6) In the case of a life threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb, the provider shall contact emergency personnel immediately, before contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, the provider shall attempt to contact the child's emergency contact person.

Rationale / Explanation

A delay in contacting emergency personnel in the case of a life threatening injury could result in permanent disability or death. This is why emergency personnel must be contacted before anyone else when a child has a potentially life threatening injury. *CFOC, 3rd Ed. pg. 458 Appendix P.*

Enforcement

Always Level 1 Noncompliance.

R381-100- 14: CHILD HEALTH

Purpose

This section provides rules and information about the health of the children in care.

General Information

Child Protective Services (DCFS) requires that suspected child abuse be reported by calling the hotline, 1-855-323-3237.

(1) The licensee shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

Rationale/Explanation

Serious physical abuse of children by caregivers usually occurs at times of high stress for the caregiver. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they are stressed. *CFOC, 3rd Ed. pgs. 41-43 Standard 1.7.0.5*

The presence of multiple caregivers also greatly reduces the risk of serious abuse to children. Abuse tends to occur in privacy and isolation, and especially in toileting areas. *CFOC, 3rd Ed. pgs. 125-126 Standard 3.4.4.5*

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Research links corporal punishment with negative effects such as later criminal behavior and learning impairments. Other inappropriate discipline methods such as humiliation or using abusive language may also be emotionally abusive. *CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6, pgs. 75-76 Standard 2.2.0.9*

Enforcement

Always Level 1 Noncompliance.

(2) All staff shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

Rationale/Explanation

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. *CFOC, 3rd Ed. pgs. 123-124 Standard 3.4.4.1*

See CFOC, 3rd Ed. pgs. 445-448 Appendix M for a list of signs of possible abuse and neglect, and pgs. 449-450 Appendix N for a list of protective factors regarding abuse and neglect

Enforcement

Always Level 1 Noncompliance.

Assessment

You only need to have reason to believe abuse has occurred. To report suspected or witnessed abuse, call the DCFS hotline, 1-855-323-3237.

The Licensee is not in compliance with this rule if suspected abuse or neglect is reported to a company's attorney, owner or director. It is the responsibility of the caregiver who observed or suspects the abuse to contact DCFS or law enforcement.

It is acceptable if the caregiver discusses the suspected abuse with the director prior to reporting and the director and caregiver together conclude that it is not abuse. For example, if the director knows about a fall a child had that resulted in an injury and the caregiver does not know about the fall and suspects the injury may have resulted from abuse.

(3) The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in center vehicles is prohibited any time that children are in care.

Rationale/Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. *CFOC, 3rd Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement. *CFOC, 3rd Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

Enforcement

Level 1 Noncompliance if alcohol or illegal substances are used or if tobacco is used any place indoors, in a vehicle or within 25 feet of:

- the entrance/exit of the building
- an open window, even if it is screened
- the outdoor play area
- a child

Level 2 Noncompliance otherwise.

Assessment

E- cigarettes, **electronic cigarettes and vapor cigarettes** do not contain tobacco but do contain harmful ingredients and will be treated as a tobacco product.

This rule is in accordance with the Utah Indoor Clean Air Act 26-38, which states;

At any time when a child is in care, the provider shall ensure that tobacco is not used:

- (a) **in the home, garage, or any other building used by a child in care;**
- (b) **in any vehicle that is being used to transport a child in care;**
- (c) **within 25 feet of any entrance to the home, garage, or any other building occupied by a child in care;**
or
- (d) **in any outdoor area where a child in care plays, or within 25 feet of any outdoor area where a child in care plays.**

(4) The provider shall not admit any infant, toddler, or preschooler to the center without documentation of:

- (a) proof of current immunizations, as required by Utah law;**
- (b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or**
- (c) written documentation of an immunization exemption due to personal, medical or religious reasons.**

Rationale/Explanation

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. *CFOC, 3rd Ed. pgs. 297-299 Standards 7.2.0.1, 7.2.0.2, pg. 356 Standard 9.2.3.5*

Enforcement

Always Level 3 Noncompliance.

Assessment

Records must be kept for all enrolled children, including children of the licensee or any employee the provider's children under age 4 and "drop-in" children.

For child care licensing, immunization records can either be on the pink state immunization form, the yellow card from the local health department, print out from USIIS, or any immunization record from a health care provider.

Immunization department rule R396-100(6) requires providers to have current immunization records for all of the children and submit an annual report. They also require that the immunizations be kept on their pink form.

Immunization exemption forms must be from the County Health Department and are not required to be updated annually.

- (5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:**
- (a) allergies;**
 - (b) food sensitivities;**
 - (c) acute and chronic medical conditions;**
 - (d) instructions for special or non-routine daily health care;**
 - (e) current medications; and,**
 - (f) any other special health instructions for the caregiver.**

Rationale/Explanation

Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. *CFOC, 3rd Ed. pgs. 80-81 Standard 2.3.3.1*

Food sensitivities can result in minor irritations (rashes, loose stools) whereas a true allergy could cause a life-threatening reaction (anaphylaxis, severe asthma attack, hives, etc.).

Food allergies are common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergy are being reported in increasing numbers. *CFOC, 3rd Ed. pgs. 160-161 Standard 4.2.0.10*

Enforcement

Level 1 Noncompliance if lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.

Level 3 Noncompliance otherwise.

Assessment

Records must be kept for all enrolled children, including children of the licensee or any employee the provider's children under age 4 and "drop-in" children.

Parents may list more than one child on an admission form but a separate health assessment is required for each individual child.

The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. This rule is in compliance if the health assessment form has a place to document any medical conditions the child has.

If the center's health assessment has a place to document any food or drink restrictions, this rule is in compliance for (b) food sensitivities. The form does not have to use the specific words "food sensitivities."

(6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.

Rationale/Explanation

Allergies and health information can change. It is vital for providers to be aware of any changes regarding the health of the children in care. *CFOC, 3rd Ed. pgs. 80-81 Standard 2.3.3.1*

Enforcement

Always Level 3 Noncompliance.

To confirm the parent is updating the health information, their signature or initials must be on the health assessment side of the form.

R381-100-15: CHILD NUTRITION

Purpose

This section provides rules and information about the basic nutritional requirements for the children in care.

(1) If food service is provided:

- (a) The provider shall ensure that the center's meal service complies with local health department food service regulations.**

Rationale/ Explanation

The purpose of this rule is to ensure that food preparation and service are sanitary in order to reduce the possibility of foodborne illness. Minimum standards for food safety are based on scientific data that demonstrate the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness.

Enforcement

Always Level 3 Noncompliance.

Assessment

A finding to this rule would be issued if a provider serves food and does not have a kitchen inspection from their local health department.

(1) If food service is provided:

- (b) Foods served by centers not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, menus provided by the CACFP, or menus approved by a registered dietician. Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years.**

Rationale/ Explanation

Nourishing food is the cornerstone for children's health, growth, and development. Because young children grow and develop more rapidly during the first few years of life than at any other time, they must be provided food that is adequate in amount and type to meet their basic metabolic, growth, and energy needs. The CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition. *CFOC, 3rd Ed. pgs. 152-154, Standards 4.2.0.1, 4.2.0.3*

Enforcement

Level 3 Noncompliance if the provider is using non-approved menus not signed and/or dated by a registered dietician but the meals served meet CACFP nutritional requirements.

Level 2 Noncompliance otherwise.

Assessment

This rule is in compliance if there is documentation that the children receive food from a public school in good standing with a federal food program.

If only snacks are served, the licensee must be in compliance with this rule.

Licensees using CACFP menus may mix and match components of the CACFP menus, so that the day-to-day menu may vary from the CACFP menu, as long as each meal contains all of same nutritional components as the CACFP menus.

Food used only as curriculum, it is not part of the snack or meal, does not need to meet rules for food service. If the menus are approved by a dietician but the approval was more than 5 years ago, a finding will be issued. If the facility is on the food program, the Licensing Specialist will not check for substitutions.

Punch such as Tang is not a juice. If juice is listed on the menu and punch is served, a finding will be issued. Licensing does not require portion sizes to be listed as part of the menu.

If a parent, not the center staff, provides meals and snacks, this rule does not apply.

(1) If food service is provided:

- (c) Centers not currently participating and in good standing with the CACFP shall keep a six week record of foods served at each meal or snack.**

[Rationale/ Explanation](#)

The purpose of this rule is to verify that foods actually served to children by centers not participating in CACFP meet basic nutritional requirements. *CFOC, 3rd Ed. pgs. 152-154, Standards 4.2.0.1, 4.2.0.3*

[Enforcement](#)

Always Level 3 Noncompliance.

[Assessment](#)

The six week record of foods served at each meal must be dated so Licensing Specialists can determine which foods were served on which dates.

If the only food service provided is a snack, the center staff must keep a six week record of food served for snacks.

(1) If food service is provided:

- (d) The provider shall make available the current week's menu for parent review.**

[Rationale/ Explanation](#)

Making menus available to parents by posting them in a prominent area helps to inform parents about proper nutrition, and allows parents to know if a food is being served that their child has an allergy to. It also allows parents to plan meals at home that do not duplicate what the child ate at the center that day. *CFOC, 3rd Ed. pgs. 159-160 Standard 4.2.0.9*

[Enforcement](#)

Always Level 3 Noncompliance.

Assessment

In order for the menu to be posted where parents can review it, it must be posted in an area parents can see as they come and go.

If a rotating menu is used, the date needs to be on each week so the parents know which menu is being served this week.

A snack menu must be posted if the only food service provided is a snack.

(2) The provider shall offer meals or snacks at least once every three hours.

Rationale/ Explanation

Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake of food. *CFOC, 3rd Ed. pgs. 156-157 Standard 4.2.0.5.*

Enforcement

Always Level 3 Noncompliance.

Assessment

Meal times will be counted from the end of one meal time to the start of the next meal time. If only the start time is listed on the daily schedule, the start time of the next activity will be used as the end time of the meal or snack. An extra 30 minutes will be allowed at the end of nap time, if needed, to allow children time to wake up from their nap and get ready for snack.

For centers who provide late evening or overnight care, meals or snacks do not need to be served every three hours after children have gone to bed for the night.

If a center is open until 7:00 p.m., there may be up to but not more than four hours between the afternoon meal or snack and the center's closing time. If the center is open later than 7 p.m., a meal or snack must be offered at least every three hours.

(3) The provider shall serve children's food on dishes, napkins, or sanitary high chair trays, except for individual serving size items, such as crackers, if they are placed directly in the children's hands. The provider shall not place food on a bare table.

Rationale/ Explanation

Using clean food service dishes and utensils prevents the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Food should not be put directly on the table surface for two reasons. First, even washed and sanitized tables are more likely to be contaminated than washed and sanitized dishes or disposable plates. Second, eating from plates reduces contamination of the table surface when children put down their partially eaten food. *CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2*

Highchair trays function as plates for seated children. Therefore, they should be washed and sanitized the same way as plates and other food service utensils. *CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2*

Enforcement

Always Level 3 Noncompliance.

- (4) The provider shall ensure that caregivers who serve food to children are aware of food allergies and sensitivities for the children in their assigned group, and that children are not served the food or drink they have an allergy or sensitivity to.**

Rationale/ Explanation

Food allergies are common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergies are being reported in increasing numbers. For all of these reasons, vigilant efforts to avoid exposure to the offending foods are necessary. *CFOC, 3rd Ed. pg. 182 Standard 4.6.0.1.*

Enforcement

Level 1 Noncompliance if a child is served food to which he or she is allergic. Level 2

Noncompliance otherwise.

Assessment

If a child just doesn't like a particular food, but the child doesn't have any negative physical reaction to it that is considered a food preference, not a food allergy or sensitivity.

Food sensitivities can result in minor irritations (rashes, loose stools), whereas a true food allergy could cause a life-threatening event (anaphylaxis, a severe asthma attack, extreme hives, etc.).

- (5) The provider shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's name, and refrigerated if needed.**

Rationale/ Explanation

The purposes of this rule are to ensure that children are not accidentally served food brought by another child, and to ensure that food brought from home does not cause foodborne illness. Foodborne illness and poisoning is a common occurrence when food has not been properly refrigerated and covered. Although many of these illnesses are limited to vomiting and diarrhea, some are life-threatening. *CFOC, 3rd Ed. pg. 182 Standard 4.6.0.1*

Enforcement

Level 1 Noncompliance if a child is served food to which he or she is allergic. Level 2

Noncompliance otherwise.

Assessment

Food and drink brought from home can be labeled with the child's first name only, unless there is more than one child in the center with food or drink brought from home who has the same first name. When this is the case, the food and drink can be labeled with the child's first name and last initial. If there is more than one child in the center with food or drink brought in from home who has the same first name and last initial, the food and drink must be labeled with the child's full first and last name.

Refrigerated can include being in a lunch container with a cold pack, as long as the cold pack is at least cool to the touch.

If food brought from home is put in a cubbie labeled with the child's name this rule will be considered in compliance.

R381-100- 16: INFECTION CONTROL

Purpose

This section provides rules and information about reducing the spread of infections and infectious diseases.

General Information

Although Child Care Licensing does not have any specific rules regarding Cytomegalovirus (CMV) Infection we feel it is important for providers to be aware of what it is. The following information is from the Mayo Clinic. More detailed information can found on their website, <http://www.mayoclinic.org/diseases-conditions/cmvm/basics/definition/con-20029514>.

CMV is a common virus that can infect almost anyone. Most people don't know they have CMV because it rarely causes symptoms. However, if you're pregnant or have a weakened immune system, CMV is cause for concern. Once infected with CMV, your body retains the virus for life. However, CMV usually remains dormant if you're healthy. CMV spreads from person to person through body fluids, such as blood, saliva, urine, semen and breast milk. CMV spread through breast milk usually doesn't make the baby sick. However, if you are pregnant and develop an active infection, you can pass the virus to your baby. There's no cure for CMV, but drugs can help treat newborns and people with weak immune systems.

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. *CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1*

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- in human waste (urine, stool)
- in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)
- through cuts or skin sores
- by direct skin-to-skin contact
- by touching an object that has germs on it
- in drops of water that travel through the air, such as those produced by sneezing or coughing.

CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2*

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. *CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3*

- (1) **Staff shall wash their hands thoroughly with liquid soap and warm running water at the following times:**
- (a) **before handling or preparing food or bottles;**
 - (b) **before and after eating meals and snacks or feeding children;**
 - (c) **before and after diapering a child;**
 - (d) **after using the toilet or helping a child use the toilet;**
 - (e) **before administering medication;**
 - (f) **after coming into contact with body fluids, including breast milk;**
 - (g) **after playing with or handling animals;**
 - (h) **when coming in from outdoors; and**
 - (i) **after cleaning or taking out garbage.**

Rationale / Explanation

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. *CFOC, 3rd Ed. pgs. 111-112 Standard 3.2.2.2*

Enforcement

Level 2 Noncompliance if handwashing does not take place after a caregiver uses the toilet or after changing a diaper.

Level 3 Noncompliance otherwise.

Assessment

Water will be considered warm if it is between 60 degrees and 120 degrees Fahrenheit. When measuring water temperature, a three degree variance will be given due to variable accuracy of thermometers.

If there is no visible dirt, grime or body fluids, hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older.

A provider in the room giving instructions or observing is not helping a child use the toilet. But, if a caregiver is doing any hands on help, such as lifting child on or off the toilet, it is helping a child use the toilet.

If owner/director has portable sinks and they provide documentation that the water will not exceed 120 degrees, the Licensing Specialist will only measure to ensure the water gets warm.

If a snack is given to a distressed child, a finding will not be issued if the care giver and child did not wash their hands. The snack must be given only to that child and must be handed directly to the child.

- (2) The provider shall ensure that children wash their hands thoroughly with liquid soap and warm running water at the following times:**
- (a) before and after eating meals and snacks;**
 - (b) after using the toilet;**
 - (c) after coming into contact with body fluids;**
 - (d) after playing with animals; and**
 - (e) when coming in from outdoors.**

Rationale / Explanation

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people and people may be a source of infection for animals. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1*

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with *Pseudomonas* and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. *CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3*

Enforcement

Always Level 2 Noncompliance.

Assessment

Water will be considered warm if it is between 60 degrees and 120 degrees Fahrenheit. When measuring water temperature, a three degree variance will be given due to variable accuracy of thermometers.

If there is no visible dirt, grime or body fluids, hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older.

If the center has portable sinks and the owner/director can provide documentation that the water will not exceed 120 degrees, the Licensing Specialist will measure to ensure the water gets warm.

If a snack is given to a distressed child, a finding will not be issued if the care giver and child did not wash their hands. The snack must be given only to that child and must be handed directly to the child.

During fire or disaster drills, if the children go outside and go right back inside they are not required to wash their hands. If the children are allowed to play outside during and after the drills, they are required to wash their hands.

If liquid hand washing soap is stored out of reach of the children and the caregivers give it to them for each hand washing, a finding will not be issued.

If a provider washes children's hands after bottle feeding with single use, soapy wash cloth, this rule will be considered in compliance.

After washing hands before eating a meal, if children walk up or down stairs to eat their meal, this rule is in compliance unless there is an activity between handwashing and eating.

(3) Only single use towels from a covered dispenser or an electric hand-drying device may be used to dry hands.

Rationale / Explanation

Shared hand drying towels can transmit infectious disease. Preventing shared use of individual towels assigned to a single child is difficult. The use of a cloth towel roller is not recommended for two reasons. First, children often use cloth roll dispensers improperly, resulting in more than one child using the same section of towel. And second, incidents of accidental strangulation in these devices have been reported. *CFOC, 3rd Ed. pgs. 111-112 Standard 3.2.2.2.*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule does not apply to paper towels used for activities other than drying hands, such as cleaning up spills.

(4) The provider shall ensure that toilet paper is accessible to children, and that it is kept on a dispenser.

Rationale / Explanation

The purpose of this rule to prevent the spread of disease through fecal matter. If toilet paper is not on a dispenser, children pick it up with hands that may be contaminated with fecal matter, which remains on the roll and is transferred to the next child when he or she picks the roll up. *CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3*

Enforcement

Level 2 Noncompliance if a toilet has no toilet paper and there are no spare rolls of toilet paper available in the facility or if toilet paper is not kept on a dispenser.

Level 3 Noncompliance if a toilet has no toilet paper but there are spare rolls of toilet paper available in the facility. **If toilet paper is stored on a dispenser but not accessible from the toilet.**

Assessment

Toilet paper is not considered accessible unless the child can reach it while he/she is sitting on the toilet.

As long as wipes are in a covered dispenser and within reach of the child on the toilet, they may be used in place of toilet paper.

Potty chairs are not a toilet so toilet paper does not need to be accessible to the child on the potty chair.

As long as children can get toilet paper without touching the toilet paper roll, any dispenser may be used.

For children age 2 and younger, providers may hand toilet paper directly to the child rather than having the toilet paper on a dispenser. A caregiver must always be available to hand out the toilet paper when a child is toileting.

- (5) The provider shall post handwashing procedures that are readily visible from each handwashing sink, and they shall be followed.**

[Rationale / Explanation](#)

The purpose of the rule is so staff and children have visual handwashing reminders. Pictures of the steps to proper handwashing remind children who cannot yet read of the proper handwashing steps.

[Enforcement](#)

Always Level 3 Noncompliance.

[Assessment](#)

This rule only applies to sinks that are used for handwashing.

Any handwashing sign or list of handwashing procedures will be accepted as compliance with this rule.

- (6) Caregivers shall teach children proper hand washing techniques and shall oversee hand washing whenever possible.**

[Rationale / Explanation](#)

Children need to be taught effective handwashing procedures, and helped to use them in actual practice. This will help to ensure that proper handwashing takes place at needed times. For more information on the importance of proper handwashing, see numbers (1) and (2) above. *CFOC, 3rd Ed. pgs. 112-113 Standards 3.2.2.3, 3.2.2.4.*

[Enforcement](#)

Always Level 3 Noncompliance.

- (7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so that they do not touch each other.**

[Rationale / Explanation](#)

Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. *CFOC, 3rd Ed. pgs. 102-103 Standard 3.1.5.2 pg. 136 Standard 3.6.1.5.*

[Enforcement](#)

Always Level 3 Noncompliance.

[Assessment](#)

Personal hygiene items include make-up and lip balm, such as Chap Stick. Hats and head bands will not be assessed as personal hygiene items.

(8) The provider shall clean and sanitize all washable toys and materials weekly, or more often if necessary.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can wash and sanitize the surfaces. *CFOC, 3rd Ed. pgs. 116-118, Standards 3.3.0.1, 3.3.0.2*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule is out of compliance if toys or materials are visibly dirty during an inspection or if providers indicate they do not clean and sanitize all washable toys and materials at least weekly. Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.

(9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The provider shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows or covers weekly.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. *CFOC, 3rd Ed. pgs. 116- 118, Standards 3.3.0.1, 3.3.0.2*

Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in fabric, but can be killed by frequent washing and drying in a heated dryer. *CFOC, 3rd Ed. pg. 239 Standard 5.3.1.4*

Lice, scabies, and ringworm can also be spread through fabrics. *CFOC, 3rd Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

Enforcement

Level 2 Noncompliance if an item is visibly dirty with feces. Level 3

Noncompliance otherwise.

Assessment

This rule is out of compliance if these items are visibly dirty during an inspection or if providers indicate that they do not wash them at least weekly.

Large stuffed animals meant to be used as pillows need to be machine washable or have removable covers that are machine washable.

When a stuffed animal or cloth doll has batteries, there must be a way to remove the batteries so the item can be machine washed.

Unless accessible to children, stuffed animals that are used for teaching activities or for decoration are not required to be washed weekly.

(10) If water play tables or tubs are used, they shall be washed and sanitized daily, and children shall wash their hands prior to engaging in the activity.

Rationale / Explanation

The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. *CFOC, 3rd Ed. pg. 275 Standard 6.2.4.2.*

Enforcement

Always Level 3 Noncompliance.

Assessment

If there is no visible dirt, grime or body fluids, hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older.

This rule applies to water play tables or tubs, not to sensory tables with items, such as rice, sand or sand in the them.

(11) Persons with contagious TB shall not work or volunteer in the center.

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. *CFOC, 3rd Ed. pgs. 39-40 Standard 1.7.0.1*

Assessment

Because we are a very low risk population, providers are no longer required to be tested for TB.

(12) Children's clothing shall be changed promptly if they have a toileting accident.

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. *CFOC, 3rd Ed. pgs. 108-110 Standard 3.2.1.5.*

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Enforcement

Always Level 2 Noncompliance.

Assessment

Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:

- the child is changed immediately if spare clothing is available.
- if no spare clothing is available, the child's parent is called and asked to bring spare clothing.
- if no spare clothing is available, the child is separated from other children until his/her parent can bring spare clothing.

(13) Children's clothing which is wet or soiled from body fluids:

- (a) shall not be rinsed or washed at the center; and**
- (b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.**

Enforcement

Level 2 Noncompliance if children's clothing soiled with fecal matter is rinsed or washed at the center. Level 3

Noncompliance otherwise.

Assessment

Plastic grocery bags may be used for wet or soiled clothing if they don't have holes in the bottom or sides. Grocery bags with holes in the bottom or sides cannot be used, because they are not leakproof. A bag without holes that still leaks when holding wet or soiled clothes cannot be used.

A provider may meet the intent of this rule by putting soiled clothing in a leakproof container and then putting the container in that child's diaper bag or cubbie.

When a child has a bathroom accident and the sheets and/or the clothing used belong to the Licensee, the center staff can and should wash the sheets and/or the clothing. The rule prohibiting washing the clothing only pertains to clothing belonging to the children. Staff can also take soiled clothing home for laundering.

(14) If the center uses a potty chair, the provider shall clean and sanitize the chair after each use.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. *CFOC, pg. 105 Standard 3.029.*

Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association recommend that they not be used.

Enforcement

Always Level 2 Noncompliance.

Assessment

A toilet training seat is only considered a potty chair if it collects and holds urine or feces. Toddler toilet seats that are placed over the regular toilet seat, where the urine and feces are flushed, are not considered to be potty chairs.

(15) Staff who prepare food in the kitchen shall not change diapers or assist in toileting children.

Rationale / Explanation

The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. Larger quantities of food take longer to heat or cool to safe temperatures and thus spend more time in the danger of temperature zones between 41 and 135 degrees Fahrenheit where more rapid multiplication of microorganisms occurs. *CFOC, 3rd Ed. pgs. 188-189 Standard 4.9.0*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule is out of compliance when a staff member who will be preparing food goes into a diapered group of children to assume caregiving duties and diapers children. Caregivers who serve or heat up food for children other than the children in their own classrooms cannot be staff who change diapers or assist in toileting.

If needed, a staff person may cook immediately upon coming into the center each day, and after cooking move to caregiving duties in a classroom in which they change diapers or assist in toileting children, provided they do not go back to cooking or working in the kitchen at any time during the day after they have assumed these caregiving duties.

When the total enrollment of the center is eight or less and there is only one group of children at the center, the caregiver can use the kitchen as a classroom and that caregiver can prepare food and diaper children.

- (16) The center shall have a portable body fluid clean up kit.**
- (a) All staff shall know the location of the kit and how to use it.**
 - (b) The provider shall use the kit to clean up spills of body fluids.**
 - (c) The provider shall restock the kit as needed.**

Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. *CFOC, 3rd Ed. pgs. 30-31 Standard 1.4.5.3 pgs. 114-116 Standard 3.2.3.4*

See CFOC, 3rd Ed. pg. 444 Appendix for an instruction page on proper clean up of body fluids. See CFOC, 3rd Ed. pg. 428 Appendix D for information on removing disposable gloves after cleaning up body fluids.

Suggested contents for a body fluid clean up kit include:

- disposable gloves
- clumping cat litter, sawdust, or other absorbent material
- plastic garbage bags with ties or fasteners
- a plastic scoop and dustpan, or other tools to clean up absorbed body fluids
- paper towels
- disinfectant

Enforcement

Level 2 Noncompliance if a body fluid spill is not properly cleaned up or no one at the center knows the location of the kit or how to properly use it.

Level 3 Noncompliance otherwise.

Assessment

Droplets of body fluid are not considered a "spill" of body fluids.

If blood from a bloody nose pools on the floor or ground, the body fluid kit must be used.

(17) The center shall not care for children who are ill with an infectious disease, except when a child shows signs of illness after arriving at the center.

Rationale / Explanation

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help to limit transmission of the disease by preventing the development of new cases.

CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

Symptoms which may indicate an infectious disease include:

- a fever of 101 degrees or higher for infants younger than 4 months of age, or a fever of 102 or greater for children age 4 months and older
- an unexplained rash
- irritability
- lethargy
- a persistent cough
- vomiting
- diarrhea
- infected eyes with discharge

Enforcement

Always Level 2 Noncompliance.

(18) The provider shall separate children who develop signs of an infectious disease after arriving at the center from the other children in a safe, supervised location.

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular classroom activities. *CFOC, 3rd Ed. pgs. 130-131*

Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

Enforcement

Always Level 2 Noncompliance.

- (19) The provider shall contact the parents of children who are ill with an infectious disease and ask them to immediately pick up their child. If the provider cannot reach the parent, the provider shall contact the individuals listed as emergency contacts for the child and ask them to pick up the child.**

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular classroom activities. *CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4*

Enforcement

Always Level 3 Noncompliance.

- (20) The provider shall notify the local health department, on the day of discovery, of any reportable infectious diseases among children or caregivers, or any sudden or extraordinary occurrence of a serious or unusual illness, as required by the local health department.**

Rationale / Explanation

Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. *CFOC, 3rd Ed. pg. 355 Standard 9.2.3.3*

The following is a sample of diseases which may be required to be reported to local health departments. Providers should check with the local county health department in their area for exact reporting requirements.

Chickenpox	HIV and AIDS	Rubella
Diarrheal diseases	Influenza	Sexually transmitted diseases
Diphtheria	Measles	Shigellosis
Giardiasis	Meningococcal infections	Viral Meningitis
Hepatitis A, B, and C	Mumps	Whooping Cough

Enforcement

Always Level 3 Noncompliance.

- (21) The provider shall post a parent notice at the center when any staff or child has an infectious disease or parasite.**
- (a) The provider shall post the notice in a conspicuous location where it can be seen by all parents.**
 - (b) The provider shall post and date the notice the same day the disease or parasite is discovered, and the notice shall remain posted for at least 5 days.**

Rationale / Explanation

Notification of parents also allows them to closely observe their child for early signs and symptoms of illness. Early identification and treatment of infectious disease are important in reducing further transmission of the disease. *CFOC, 3rd Ed. pg. 145 Standard 3.6.4.2.*

The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.

Enforcement

Always Level 2 Noncompliance.

Assessment

Posting the notice of illness on a computerized sign-in program so that all parents automatically see it when they sign their children in and out meets the requirement of this rule.

R381-100-17: MEDICATIONS

Purpose

This section provides rules and information about storing and administering medication to children in care.

General Information

The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. *CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3*

- (1) If medications are given, they shall be administered to children only by a provider trained in the administration of medications as specified in this rule.**

Rationale / Explanation

The purpose of this rule is to avoid harm to children through errors in administering medications. *CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3*

If the medication to be administered does not require any special instructions, then annual training in the licensing rules for administering medication qualifies a provider as being “trained in the administration of medications” for the purposes of this rule. If medication requires specialized administration (for example, an EPI pen or a nebulizer), then the person administering the medication must have been trained to administer it by either the child’s parent or a health care professional.

Enforcement

Level 1 Noncompliance if administration of medication by an untrained caregiver results in harm to a child. Level 3 Noncompliance otherwise.

Assessment

Licensees may request a variance to this rule if parents give written permission for their child to administer their own medication (for example, insulin shots).

- (2) All over-the-counter and prescription medications shall:**

- (a) be labeled with the child's full name;**
- (b) be kept in the original or pharmacy container;**
- (c) have the original label; and,**
- (d) have child-safety caps.**

Enforcement

Always Level 2 Noncompliance.

Assessment

If over-the-counter medication is provided for siblings, the medication needs the last name and all of the children's first names.

The following are suggestions for labeling small medication, for example a small vial:

- Until the medication is used, keep it in the box with the prescription information on it.
- Write the name on the bottom of the medication.
- Use a clear address label.
- Attach a label to a twist tie or zip tie, attach the zip-tie around the neck of the medication.
- Keep the vial in a container and label the container.

Providers do not have to label medication owned by the Licensee or medication for staff.

When a child safety cap is not available, such as for herbal supplements, ear drops, nasal spray, throat spray, and prescription lotions, the medication will not be considered out of compliance as long as all the other rules regarding medications are followed.

If providers choose to put medications in Zip-lock bags they may label the bag or the medication. All other medication rules must be followed.

If the provider chooses to attach the medication permission form to the Zip-lock bag and the form has the child's full name, the medication will be considered labeled.

(3) All non-refrigerated medications shall be inaccessible to children and stored in a container or area that is locked, such as a locked room, cupboard, drawer, or a lockbox. The provider shall store all refrigerated medications in a leakproof container.

Enforcement

Always Level 2 Noncompliance.

Assessment

A nebulizer apparatus that does not have the medication does not have to be inaccessible. If the medication is in the apparatus, it must be inaccessible and locked.

A refrigerated vial of medication that cannot be removed from the container except with a hypodermic needle does not need an additional leakproof container.

For the purposes of storing medications, "locked" can include a cupboard or drawer that is secured with a child safety device.

If first aid kits have medications in them, the kit must be locked or in an area that is locked.

Liquid medication stored in refrigerators, whether or not refrigeration is required, must be in leak-proof containers.

A container that does not have a lid, such as a drawer in a refrigerator, can be considered a leak-proof container if there is nothing in the container except medications; all four sides of the container are taller than the medication being stored there; and there are no cracks in the container.

Medications on a shelf in an unlocked office will be considered out of compliance, even when children are never unsupervised in those offices.

The following **are** considered over the counter medications:

Airbourne	herbal tea concentrates	pain relief sprays (i.e. Dermoplast)
antacids	ipecac syrup	topical painkillers (i.e. Icy hot and Bengay)
cough and throat lozenges	laxatives	vapor rubs (i.e. Vicks)
dietary supplements	melt-away thin strip medications	
energy shot drinks, 2 oz bottles	nasal sprays or drops (non-saline)	

The following **are not** considered over the counter medications:

acne cream (i.e. ProActive)	glycerin suppositories	skin treatment patches (i.e. Dr. Scholl's)
antibiotic ointment (i.e. Neosporin)	liquid bandage products	weight loss drinks
eye wash	protein powders	witch hazel
energy drinks (i.e. Red Bull)	Relaxation drinks (i.e. Chillax)	

If medication is stored in a backpack, fanny pack, etc. worn by a caregiver it will be considered inaccessible to children and will not be required to be locked.

- (4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child.**

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule is out of compliance if a child is given a medication without parental permission.

- (4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:**
- (a) the name of the child;**
 - (b) the name of the medication;**
 - (c) written instructions for administration; including:**
 - (i) the dosage;**
 - (ii) the method of administration;**
 - (iii) the times and dates to be administered; and**
 - (iv) the disease or condition being treated; and**
 - (d) the parent signature and the date signed.**

Rationale / Explanation

A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule is out of compliance if medication is given and there is parental permission, but the permission form does not include all required information.

For the purposes of this rule, a parent can leave over-the-counter medication with the provider with an ongoing permission form asking that the medication be given as indicated by the parents.

If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.

- (5) If the provider keeps over-the-counter medication at the center that is not brought in by a parent for their child's use, the medication shall not be administered to any child without prior parental consent for each instance it is given. The consent must be either:
- (a) prior written consent; or
 - (b) oral consent for which a provider documents in writing the date and time of the consent, and which the parent or person picking up the child signs upon picking up the child.

Enforcement

Always Level 2 Noncompliance.

- (6) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication prior to the time the medication needs to be given.

Rationale / Explanation

The purpose for this rule is so that parents do not drop a child off at the center thinking their child will be given medication as requested, if the child will in fact not be given the medication.

Enforcement

Level 1 Noncompliance if the condition being treated could be life threatening.

Level 2 Noncompliance otherwise.

- (7) When administering medication, the provider administering the medication shall:
- (a) wash their hands;
 - (b) check the medication label to confirm the child's name;
 - (c) compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that recommended by the health care provider or the manufacturer;
 - (d) administer the medication; and

Enforcement

Level 1 Noncompliance if the provider does not follow (c) and this results in harm to a child.

Level 2 Noncompliance otherwise.

Assessment

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

- (7) When administering medication, the provider administering the medication shall:
- (e) immediately record the following information:
 - (i) the date, time, and dosage of the medication given;
 - (ii) the signature or initials of the provider who administered the medication; and,
 - (iii) any errors in administration or adverse reactions.

Enforcement

Level 2 Noncompliance if failure to record the administration of medication results in a child being given an extra dose of a medication or missing a needed dose of medication.

Level 3 Noncompliance otherwise.

Assessment

If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.

Although it is not recommended, providers may put medication in a food source, such as crush pills and put them in juice or applesauce.

- (8) The provider shall report any adverse reaction to a medication or error in administration to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.**

Enforcement

Always Level 1 Noncompliance.

R381-100-18: NAPPING

Purpose

This section provides rules and information about equipment used for napping and how often children need to rest or nap.

General Information

Cribs, play-pens, play-yards, porta-cribs are all sleeping equipment that will be assessed as cribs. The crib rules may be found under Section 24 – Infants and Toddlers.

- (1) The center shall provide children with a daily opportunity for rest or sleep in an environment that provides subdued lighting, a low noise level, and freedom from distractions.**

Rationale / Explanation

Most preschool children benefit from scheduled rest periods. This rest may take the form of actual napping, or a quiet time. Children who are overly tired can exhibit behavior problems. School age children should have the opportunity for periods of more restful activities, such as reading or board games. Conditions conducive to rest and sleep include a quiet place, a regular time for rest, and a consistent caregiver. *CFOC, 3rd Ed. pgs.100-101 Standard 3.1.4.4*

Enforcement

Always Level 3 Noncompliance.

- (2) Scheduled nap times shall not exceed two hours daily.**

Rationale / Explanation

The purpose of limiting scheduled nap times to two hours is so that children are not forced to lie still on a mat when they are no longer tired or in need of rest.

Enforcement

Always Level 3 Noncompliance.

Assessment

Children who are tired may sleep more than two hours, but awake children should not be forced to remain on a cot or mat beyond the scheduled nap time, not to exceed two hours.

- (3) A separate crib, cot, or mat shall be used for each child during nap times.**

Rationale / Explanation

Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if children share sleeping equipment. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. *CFOC, 3rd Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

Providing separate sleeping equipment also prevents young children from injuring one another or spreading disease by breathing directly into each other's faces during rest time. *CFOC, 3rd Ed. pgs. 251-253 Standard 5.4.5.1.*

Enforcement

Level 2 Noncompliance if a separate crib, cot, or mat is not used with mobile infants and toddlers.

Level 3 Noncompliance if a separate crib, cot, or mat is not used with children other than mobile infants and toddlers.

Assessment

Porta-cribs, including play yards and playpens, may be used to be in compliance with this rule.

(4) Mats and mattresses used for napping shall have a smooth, waterproof surface.

Rationale / Explanation

Mats and mattresses need smooth waterproof surfaces so they can be adequately cleaned and disinfected. *CFOC, 3rd Ed. pg. 118 Standard 3.3.0.5, pgs. 251-253 Standard 5.4.5.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

One side of a mat, including a crib mattress, can be taped, as long as the children do not sleep on the side with the tape on it and the mats are not stored on top of each other. Cracked or torn sleeping or napping mats may be repaired with duct tape when the crack or tear is on the sides or bottom of the mat.

This rule will be out of compliance if there are holes, tears, or cracks in the sleeping surface.

(5) The provider shall maintain sleeping equipment in good repair.

Rationale / Explanation

The purpose of this rule is to prevent injury to children from broken equipment.

Enforcement

Level 1 Noncompliance if infant/toddler sleeping equipment is in poor repair to a degree that the equipment could fail. Level

2 Noncompliance otherwise.

Assessment

Examples of noncompliance with this rule include an unstable crib or a crib with missing slats or a broken railing.

Porta cribs will not be considered to be in good repair if they have tears greater than 2-3/8 inches in the sides of them.

(6) If sleeping equipment is clearly assigned to and used by an individual child, the provider must clean and sanitize it as needed, but at least weekly.

Rationale / Explanation

Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. *CFOC, pg. 110 Standard 3.039; pgs. 226-227 Standard 5.094*

Enforcement

Level 2 Noncompliance if an item is visibly dirty with feces. Level

3 Noncompliance otherwise.

- (7) **If sleeping equipment is not clearly assigned to and used by an individual child, the provider must clean and sanitize it prior to each use.**

Enforcement

Always Level 2 Noncompliance.

Assessment

Blankets in a cubbie labeled with the child's name can be considered assigned to one child. Mats or cots can be clearly assigned to an individual child by having names on them, by numbering them and having a chart showing which number is assigned to which child or by labeling the container in which the mats or cots are stored. Mats that are not assigned to one child in this way must be cleaned and sanitized prior to each use.

- (8) **The provider must either store sleeping equipment so that the surfaces children sleep on do not touch each other, or else clean and sanitize sleeping equipment prior to each use.**

Enforcement

Always Level 2 Noncompliance.

Assessment

Nap mats may be stored on top of each other as long as the surface the child sleeps on does not touch another mat. In other words, the top of the mat cannot touch the bottom of the mat stacked above it.

- (9) **A sheet and blanket or acceptable alternative shall be made available to each child during nap time.**

Rationale / Explanation

According to American Academy of Pediatrics, if a blanket is used for infants, place the child's feet to the foot of the crib and tuck in a light blanket along the sides and foot of the mattress. The blanket should not come up higher than the infant's chest. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, are good alternatives to blankets. A copy of the safe sleeping guide is available on our website, childcarelicensing.utah.gov. *A Child Care Provider's Guide to Safe Sleep*

Enforcement

Always Level 3 Noncompliance.

Assessment

Made available means giving the sheets and blankets to the children 12 months and older.

There should be a sheet or blanket covering the surface each child sleeps on.

Swaddling a child with a blanket will be considered an acceptable alternative to a sheet and blanket.

- (9) **A sheet and blanket or acceptable alternative shall be used by each child during nap time. These items shall be:**
- (a) **clearly assigned to one child;**
 - (b) **stored separately from other children's when not in use; and,**
 - (c) **laundered as needed, but at least once a week, and prior to use by another child.**

Enforcement

Always Level 3 Noncompliance.

Assessment

Blankets in a cubbie labeled with the child's name can be considered assigned to one child.

- (10) **The provider shall space cribs, cots, and mats a minimum of 2 feet apart when in use, to allow for adequate ventilation, easy access, and ease of exiting.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend a distance of at least 3 feet between children's sleeping equipment, to reduce the spread of infectious diseases by children breathing in one another's faces during sleep. Adequate spacing between sleeping equipment is also necessary to facilitate evacuation of sleeping children in case of an emergency. *CFOC, 3rd Ed. pgs. 251-253 Standard 5.4.5.1*

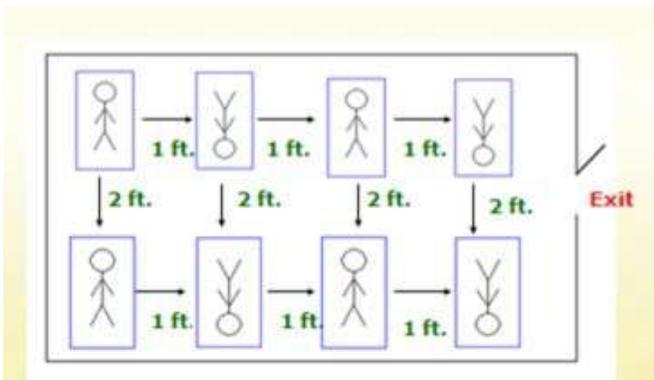
Enforcement

Level 2 Noncompliance if there is not at least 1 foot between cribs, mats, or cots. Level

3 Noncompliance otherwise.

Assessment

If a classroom does not have the space needed to place mats or cots 2 feet apart, mats may be placed 1 foot apart and children placed head to toe on alternating mats so that they are not breathing into each other's faces and there are at least 2 feet of space between their faces. When this is done, there must still be at least 1 foot of space between mats or cots to allow an adult to access children quickly in case of an emergency evacuation and **rows** of mats or cots still need to be placed 2 feet apart so children from one row are not breathing less than 2 feet from the faces of the children in the row above or below them and there is a clear exit.



Mats can also be placed at an angle and one foot apart and children placed toe to toe on the mats as long as their heads are at least two feet apart and there is a clear exit at least two feet out of the room.

Cribs may be spaced end to end if the end of the crib is solid (wood, plexiglass, etc, so children do not breath on each other. If the end or side of a crib is not solid, staff may hang a blanket over the side or end of the crib to serve the same function, provided the blanket entirely covers the side or end of the crib. When this is done enough space (at least 2 feet) must still be maintained on at least one side of the crib for caregivers to have quick and easy access to children in case of an emergency. Porta cribs may be placed side by side with a barrier between each crib if the ends are the same height as the sides. In this case, 2 feet will not be required between the cribs since the provider has access to the child and the barrier is preventing children from breathing on each other.

(11) Cots and mats may not block exits.

Rationale / Explanation

The purpose of this rule is to allow quick exit from the building in the event of an emergency, and to avoid sleeping children getting stepped on by people exiting or entering the room. *CFOC, 3rd Ed. pg. 207 Standard 5.1.4.3*

Enforcement

Always Level 2 Noncompliance.

R381-100- 19: CHILD DISCIPLINE

Purpose

This section provides rules and information about forms of discipline that may be used and forms of discipline that are not allowed.

General Information

The word “discipline” originates from a Latin root that implies learning and education. The modern dictionary defines discipline as “training that develops self-control, character, or orderliness and efficiency.” Unfortunately, common usage has corrupted the word so that many consider discipline synonymous with punishment, most particularly corporal punishment. *CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6*

Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural consequences (for example, when a child breaks a toy, the toy no longer works) and logical consequences (for example, not being able to play in the sandbox for a period of time as a consequence for throwing sand) for negative behaviors. Research studies have found that corporal punishment has limited effectiveness and potentially harmful side effects. Time out should not be used with infants and toddlers because they are too young to cognitively understand this consequence. *CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6*

Discipline should be an ongoing process of teaching that helps children develop inner control so that they can manage their own behavior in a socially acceptable manner. Children must be given understandable guidelines for their behavior if they are to develop inner control of their actions. The aim of discipline is to develop personal self-discipline. *CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6*

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). *CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9*

The prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. *CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9*

- (1) The provider shall inform caregivers, parents, and children of the center's behavioral expectations for children.**

Rationale / Explanation

The purpose of this rule is to ensure that all parties involved, including parents, children, and caregivers understand the center's behavioral expectations. Children cannot be expected to conform to behavioral expectations if they do not know what those expectations are. *CFOC, 3rd Ed. pgs. 70-72 Standard 21.2.0.6, pgs. 349-350 Standard 9.2.1.3*

Enforcement

Always Level 3 Noncompliance.

Assessment

The provider may inform caregivers, parents, and children of the center's behavioral expectations in a variety of ways. Examples of this include making it part of the orientation information for new enrolling parents, putting it in a parent handbook, posting it in the center, and discussing it at parent meetings.

- (2) **The provider may discipline children using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.**
- (3) **Caregivers may use gentle, passive restraint with children only when it is needed to stop children from injuring themselves or others or from destroying property.**

Rationale / Explanation

Children in out of home care in the United States have been shown to demonstrate more aggressive behavior than children reared at home or children in child care facilities in other countries. Children mimic adult behavior: adults who demonstrate loud or violent behavior serve as models for children. Caregiver intervention when children behave aggressively protects children and encourages them to exhibit more acceptable behavior. *CFOC, 3rd Ed. pgs. 72-73 Standard 2.2.0.7*

When a child's behavior makes it necessary, for his or her own or others' protection, to restrain the child, the most desirable method of restraint is holding the child as gently as possible to accomplish the restraint. The child should not be physically restrained any longer than is necessary to control the situation. No bonds, ties, or straps should be used to restrain children. *CFOC, 3rd Ed. pg. 76 Standard 2.2.0.10*

- (4) **Discipline measures shall not include any of the following:**
 - (a) **any form of corporal punishment such as hitting, spanking, shaking, biting, pinching, or any other measure that produces physical pain or discomfort;**

Enforcement

Always Level 1 Noncompliance.

Assessment

Corporal punishment includes squirting a child with water or putting hot sauce or soap in a child's mouth.

- (4) **Discipline measures shall not include any of the following:**
 - (b) **restraining a child's movement by binding, tying, or any other form of restraint that exceeds that specified in Subsection (3) above.**

Enforcement

Always Level 1 Noncompliance.

Assessment

Placing a child in a harness or leash is considered restraining a child's movements.

Unless it is used as a form of discipline, swaddling a child will not be considered restraining a child's movement.

- (4) **Discipline measures shall not include any of the following:**
 - (c) **shouting at children;**

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule is not intended to prevent a caregiver from shouting to a child in an emergency situation where there is a danger of imminent serious physical harm (for example, to prevent a child from running into the street).

- (4) **Discipline measures shall not include any of the following:**
(d) **any form of emotional abuse;**

Enforcement

Always Level 1 Noncompliance.

Assessment

A provider's use of profanity towards a child is considered emotional abuse and inappropriate discipline.

For the purposes of this rule, using humiliation to discipline a child, such as putting an older child in a highchair or crib, or putting an older child in a younger classroom, to make the child look like a "baby" is considered emotional abuse.

- (4) **Discipline measures shall not include any of the following:**
(e) **forcing or withholding of food, rest, or toileting; and,**

Rationale / Explanation

When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Enforcement

Always Level 1 Noncompliance.

Assessment

If a special treat or snack is withheld as a discipline measure, this rule will be considered out of compliance.

While best practice is not to use food as a reward for finishing the food offered, a finding will not be issued if the child is not offered dessert when they do not finish their meal.

Potty treats will not be considered a form of discipline.

- (4) **Discipline measures shall not include any of the following:**
(f) **confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.**

Enforcement

Always Level 1 Noncompliance.

Assessment

A child may not be put in an enclosure for time out purposes. This is considered confining a child.

R381-100- 20: ACTIVITIES

Purpose

This section provides rules and information about daily schedules and activities. It also provides requirements if off-site activities are offered.

General Information

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. *Rethinking the Brain*, by Rima Shore; *Ten Things Every Child Needs for the Best Start in Life*, the Robert T. McCormick Tribune Foundation; *How a Child's Brain Develops and What it Means for Child Care and Welfare Reform*, *Time*, February 3, 1997

The purpose of these rules is to ensure that providers have and carry out a plan for supporting children's healthy development, and they communicate this plan to parents. Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. *CFOC, 3rd Ed. pg. 50 Standard 2.1.1.2, pgs. 61-63 Standards 2.1.3.1-2.1.2.7, pgs. 63-64 Standards 2.1.4.1-2.1.4.4*

The American Academy of Pediatrics, The White House Task Force on Childhood Obesity and others recommend discouraging any screen time for children under the age of two, and less than two hours a day of educational programming for older children. This information can be found at www.commercialfreechildhood.org.

- (1) The provider shall post a daily schedule for preschool and school-age groups. The daily schedule shall include, at a minimum, meal, snack, nap/rest, and outdoor play times.**

Rationale/Explanation

All child care facilities need a written description of the planned daily activities so staff and parents have a common understanding of the services and activities being provided to children. *CFOC, 3rd Ed. pgs. 49-50 Standard 2.1.1.1*

The posted daily schedule also allows licensors to verify that meals and snacks are served at minimal required intervals, that scheduled nap times do not exceed 2 hours, and that outdoor play is offered daily, weather permitting.

Enforcement

Always Level 3 Noncompliance.

Assessment

A provider could have a combined daily schedule (required in this rule) and activity plan [required in (3) below], if it includes both the times of day activities occur and the specific activities offered to children.

If the center staff post all of the daily schedules together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, this rule will be considered in compliance.

If infants and/or toddlers are in the group, a schedule for the older children must still be posted. However, infants and

toddlers must follow their own pattern of eating and sleeping as required in 100-24(14).

School-age groups do not need to have a scheduled nap time but should have a scheduled time for quiet activities for children who need a break from busier activities. Quiet activities could include movies, reading, homework, or free choice time.

The daily schedule for school-aged children needs to reflect the time the children are in care. The schedule should include before and after school care on days school is in session and all day when school is not in session.

Meal and snack times will be counted from the end of one meal or snack to the start of the next meal or snack time. An allowance of an extra 30 minutes at the end of nap or rest time to allow children time to wake up and get ready for the meal or snack when assessing compliance with this rule.

(2) Daily activities shall include outdoor play if weather permits.

Rationale/Explanation

Outdoor play is not only an opportunity for learning in a different environment. It also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than in indoor air. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. *CFOC, 3rd Ed. pgs. 93-94 Standard 3.1.3.2*

Enforcement

Always Level 3 Noncompliance.

Assessment

On days when air quality is rated poor/red due to a winter inversion, children are not required to have outdoor play time.

For information about air quality visit:

- www.ksl.com
- <http://www.airquality.utah.gov>

(3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language development. The provider shall post a current activity plan for parent review listing these activities in preschool and school age groups.

Enforcement

Always Level 2 Noncompliance.

Assessment

A provider can have a combined daily schedule [required in (1)] and activity plan (required in this rule), if it includes both the times of day activities occur and the specific activities offered to children.

If the center staff posts all of the activity plans together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, this rule will be considered in compliance.

Licensing does not assess the content of the activity plan, just that there is a plan and it is being followed.

(4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.

Enforcement

Always Level 2 Noncompliance.

(5) If off-site activities are offered:

- (a) the provider shall obtain written parental consent for each activity in advance;**

Rationale/Explanation

An off-site activity means any activity in which children leave the center premises. This includes walking field trips. The purpose of this rule is to protect both children and providers by ensuring that children are never taken off-site without written parental permission. *CFOC, 3rd Ed. pg. 338 Standard 9.4.2.3*

Examples of possible harm when this happens include a child who has a health care need that is not met because his/her parent didn't know he/she was being taken on an off-site activity. (For example, if a child with an ear infection is taken swimming.)

Enforcement

Always Level 3 Noncompliance.

Assessment

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity or use transportation. If transportation is used, there must be compliance with the transportation rules found in R381-100-21.

This rule means that parents must be informed of the days and times when children will be taken on off-site activities. If providers have a regularly repeating off-site activity, they may get permission once for all instances of that activity, provided the permission informs the parents of both the day and time when the activity will occur. For example, a provider may get permission to take the children on a neighborhood walk every Tuesday morning at 10 am, or to take the children to swimming lessons every Wednesday afternoon at 4 pm.

Prior written parental permission is not needed for spontaneous walking field trips when the children are away from the facility for no more than 60 minutes and are within ½ mile of the facility, if a notice is posted that includes when the children left the facility, the time children will return to the facility, the final destination of the trip, and the route to and from that location.

There cannot be a blanket statement on the admission form agreeing to let the children go on off site activities. If the permission slip has a location for an alternative to the planned field trip the rule will be considered in compliance.

(5) If off-site activities are offered:

- (b) caregivers shall take written emergency information and releases with them for each child in the group, which shall include:**

- (i) the child's name;**
- (ii) the parent's name and phone number;**
- (iii) the name and phone number of a person to notify in the event of an emergency if the parent cannot be contacted;**
- (iv) the names of people authorized by the parents to pick up the child; and**
- (v) current emergency medical treatment and emergency medical transportation releases;**

Rationale/Explanation

Injuries are more likely to occur when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety rules. Emergency information is the key to obtaining needed care in emergency situations. Both caregivers and emergency personnel must have access to this information in an emergency. *CFOC, 3rd Ed. pgs. 287-288 Standard 6.5.1.1, pgs. 387-388 Standard 9.4.2.2.*

Enforcement

Always Level 3 Noncompliance.

Assessment

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R381-100-21.

Caregivers must take the emergency information specified in this rule with them when children are being taken off- site to and from school, including being walked to school.

(5) If off-site activities are offered:

- (c) the provider shall maintain required caregiver to child ratios and direct supervision during the activity;**

Rationale/Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Caregivers should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. *CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1.*

Enforcement

Supervision:

Always Level 1 Noncompliance.

Ratios:

Level 1 Noncompliance:

- any group with infants or toddlers in it is over ratio or group size by any amount
- 2s: over ratio or group size by 2 or more children
- 2s and 3s are over ratio or group size by 3 or more children
- 3s and 4s are over ratio or group size by 4 or more children
- 4s and 5s/school age are over ratio or group size by 5 or more children
- 2s, 3s, and 4s are over ratio or group size by 3 or more children
- 3s, 4s, and 5s/school age are over ratio or group size by 5 or more children
- 2s, 3s, 4s, and 5s/school age are over or group size by 4 or more children

Level 2 Noncompliance:

- 2s: over ratio or group size by 1 child
- 2s and 3s are over ratio or group size by 2 children
- 3s and 4s are over ratio or group size by 3 children
- 4s and 5s/school age are over ratio or group size by 4 children
- 2s, 3s, and 4s are over ratio or group size by 2 children
- 3s, 4s, and 5s/school age are over ratio or group size by 4 children
- 2s, 3s, 4s, and 5s/school age are over or group size by 3 children

Level 3 Noncompliance:

- 2s and 3s are over ratio or group size by 1 child
- 3s and 4s are over ratio or group size by 1-2 children
- 4s and 5s/school age are over ratio or group size by 1-3 children
- 2s, 3s, and 4s are over ratio or group size by 1 child
- 3s, 4s, and 5s/school age are over ratio or group size by 1-3 children
- 2s, 3s, 4s, and 5s/school age are over or group size by 1-2 children
- when there is enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios

[Assessment](#)

Caregivers must provide the direct supervision required in this rule when children are being taken off-site to and from school.

During an off-site activity parent volunteers may be used. However, the children must still be under the direct supervision of a qualified caregiver who has passed a background screening and meets all of the other caregiver requirements. If a parent is the only one in the car with children in care other than his/her own, the parent would need to meet the volunteer caregiver requirements (pass a CBS/LIS, complete orientation training, have first aid and CPR, etc.)

(5) If off-site activities are offered:

- (d) at least one caregiver present shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification;**

[Rationale/Explanation](#)

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. *CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, pgs. 287-288 Standard 6.5.1.1.*

[Enforcement](#)

Level 2 Noncompliance if there is no CPR certification. Level 3

Noncompliance if there is no first aid certification.

[Assessment](#)

Refer to Section 10 Emergency Preparedness for more details on CPR course requirements.

(5) If off-site activities are offered:

- (e) caregivers shall take a first aid kit with them;**

Rationale/Explanation

The purpose of this rule is to ensure centers have the supplies needed to respond to minor injuries of children, while also ensuring that children are not injured by having access to harmful items in the kit. *CFOC, 3rd Ed. pgs. 257-258 Standard 5.6.0.1.*

Enforcement

Always Level 3 Noncompliance.

(5) If off-site activities are offered:

- (f) children shall wear or carry with them the name and phone number of the center, but children's names shall not be used on name tags, t-shirts, or other identifiers; and**

Rationale/Explanation

The purpose of this rule is so that the center can be contacted if a child becomes lost while on a field trip and the group cannot be found at the field trip site. The purpose of not using children's names on identifiers is so that strangers cannot call a child by his or her name. Children may be more likely to respond to a stranger who approaches them if the stranger calls the child by their name.

Enforcement

Level 1 Noncompliance if a child becomes lost and does not have the center's name and phone number or if a child is abducted and his/her name was used on his/her identifier.

Level 3 Noncompliance otherwise.

Assessment

Children in care need to wear or carry with them the name and phone number of the center, even when in swimming pools.

(5) If off-site activities are offered:

- (g) caregivers shall provide a way for children to wash their hands as specified in R381-100-16(2). If there is no source of running water, caregivers and children may clean their hands with wet wipes and hand sanitizer.**

Rationale/Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. *CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1.*

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1.*

Enforcement

Level 2 Noncompliance if handwashing does not take place after a caregiver or child uses the toilet.

Level 3 Noncompliance otherwise.

Assessment

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

- (6) If swimming activities are offered, caregivers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the caregiver to child ratio.**

Rationale/Explanation

Constant vigilant supervision of children near any body of water is essential. Each year approximately 1,500 children under age 20 drown, many in swimming pools. In a comprehensive study of drowning and submersion incidents involving children under 5 years of age, the Consumer Product Safety Commission found that pool submersions involving children happen quickly. Seventy-seven percent of the victims had been missing from sight for 5 minutes or less, and splashing often did not occur to alert anyone that the child was in trouble. Careful supervision is also needed to ensure that children do not engage in dangerous behavior around swimming pools. *CFOC, 3rd Ed. pgs. 68-69 Standards 2.2.0.4, 2.2.0.5.*

Enforcement

Always Level 2 Noncompliance.

R381-100- 21: TRANSPORTATION

Purpose

This section provides rules and information about vehicles used to transport children and requirements of the transporting caregiver.

General Information

When the licensee makes arrangements for a parent to transport children other than his/her own to an activity (such as a field trip), then the children are considered children in care and the parent is considered a caregiver. The licensee needs to be in compliance with all the applicable rules, including background checks, orientation training, current First Aid and CPR certification, and rules pertaining to the vehicle.

However, if parents are making arrangements among themselves, without any involvement from the licensee (such as picking up their child and another child and transporting them all to and from school) and the Licensee is not responsible for the child (the child is signed out), then the child would not be considered a child in care and the parent would not be considered a caregiver.

- (1) Any vehicle used for transporting children shall:**
(a) be enclosed;

Rationale / Explanation

The purpose of this rule is to ensure that children are not at risk for falling out of an open vehicle while it is in motion, or being thrown from the vehicle in an accident.

Enforcement

Always Level 2 Noncompliance.

Assessment

Enclosed means that the vehicle has a top/roof. It does not mean the windows must be rolled up.

- (1) Any vehicle used for transporting children shall:**
(b) be equipped with individual, size appropriate safety restraints, properly installed and in working order, for each child being transported;

Rationale / Explanation

The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States, and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. *CFOC, 3rd Ed. pgs. 289-291 Standard 6.5.2.2*

Enforcement

Always Level 2 Noncompliance.

Assessment

“Safety restraints” refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:

41-6a-1803. Driver and passengers – Seat belt or child restraint device required.

- (1) (a) The operator of a motor vehicle operated on a highway shall:
 - (i) wear a properly adjusted and fastened safety belt;
 - (ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
 - (iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

Seat belts that are frayed, torn or ripped will be considered out of compliance.

- (1) **Any vehicle used for transporting children shall:**
 - (c) **have a current vehicle registration and safety inspection;**
 - (d) **be maintained in a safe and clean condition;**

Rationale / Explanation

The purpose of this rule is to ensure that children are transported in a safe vehicle that meets all legal requirements for the operation of a vehicle in Utah. *CFOC, 3rd Ed. pg. 373 Standard 9.2.5.1*

Enforcement

Level 1 Noncompliance if the vehicle has a serious safety problem, such as if there are broken windows with exposed glass edges, broken doors that do not close, seats have become unattached from the floor of the vehicle, carbon dioxide coming into the vehicle due to a faulty muffler, or faulty brakes.

Level 3 Noncompliance if the vehicle is not clean, or doesn't have documentation of a current registration.

Assessment

No vehicle used by multiple children can be expected to be free of all debris. Maintaining vehicles in clean condition should allow for normal daily use. This rule applies to situations in which there is a buildup of dirt or debris such that it endangers children's health or safety (for example, if there is so much debris that it causes a tripping hazard, or if there is a buildup of soil, food, or other debris that provides a place where disease-causing bacteria can grow).

Current registration/safety inspection stickers for the license plate or registration/safety inspection cards for the window will be accepted as documentation.

- (1) **Any vehicle used for transporting children shall:**
 - (e) **maintain temperatures between 60-90 degrees Fahrenheit when in use;**

Rationale / Explanation

Some children have problems with temperature variations. Whenever possible, opening windows to provide fresh air to cool a hot interior is preferable before using air conditioning. Over-use of air conditioning can increase problems with respiratory infections and allergies. Excessively high temperatures in vehicles can cause neurological damage in children. Temperatures in hot cars can reach dangerous levels within 15 minutes. *CFOC, 3rd Ed. pgs. 291-292 Standard 6.5.2.4*

Enforcement

Level 1 Noncompliance if the temperature in a vehicle is 100 degrees Fahrenheit or higher or 0 degrees Fahrenheit or lower and an infant or toddler was in the vehicle for 15 minutes or more.

Level 2 Noncompliance if the temperature in a vehicle is 100 degrees Fahrenheit or higher or 0 degrees Fahrenheit or lower and a preschool or school age child was in the vehicle for 15 minutes or more.

Level 3 Noncompliance otherwise.

- (1) Any vehicle used for transporting children shall:
(f) contain a first aid kit; and**

Rationale / Explanation

Caregivers must be able to respond to the needs of children in case of injury, which requires that adequate emergency supplies be available in all conditions, including when children are being transported. *CFOC, 3rd Ed. pgs. 257-258 Standard 5.6.0.1.*

Enforcement

Always Level 3 Noncompliance.

Assessment

When the facility uses more than one vehicle, each vehicle will be inspected for a first aid kit.

- (1) Any vehicle used for transporting children shall:
(g) contain a body fluid clean up kit.**

Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk, because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. *CFOC, 3rd Ed. pgs. 30-31 Standard 1.4.5.3 pgs. 114-116 Standard 3.2.3.4*

Enforcement

Always Level 3 Noncompliance.

- (2) At least one adult in each vehicle transporting children shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification.**

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation.

CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

Enforcement

Level 2 Noncompliance if there is no CPR certification. Level 3

Noncompliance if there is no first aid certification.

Assessment

For course requirements refer to Section 10 emergency preparedness.

The expiration date on the first aid and CPR card determines whether or not the certification is current. The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.

Equivalent CPR certification must include hands-on skills testing.

- (3) The adult transporting children shall:**
(a) have and carry with them a current valid Utah driver's license, for the type of vehicle being driven, whenever they are transporting children;

Rationale / Explanation

Driving children is a significant responsibility. The purpose of this rule is to ensure that anyone who drives children is competent to drive the vehicle being driven. *CFOC, 3rd Ed. pgs 288-289, Standard 6.5.1.2.*

In Utah, a person who drives a vehicle designed to carry 16 or more passengers, including the driver, is required to have a commercial driver's license (CDL). *See Utah Code, Title 53, Section 3, Subsection 102(4) & (5).*

Enforcement

Always Level 3 Noncompliance.

- (3) The adult transporting children shall:**
(b) have with them written emergency contact information for all of the children being transported;

Rationale / Explanation

The purpose of this rule is to ensure that children's contact and emergency information is available any time they are being transported. In the event of an accident or a missing child, both caregivers and emergency response personnel may need access to children's emergency and contact information. *CFOC, 3rd Ed. pgs. 257-258 Standard 5.6.0.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

For the purposes of this rule, children's contact and emergency information cannot be stored in an electronic device. This is because in the event of an accident, emergency responders may not know how to access the information electronically.

(3) The adult transporting children shall:

- (c) ensure that each child being transported is wearing an appropriate individual safety restraint;**

Rationale / Explanation

The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States, and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. *CFOC, 3rd Ed. pgs. 289-291 Standard 6.5.2.2.*

Enforcement

Always Level 2 Noncompliance.

Assessment

"Safety restraints" refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:

41-6a-1803. Driver and passengers – Seat belt or child restraint device required.

(1) (a) The operator of a motor vehicle operated on a highway shall:

- (i) wear a properly adjusted and fastened safety belt;
- (ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
- (iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

(3) The adult transporting children shall:

- (d) ensure that no child is left unattended by an adult in the vehicle;**

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. This includes supervising children during transport. The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. (*Temperatures in hot cars can reach dangerous levels within 15 minutes.*) *CFOC, 3rd Ed. pgs. 6-7 Standard 1.1.1.4, pgs. 64-66 Standard 2.2..0.1, pgs. 287-288 Standard 6.5.1.1*

Enforcement

Always Level 2 Noncompliance.

(3) The adult transporting children shall:

- (e) ensure that all children remain seated while the vehicle is in motion;**

[Rationale / Explanation](#)

The purpose of this rule is to ensure that children are not injured by falling or being thrown when a vehicle moves, such as in a sudden stop or start. Moving children may also distract the driver and cause an increased risk of an accident. *CFOC, 3rd Ed. pg. 291 Standard 6.5.2.3*

[Enforcement](#)

Always Level 2 Noncompliance.

- (3) The adult transporting children shall:**
(f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,

[Rationale / Explanation](#)

The purpose of this rule is to prevent children from starting and/or moving a vehicle in the absence of a responsible driver.

[Enforcement](#)

Level 1 Noncompliance if keys are in the ignition and the driver is not in the vehicle.

Level 2 Noncompliance if keys are in the ignition and the driver is in the vehicle, but not in the driver's seat.

- (3) The adult transporting children shall:**
(g) ensure that the vehicle is locked during transport.

[Rationale / Explanation](#)

The purpose of this rule is to prevent an intruder from getting into the vehicle, and to prevent children from accidentally falling out of the vehicle or opening a door before a vehicle comes to a stop.

[Enforcement](#)

Always Level 3 Noncompliance.

[Assessment](#)

This rule does not apply to commercial buses that will not go into drive gear if the bus door is locked.

R381-100- 22: ANIMALS

Purpose

This section provides rules and information about regulations for animals that are at the facility and rules for children interacting with animals.

General Information

If the provider chooses to feed a stray animal, the animal will be considered the provider's and would need to comply with all applicable rules, such as current vaccinations.

(1) The provider shall inform parents of the types of animals permitted at the facility.

Rationale / Explanation

The purpose of this rule is to ensure that parents are aware of any animals their child may come in contact with at the center. This is important because the risk of injury, infection, and aggravation from allergies due to contact between children and animals is significant. *CFOC, 3rd Ed. pgs. 119-121 Standard 3.4.2.1, pgs. 349-350 Standard 9.2.1.3.*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule includes fish and frogs.

This rule only applies to animals that are at the center on a regular basis. Animals that are brought in for show and tell do not need immunizations or parent notification.

(2) All animals at the facility shall be clean and free of obvious disease or health problems that could adversely affect children.

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. *CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3.*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule includes fish and frogs.

(3) All animals at the facility shall have current immunizations for all vaccine preventable diseases that are transmissible to humans. The center shall have documentation of the vaccinations.

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. *CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3.*

Enforcement

Always Level 2 Noncompliance.

Assessment

A veterinary tag that includes the required information and shows that the vaccination is current may be used in lieu of an animal vaccination record.

Animals that are brought in for show and tell do not need immunizations or parent notification.

Licensors will look for documentation of rabies vaccinations for cats, dogs, and ferrets to verify compliance with this rule.

- (4) There shall be no animal on the premises that has a history of dangerous, attacking, or aggressive behavior, or a history of biting even one person.**

Rationale / Explanation

The purpose of this rule is to prevent injury to children by an aggressive animal. *CFOC, 3rd Ed. pg. 121, Standard 3.4.2.2.*

Enforcement

Level 1 Noncompliance if the animal is accessible to a child in care or bites a person. Level

2 Noncompliance otherwise.

Assessment

Pythons, boa constrictors, and anacondas are naturally aggressive animals and are very dangerous. Therefore, they may not be on the premises. African ball pythons are not aggressive. If documentation confirming the snake is an African ball python, a finding will not be issued.

If an animal bites a person, and the owner/director immediately removes the animal from the facility and does not allow it back, this rule is in compliance. This includes birds, lizards and any animal whether or not they are kept in a cage and whether or not they need vaccinations.

- (5) Infants, toddlers, and preschoolers shall not assist with the cleaning of animals or animal cages, pens, or equipment.**

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. A pet's food can also become contaminated by standing at room temperature. The purpose of this rule is to prevent the spread of disease to children from animal food or droppings. *CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3.*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule includes fish and frogs.

- (6) If a school age child assists in the cleaning of animals or animal equipment, the child shall wash his or her hands immediately after cleaning the animal or equipment.**

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. A pet's food can also become contaminated by standing at room temperature. The purpose of this rule is to prevent the spread of disease to children from animal food or droppings. *CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3*

Enforcement

Always Level 3 Noncompliance.

- (7) There shall be no animals or animal equipment in food preparation or eating areas.**

Rationale / Explanation

The presence of animals in food preparation or eating areas can increase the risk of contaminating food. *CFOC, 3rd Ed. pgs. 185-186 Standard 4.8.0.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule includes frogs.

Animals and animal equipment must be at least 36 inches from food preparation or eating surfaces in order for this rule to be in compliance. All kitchen counters are considered to be food preparation areas.

Providers who have airtight, watertight covers on animal food and water dishes that are in food preparation or eating areas meet this rule.

This rule does not prohibit fish bowls or tanks in food preparation or eating areas.

- (8) Children shall not handle reptiles or amphibians.**

Rationale / Explanation

The purpose of this rule is to prevent the spread of salmonella. *CFOC, 3rd Ed. pg. 121 Standard 3.4.2.2.*

Reptiles are cold-blooded air-breathing animals covered with scales, for example: snakes, lizards, and turtles. Amphibians are cold-blooded animals that are able to live both on land and in water, for example: frogs and salamanders.

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule applies to reptiles and amphibians brought in by a zoo or visiting program or any when on a field trip. Touching reptiles and amphibians, even if wearing gloves, is the same as handling reptiles and amphibians.

R381-100- 23: DIAPERING

Purpose

This section provides rules and information about diapering children in care.

General Information

This section applies to all diapered children regardless of their ages.

Disposable training pants, such as Pull-Ups, are considered diapers and all the rules apply.

Diapers such as, A g-diaper (<http://www.gdiapers.com/>), are part disposable and part reusable. Child care provider should not flush the insert, but treat them as disposable diapers and properly dispose of them as required by rule. The outside plastic lining should be treated as a cloth diaper.

When the rule refers to soiled diapers it means diapers that have been used.

If the center diapers children, the following applies:

- (1) Caregivers shall change children's diapers at a diaper changing station. Diapers shall not be changed on surfaces used for any other purpose.**

Rationale / Explanation

The use of a separate area for diaper changing reduces the contamination of other areas in the child care environment. Using diaper changing surfaces for any other purpose increases the likelihood of contamination and the spread of infectious disease agents. *CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4*

Enforcement

Level 1 Noncompliance if diapers are changed in a food preparation or eating area. Level

3 Noncompliance otherwise.

Assessment

Children who are too large to be changed at the diapering station, such as older children with disabilities, may be changed on a nap mat or other smooth, waterproof surface placed on the floor, provided the surface is thoroughly cleaned and sanitized after each diaper change. When this is the case, children should still be changed next to the diaper changing station and not in any other area of the room.

Potty training children can be changed in the bathroom, but the required procedures for handwashing and disposal of diapers or pull-ups must be followed.

If a potty training child has a toileting accident, that child may be changed on a mat on the bathroom floor if the mat is always cleaned and sanitized afterward. The mat may not be stored behind the toilet.

- (2) Each diapering station shall be equipped with railings to prevent a child from falling when being diapered.**

Rationale / Explanation

The purpose of this rule is to prevent injury to children due to falls from the diaper changing station. Data from the Consumer Product Safety Commission shows that falls are a serious hazard associated with diaper changing tables. Some changing tables have straps that are intended to prevent children from falling, but these straps can trap soil and contaminants, making them difficult to disinfect, so they should not be used. *CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4*

Enforcement

Always Level 2 Noncompliance.

Assessment

Diapering stations with a molded edge that prevents children from falling are acceptable, unless the diapering mat is thick enough that it is flush with the molded edge, so that the molded edge does not protect children from rolling or falling off the changing table.

A railing can be a molded edge that prevents children from rolling off the changing table.

(3) Caregivers shall not leave children unattended on the diapering surface.

Rationale / Explanation

The purpose of this rule is to prevent injury to children due to falls from the diaper changing station. *CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4*

Enforcement

Level 1 Noncompliance if there are no railings and a child is left unattended on the diapering surface. Level

2 Noncompliance otherwise.

(4) The diapering surface shall be smooth, waterproof, and in good repair.

Rationale / Explanation

The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and disinfected, in order to prevent the spread of disease-causing agents. It is difficult, if not impossible, to disinfect porous surfaces or surfaces that cannot be completely cleaned. *CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4*

Even a small crack somewhere on the diapering surface could allow bacteria to grow.

Enforcement

Always Level 2 Noncompliance.

Assessment

A smooth waterproof surface means one that does not absorb liquid or retain soil. In good repair means that there are no tears or holes in the waterproof surface, which makes it difficult to adequately sanitize the surface.

Diaper mats may be repaired with vinyl glue as long as the glue is waterproof when dry.

Providers can repair rips and tears on diapering surfaces with plastic and/or duct tape, as long as the duct tape is on the bottom and not where the child will be changed.

- (5) **The provider shall post diapering procedures at each diapering station and ensure that they are followed.**

Rationale / Explanation

The purpose of this rule is to ensure that all caregivers are aware of and follow correct diaper changing procedures, in order to prevent the spread of disease-causing agents. *CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4, pg. 428, Appendix D*

These procedures are not required by Child Care Licensing. The American Academy of Pediatrics and the American Public Health Association recommend the following diapering procedures:

1. Before you bring the child to the diaper changing area, wash your hands and bring the supplies you will need to the diaper changing area, including: a clean diaper, clean clothes (if needed), wipes removed from the container, disposable gloves (if you will use them), and diaper cream on a tissue or paper towel.
2. Carry the child to the changing table, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.
3. Unfasten the soiled diaper but leave it under the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from front to back, using a fresh wipe each time. Put the soiled wipes into the soiled diaper, or directly into a plastic-lined, hands-free covered container.
4. Fold the soiled diaper surface inward, and put the soiled diaper into a plastic-lined, hands-free covered container. If reusable cloth diapers are used, put the soiled diaper and its contents, without rinsing, into a plastic bag or a plastic-lined, hands-free covered container.
5. If gloves were used, remove them and put them into a plastic-lined, hands-free covered container.
6. Use a disposable wipe to clean the caregivers hands, and another wipe to clean the child's hands. Put the soiled wipes into a plastic-lined, hands-free covered container.
7. Slide a clean diaper under the child and use the tissue or paper towel to apply any necessary diaper cream. Dispose of the tissue or paper towel in a plastic-lined, hands-free covered container, then fasten the diaper.
8. Wash the child's hands and return them to the group.
9. Clean the diaper changing surface.
10. Sanitize the diaper changing surface.
11. Wash your hands.

Enforcement

Always Level 3 Noncompliance.

Assessment

Changing a child's clothing due to a toileting accident is not diapering a child. Therefore, the provider would not be required to post diapering procedures.

It is permissible for caregivers to use clean cloth rags or wash cloths for each diaper change instead of using disposable diaper wipes to clean children after diaper changes.

- (6) **Caregivers shall clean and sanitize the diapering surface after each diaper change.**

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. *CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4*

Enforcement

Level 2 Noncompliance if there are visible feces left on the diapering surface after a diaper change.

Level 3 Noncompliance otherwise.

Assessment

If there are feces on the diapering surface after a diaper change, the surface must be cleaned before the sanitizing solution is applied.

If a disposable, non-permeable diapering pad that is thrown away after each diaper change is used as the diapering surface, the surface under the pad does not have to be cleaned and sanitized after each diaper change.

Cleaning is removing the dirt or feces and sanitizing is killing the germs. The entire diapering surface must be cleaned and sanitized after each use.

Providers may use any sanitizing agent as long as the manufacturer's instructions are followed. The caregiver must leave the product on the surface for the amount of time listed on the instructions.

A finding will not be issued if there is a small crack on a hard surface. If there is a crack on a changing pad, the surface is not waterproof and cannot be sanitized and a finding will be issued.

(7) Caregivers shall wash their hands before and after each diaper change.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. *CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4, pgs. 110-111 Standard 3.2.2.1*

Enforcement

Level 2 Noncompliance if a caregiver does not wash her/his hands after a diaper change when the diaper was soiled with feces.

Level 3 Noncompliance otherwise.

Assessment

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

(8) Caregivers shall place soiled disposable diapers in a container that has a plastic lining and a tightly fitting lid.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. Separate, plastic-lined waste containers that do not require touching with contaminated hands and that children cannot access encloses odors and prevents children from coming into contact with body fluids. *CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4, pg. 226 Standard 5.2.7.4*

Enforcement

Level 2 Noncompliance if soiled diapers are not put into any container (for example, they are left sitting on the diaper changing station, the floor, or a counter).

Level 3 Noncompliance otherwise.

Assessment

If changing tables have containers that are completely enclosed, they are considered having a tight fitting lid.

Diaper containers that have flip tops or swinging lids are considered tight fitting lids.

(9) The provider shall daily clean and sanitize containers where wet and soiled diapers are placed.

Rationale / Explanation

The purpose of this rule is to prevent noxious odors and the spread of disease. *CFOC, 3rd Ed. pg. 226 Standard 5.2.7.5*

Enforcement

Always Level 3 Noncompliance.

**(10) If cloth diapers are used:
(a) they shall not be rinsed at the center; and**

Rationale / Explanation

Containing and minimizing the handling of soiled diapers so they do not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing a cloth diaper or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. *CFOC, 3rd Ed. pg. 105 Standard 3.2.1.2.*

Enforcement

Always Level 3 Noncompliance.

**(10) If cloth diapers are used:
(b) after a diaper change, the caregiver shall place the cloth diaper directly into a leakproof container that is inaccessible to children and labeled with the child's name, or a leakproof diapering service container.**

Rationale / Explanation

Containing and minimizing the handling of soiled diapers so they do not contaminate other surfaces is essential to prevent the spread of infectious disease. *CFOC, 3rd Ed. pg. 105 Standard 3.2.1.2.*

Enforcement

Always Level 2 Noncompliance.

Assessment

Providers may use any leakproof container to store soiled or wet cloth diapers, including bags lined with plastic.

(11) Caregivers shall change children's diapers promptly when they are wet or soiled, and shall check diapers at least once every two hours.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend checking children's diapers at least once every hour, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The reason for this is because the frequency and severity of diaper rash is lessened when diapers are changed more often. *CFOC, 3rd Ed. pgs. 105-106 Standard 3.2.1.3*

Enforcement

Always Level 3 Noncompliance.

Assessment

The caregiver does not need to wake sleeping children to check/change their diapers.

It is up to the provider to decide how they will check diapers. However, the provider must change children's diapers if wet or soiled.

This rule will be out of compliance if, during the interview, the caregiver states they do not check diapers every two hours.

- (12) Caregivers shall keep a written record daily for each infant and toddler documenting their diaper changes. The record shall be completed within an hour of each diaper change, and shall include the child's name, the time of the diaper change, and whether the diaper was wet, soiled, or both.**

Rationale / Explanation

The purpose of this rule is to ensure that children's diapers are changed as needed, including during caregiver shift changes. It also allows parents to know when their children's diapers were changed, and can alert both parents and caregivers to any changes in the child's bowel movement pattern. *CFOC, 3rd Ed. pgs. 105-106 Standard 3.2.1.3.*

Enforcement

Always Level 3 Noncompliance.

Assessment

Provider may keep electronic records, such as baby-connect.com, as long as it includes all of the required information.

If an infant or toddler's parent is a caregiver who is in the same room as his/her child, records do not need to be kept. However, if the parent is working in a different part of the facility, the caregiver must complete a record for the child.

- (13) Caregivers whose designated responsibility includes the care of diapered children shall not prepare food for children or staff outside of the classroom area used by the diapered children.**

Rationale / Explanation

The purpose of this rule is to ensure that caregivers who diaper children do not potentially contaminate the food for all children in the center by diapering children and then preparing food for the children in the center. An exception to this rule may be made for a staff member who cooks food immediately upon entering the center, such as making breakfast, and who then assumes caregiver duties for diapered children only after finishing food preparation duties.

In such cases, the caregiver may never go back to food preparation outside of the classroom on any given day after they have assumed caregiving duties for diapered children. *CFOC, 3rd Ed. pgs. 188-189 Standard 4.9.0.2*

Enforcement

Always Level 3 Noncompliance.

Assessment

When the total enrollment of the center is eight or less and there is only one group of children at the center, the caregiver can use the kitchen as a classroom and that caregiver can prepare food and diaper children. When there are more than eight children enrolled or two or more groups of children at the center, the caregiver cannot use the kitchen as a classroom and prepare food and diaper children.

R381-100- 24: INFANT AND TODDLER CARE

Purpose

This section provides rules and information about caring for children ages birth to 24 months.

General Information

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. *CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4.*

Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. *CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4.*

If the center cares for infants or toddlers, the following applies:

- (1) The provider shall not mix infants and toddlers with older children, unless there are 8 or fewer children present in the group.**

Enforcement

Level 1 Noncompliance when there are more than four children in the group. Level 3

Noncompliance when there are four or fewer children in the group.

Assessment

When infants and/or toddlers are combined with older children, the room the children are cared for in will be assessed as an infant/toddler classroom and must meet the requirements for an infant/toddler room. For example, it must have a diaper changing station [100-23(1)] and sinks [100-4(5)], it cannot be used as access to other areas [100-4(6)], etc.

Two caregivers must be with groups of children with more than two infants and/or toddlers.

A group with more than one caregiver may be very briefly out of ratio if a staff person needs to use the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.

This rule applies to infants and toddlers who are children of center employees.

Infants and toddlers may be with older children for occasional special visitors and programs but not for regularly scheduled activities.

Employees' own infants and toddlers count in the ratio and group size.

- (2) Infants and toddlers shall not use outdoor play areas at the same time as older children unless there are 8 or fewer children in the group.**

Enforcement

Always Level 1 Noncompliance.

Assessment

If there is a separate, enclosed outdoor play area for infants and toddlers, they may be outside at the same time as other groups of children. There must be 40 square feet of space per child and required number of staff in both areas.

- (3) If an infant is not able to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.**

Rationale/Explanation

Propping bottles can cause choking and aspiration, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. *CFOC, 3rd Ed. pgs. 170-171*

Enforcement

Always Level 2 Noncompliance.

- (4) The provider shall clean and sanitize high chair trays prior to each use.**

Rationale/Explanation

The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of microorganisms that can cause disease. *CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2*

Enforcement

Always Level 3 Noncompliance.

Assessment

If an infant is in a high chair playing with toys and puts a toy in his/her mouth and back on the tray, the tray needs to be sanitized before it is used by another child.

- (5) The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.**

Rationale/Explanation

These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking, because infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. *CFOC, 3rd Ed. pgs. 181-182 Standard 4.5.0.10*

Enforcement

Always Level 2 Noncompliance.

Assessment

Examples of solid foods that must be cut into small pieces include solid meat, hard cheeses, and fresh or frozen fruits and vegetables.

These items are **not** required to be cut into small pieces:

bread	cupcakes	sandwiches
burritos	ice cream cones	shredded cheese
cooked pasta	leafy vegetables	tacos
cookies	muffins	tater tots
crackers	pizza	teething biscuits

These items **must be** cut into small pieces:

bananas	frozen green beans	meatballs
cheese	fruit chunks	meat chunks
grapes	hot dogs	vegetable chunks
fresh beans	marshmallows	

- (6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:**
- (a) labeled with the child's name;**
 - (b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;**

Rationale/Explanation

The purposes of this rule are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction). *CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12*

Enforcement

Always Level 3 Noncompliance.

Assessment

Breast milk that is collected and frozen immediately after collection is not considered "prepared" or "opened". **Breast milk that is collected and never frozen will be considered prepared.**

Preparation of food includes, mixing a powder with a liquid, opening a jar of food, or removing frozen breast milk from the freezer. Fresh breast milk collected and refrigerated immediately, may be stored in the refrigerator for up to 72 hours after collection.

If a parent brings his/her child to the center with a prepared bottle already, the caregiver should document the time the bottle arrived at the center as the time of preparation. Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.

If baby food, formula, and/or breast milk is in a container labeled with the child's name, date, and time of preparation, this rule will be considered in compliance.

Breast milk for a provider's own child does not need to be labeled with the time of preparation.

If a caregiver prepares a bottle and immediately feeds it to a child, the bottle does not have to be labeled. However, if there is any left over formula or breast milk in the bottle and the bottle is left sitting around, the bottle has to be labeled with the child's name, date and time of preparation.

Bottles labeled by the parents will be assessed with information the parents wrote on the bottle. If the provider relabels the bottle with the date and time it came to the center, it will be assessed with the provider information.

(6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:

(c) kept refrigerated if needed; and

Rationale/Explanation

The purposes of this rule are to ensure that a children do not become ill from eating spoiled food. *CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

Enforcement

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food. Level 3

Noncompliance otherwise.

(6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:

(d) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.

Rationale/Explanation

The purposes of this rule are to ensure that children do not become ill from eating spoiled food. *CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

Enforcement

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food. Level 3

Noncompliance otherwise.

Assessment

If a parent brings his/her child to the center with a prepared bottle, the caregiver should document the time the bottle arrived at the center as the time of preparation.

Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.

This rule does not apply to containers (pint, quart, half gallon, or gallon) of milk that are purchased from the store. This rule does not apply to solid food.

(7) Formula and milk, including breast milk, shall be discarded after feeding, or within two hours of initiating a feeding.

Rationale/Explanation

The purpose of this rule is to prevent children from eating spoiled milk or formula and to prevent the spread of disease. Bacteria introduced by saliva makes milk consumed over a period of more than an hour unsuitable and unsafe for consumption. *CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

Enforcement

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food.

Level 3 Noncompliance otherwise.

Assessment

If a parent brings his/her child to the center with a prepared bottle, the caregiver should document the time the bottle arrived at the center as the time of preparation.

Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.

This rule does not apply to containers (pint, quart, half gallon, or gallon) of milk that are purchased from the store.

(8) To prevent burns, heated bottles shall be shaken and tested for temperature before being fed to children.

Rationale/Explanation

The American Academy of Pediatrics and the American Public Health Association recommend warming infant bottles by placing them under warm running tap water or placing them in a container of water that is no warmer than 120 degrees, for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for an extended period of time provide an ideal medium for bacteria to grow. In addition, infants have received burns from hot water dripping from an infant bottle that was removed from a crock pot, or by pulling the crock pot down on themselves by a dangling cord. *CFOC, 3rd Ed. Pgs. 171-172 Standard 4.3.1.9*

Gently shaking warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle shaking is important, because excessive shaking of human breast milk may damage some of the cellular components of the milk that are valuable to infants, as may excessive heating. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

Enforcement

Always Level 3 Noncompliance.

(9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.

Rationale/Explanation

The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. *CFOC, 3rd Ed. pg. 118 Standard 118*

Enforcement

Always Level 3 Noncompliance.

Assessment

If, when each meal is served, a caregiver brings cups for children into the room and removes the cups from the room immediately after the meal to clean and sanitize them (so that the cups are only in the room during the meal), the cups do not need to be labeled with each child's name.

If a pacifier is too small to be labeled with a child's full name, it can be labeled with the child's initials.

If caregivers are having a hard time labeling these items because they are plastic and the labeling rubs off, they can scratch the child's name or initials into the item with a safety pin or use a clip with the short ribbon that attaches to the child's clothing and label the ribbon or the clip with the child's name.

Caregivers may use color coded pacifiers, bottles, or cups instead of labeling them with the child's name, if each child is assigned a different color and there is a chart visible showing which color is assigned to each child.

Pacifiers cannot be labeled as belonging to the center staff and sanitized between use, because pacifiers cannot be shared, no matter who purchases them.

(10) Only one infant or toddler shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.

Rationale/Explanation

The purpose of this rule is to prevent infants from accidentally injuring one another.

Enforcement

Level 2 Noncompliance if 2 or more mobile infants occupy the same piece of equipment. Level 3

Noncompliance otherwise.

Assessment

This rule does not prohibit a provider from using a crib to evacuate multiple children for an emergency drill or an actual emergency evacuation.

If a crib is used to transport children within the center, the children should not be left in the crib together after they have been transported.

Equipment such as a gated play area can be used by more than one infant and/or toddler at a time. However, unless there is at least 35 square feet of play space for each child, they cannot be in the equipment for more than 30 minutes.

Evacuation cribs cannot be used to take multiple children for a walk.

Wagons are intended to hold more than one child, so if more than one infant and/or toddler is in the wagon a finding will not be issued.

(11) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. Infants shall not be placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment.

Rationale/Explanation

The purpose of this rule is to prevent injury to children from entrapment, falls, or other children, and to reduce the risk of Sudden Infant Death Syndrome, which increases when children are not put to sleep lying on their backs. *CFOC, 3rd Ed. pgs. 96-99 Standard 3.1.4.1*

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule is not out of compliance if a parent gives staff written instructions for the infant to sleep in another piece of equipment.

If an infant falls asleep in a piece of equipment not designed for sleeping, the caregiver must immediately move him/her to appropriate sleeping equipment.

If an infant arrives at the center asleep in a car seat, the caregiver must move the him/her to appropriate sleeping equipment.

The Boppy website (www.boppy.com) states that a boppy should never, ever be used for a baby to sleep on. It goes on to state that it should not be used in a crib, cradle, bassinet, playpen, play yard or bed, and that improper use of this product could result in serious injury or death. Therefore, a boppy is **not** equipment designed for sleeping. Infants may not sleep on blankets in the outdoor play area. Providers may take a piece of sleeping equipment outside and place the infant in it.

If caregivers want to use a pieces of equipment for sleeping, such as Fisher Price Soothing Motions Glider, documentation from the manufacturer must be available that states it is for sleeping infants. Many of them are not intended for prolonged periods of sleep and do not meet the CPSC standards.

Bassinets may be used until the infant is old enough to sit up on his/her own.

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

(12) Cribs must:

- (a) have tight fitting mattresses;**

Rationale/Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. *CFOC, 3rd Ed. pgs. 253- 254 Standard 5.4.5.2*

Enforcement

Always Level 2 Noncompliance.

Assessment

Blankets, eggshell mattress, foam, etc. cannot be wedged in between the mattress and the crib frame. The only way to correct a mattress that is not tight fitting is to replace it with a mattress that is tight fitting.

To determine a mattress is tight fitting, Licensing Specialists will move the crib mattress to one corner of the crib and as close as possible to the head or foot of the crib. They will then place the choke tube in the vertical position between the crib and middle of the remaining sides of the mattress. If the tube fits entirely in the opening, the mattress is not tight fitting.

Sleeping children will not be woken up to assess cribs or mattresses.

As long as it is flush with the top of the mattress, wood can be added to the frame of a crib to create a tight fitting mattress.

Because they have thin mats, porta-cribs will not be assessed for this rule.

Do not assess cribs that are used only for evacuation in the case of an emergency. However, when the evacuation crib is also used to nap children it needs to be in compliance with all the crib rules.

When a provider converts a crib to a toddler bed, it is no longer considered a crib. You can remind the provider that it cannot be used to nap an infant, and that it could not be used for any child in care if the side is added back on (after 12/28/2012) to make it back into a crib.

Do not assess cribs identified as not being used by children in care unless you observe a child in care in the crib.

- (12) **Cribs must:**
(b) have slats spaced no more than 2-3/8 inches apart;

Rationale/Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. *CFOC, 3rd Ed. pgs. 253- 254 Standard 5.4.5.2*

Enforcement

Always Level 2 Noncompliance.

Assessment

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

- (12) **Cribs must:**
(c) have at least 20 inches from the top of the mattress to the top of the crib rail;

Rationale/Explanation

The purpose of this rule is to prevent injuries to children. Children can be injured falling from a crib if the top of the crib rail is not high enough to prevent falls. (Depending on the age, size, and mobility of the child, there may need to be more than 20 inches from the top of the mattress to the top of the crib rail, to prevent standing children from falling out of the crib.)

CFOC, 3rd Ed. pgs. 253-254 Standard 5.4.5.2

Enforcement

Level 1 Noncompliance in all instances except that described below in Level 2 Noncompliance.

Level 2 Noncompliance if the infant in the crib cannot yet sit up and there is at least 12 inches from the top of the mattress to the top of the crib rail, but less than 20" or if there is not enough space from the top of the mattress to the top of the crib rail but no child is using the crib at the time of the inspection.

Assessment

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

The head of a mattress cannot be propped when it makes the distance between the mattress and the top of the crib railing less than 20 inches.

If the side of the crib is not in the up position and there is not at least 20 inches from the mattress to the top of the railing, this rule will be considered out of compliance. This is the case even if the provider is sitting next to the crib.

(12) Cribs must:

- (d) not have strings, cords, ropes, or other entanglement hazards strung across the crib rails; and**

Rationale/Explanation

The purpose of this rule is to prevent injuries to children. The presence of strings or cords strung across crib rails presents a strangulation hazard. *CFOC, 3rd Ed. pg. 285 Standard 6.4.1.3.*

Enforcement

Always Level 2 Noncompliance.

Assessment

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

This rule will be considered out of compliance when electrical cords longer than 12 inches are accessible to children in the cribs.

Mobiles over cribs are a strangulation hazard if the strings are longer than 12 inches and less than 36 inches from the crib mattress.

(12) Cribs must:

- (e) meet CPSC crib standards.**

Level 1 Noncompliance if children in care are using cribs that do not meet the CPSC standard.

Level 3 Noncompliance if a Licensee does not have documentation for cribs purchased after July 2011.

Assessment

When assessing compliance with CPSC crib standards, check the tracking label or registration form for the crib. When the label or form shows the crib was manufactured after June 28, 2011, the crib is in compliance with the CPSC standard. When Owners/Directors/Designees state the crib was purchased after June 28, 2011 and they do not have a tracking label or registration form, instruct them to contact the CPSC's Office of Compliance and Field Operations at jjirgl@cpsc.gov and request documentation that the crib was purchased after June 28, 2011. It is unlikely that cribs purchased prior to June 28, 2011 are in compliance with CPSC standards but Owners/Directors/Designees can contact the manufacturer or retailer to see if the crib has been certified.

- (13) Infants shall not be placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.**

Rationale/Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. *CFOC, 3rd Ed. pgs. 96-99 Standard 3.1.4.1*

Enforcement

Always Level 1 Noncompliance.

- (14) Each infant and toddler shall follow their own pattern of sleeping and eating.**

Rationale/Explanation

Feeding infants on demand meets their nutritional and emotional needs and helps to ensure the development of trust and feelings of security. Allowing children to sleep when they are tired meets their basic physical need for rest. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. *CFOC, 3rd Ed. pgs. 100-101 Standards 3.1.4.4, 3.1.4.5, pg. 118 Standard 4.3.1.2 pgs. 164-165 Standard 4.3.1.2*

Children's brain development can also be harmed by excess levels of cortisol, which result when children are under stress for extended periods of times because their immediate physical needs are not met. Cortisol alters the brain by making it vulnerable to processes that destroy neurons and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. *Rethinking the Brain, by Rima Shore, Families and Work Institute*

Enforcement

Always Level 3 Noncompliance.

Assessment

Toddlers may begin to be eased into group schedules for eating and napping. However any toddler who is tired must be allowed to rest and any toddler who is hungry must be given something to eat.

- (15) Caregivers shall keep a written record daily for each infant documenting their eating and sleeping patterns. The record shall be completed within an hour of each feeding or nap, and shall include the child's name, the food and beverages eaten, and the times the child slept.**

Rationale/Explanation

The purpose of this rule is to ensure that parents are informed about their children's daily eating and sleeping patterns. Because infants are non-verbal, knowing when there is a change in an infant's pattern of eating or sleeping can alert parents and caregivers to potential health problems. The daily record can also help to ensure that children's basic physical needs for food and rest are met, including during caregiver shift changes. *CFOC, 3rd Ed. pg. 386 Standard 9.4.1.18*

Enforcement

Always Level 3 Noncompliance.

Assessment

If an infant or toddler's parent is a caregiver who is in the same room as his/her child, records do not need to be kept. However, if the parent is working in a different part of the facility, the caregiver must complete a record for the child.

(16) Walkers with wheels are prohibited.

Rationale/Explanation

Because many injuries, some fatal, have been associated with the use of walkers, and because there is no clear developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used in child care centers. Walkers are dangerous because they move children around too fast, and to hazardous areas. The upright position also brings children close to objects they can pull down on themselves. Walkers are the cause of more injuries than any other baby product. Each year an estimated 21,300 children are treated in U.S. hospital emergency rooms for injuries related to walkers. *CFOC, 3rd Ed. pgs. 242-243 Standard 5.3.1.10*

Enforcement

Always Level 2 Noncompliance.

Assessment

Walkers with wheels will be considered out of compliance if the provider cares for infants and toddlers.

A walker is a device the child sits in using their legs to move themselves. If a piece of equipment has wheels but does not move the child around the room, the equipment will not be considered a walker.

(17) Infants and toddlers shall not have access to objects made of styrofoam.

Rationale / Explanation

Styrofoam can break into pieces that can become choking hazards for young children. *CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2*

Enforcement

Always Level 2 Noncompliance.

Assessment

Swimming noodles are not made of Styrofoam and do not need to be inaccessible to the children.

Styrofoam inside a bike helmet is a noncompliance item only when it is deteriorated to the point that it is crumbly and/or raked.

Infants and toddlers may use objects made of Styrofoam only when they are involved in carefully supervised activities with caregivers sitting right next to them.

This rule is considered in compliance if the Styrofoam is in a closed cupboard, drawer, closet or container.

(18) Caregivers shall respond as promptly as possible to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.

Rationale/Explanation

Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when children experience stress, the level of cortisol in their brain increases. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function.

It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children.

Rethinking the Brain, by Rima Shore, Families and Work Institute; CFOC, 3rd Ed. pg. 57 Standard 2.1.2.1

While it is not always possible for one adult caring for four infants or toddlers to respond immediately to children who are in distress, a caregiver who is not able to immediately respond to a child's needs may still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

Enforcement

Always Level 2 Noncompliance.

“Promptly” responding to infants and toddlers who are in emotional distress means responding immediately or as soon as possible if the caregiver is diapering, feeding, or administering first aid to another child. While attending to other children in this way, caregivers can still acknowledge the child in emotional distress by making eye contact with and talking to him/her.

(19) Awake infants and toddlers shall receive positive physical stimulation and positive verbal interaction with a caregiver at least once every 20 minutes.

Rationale/Explanation

Opportunities for active learning are vitally important for the development of motor skills and sensory motor intelligence. In addition, children's cognitive development depends in large part on their developing language skills. The richness of a child's language increases when it is nurtured by verbal interactions and learning experiences with adults and peers.

CFOC, 3rd Ed. pgs. 57-59 Standards 2.1.2.2, 2.1.2.3

Enforcement

Always Level 2 Noncompliance.

(20) Awake infants and toddlers shall not be confined for more than 30 minutes in one piece of equipment, such as swings, high chairs, cribs, play pens, or other similar pieces of equipment.

Rationale/Explanation

The purpose of this rule is to ensure that children have the freedom of movement needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

Always Level 2 Noncompliance.

(21) Mobile infants and toddlers shall have freedom of movement in a safe area.

Rationale/Explanation

The purpose of this rule is to ensure that children have the freedom of movement in a safe environment needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

Always Level 2 Noncompliance.

- (22) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. There shall be enough toys for each child in the group to be engaged in play with toys.**

Rationale/Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, *by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997; CFOC, 3rd Ed. pgs. 58-59 Standard 2.1.2.3.*

Enforcement

Always Level 2 Noncompliance.

Assessment

In order to be in compliance with this rule, an infant or toddler classroom must have enough toys so that if some are removed to be cleaned because a child has mouthed them, there are still enough toys left for all children in the group to be engaged in play with toys.

- (23) All toys used by infants and toddlers shall be cleaned and sanitized:**
- (a) weekly;**
 - (b) after being put in a child's mouth before another child play with it; and**
 - (c) after being contaminated by body fluids.**

Rationale/Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. The purpose of this rule is to prevent the spread of disease. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing.

Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to hold toys until they can be cleaned later. (In order to use this method, there must be enough toys to rotate them through the cleaning process.) Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can clean and sanitize the surfaces. *CFOC, 3rd Ed. pgs. 116-118 Standards 3.3.0.1, 3.3.0.2*

Enforcement

Always Level 2 Noncompliance.