

Family and Residential Certificate

Rule Interpretation, Enforcement and Assessment Manual

Legal Authority and Purpose

R430-90-1

This rule is promulgated pursuant to Title 26, Chapter 39. This rule establishes standards for the operation and maintenance of licensed family child care providers who care for one to 16 children in their home. It establishes minimum requirements for the health and safety of children in the care of licensed family providers.

R430-50-1

This rule is promulgated pursuant to Title 26, Chapter 39. This rule establishes standards for the operation and maintenance of residentially certified child care providers who care for one to eight children in their home. It establishes minimum requirements for the health and safety of children in the care of residentially certified providers.

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 Provider 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 Provider that may be conducted before or during the on-site inspection.
 - Advantages of the Provider 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 a diaper change.
- 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 one to two hours to complete. The inspection process will proceed more quickly and smoothly if:

- The Provider is not scheduled for other duties such as transporting children, preparing meals 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.
- Providers 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.

All sheds, garages, and storage areas will be inspected. During this inspection, the Licensing Specialist will ask for locked areas to be unlocked. If the areas are normally locked please do not unlock them until requested.

Unannounced Inspections

This inspection is not scheduled with the Provider 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 Provider a list of the non compliant items.
- The Licensing Specialist will give the Provider 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 chart on the next page 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

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.

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.

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.

R430-90-2 and R430-50-2: 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.

Licensed Family 90-2 and Residential Certificate 50-2:

(1) "Body fluid" means blood, urine, feces, vomit, mucus, and saliva.

Rationale/Explanation

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

Licensed Family 90-2 and Residential Certificate 50-2:

(2) "Caregiver" means an individual who provides direct care to children.

Rationale/Explanation

Licensing rules specify criteria for caregivers, including, age, training, and background clearances. Licensing rules also specify various duties caregivers must perform.

Residential Certificate 50-2:

(3) "Certificate holder" means the person holding a Department of Health child care certificate.

Rationale/Explanation

The Certificate Holder is ultimately responsible for all aspects of the facility's operation, and for compliance with the licensing rules.

Licensed Family 90-2:

(3) "Department" means the Utah Department of Health.

Residential Certificate 50-2:

(4) "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.

Licensed Family 90-2:

(4) "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.

Residential Certificate 50-2:

(5) "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*

Licensed Family 90-2:

(5) "Health care provider" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.

Residential Certificate 50-2:

(6) "Health care provider" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.

Licensed Family 90-2:

(6) "Inaccessible to children" means:

- (a) locked, such as in a locked room, cupboard or drawer;
- (b) secured with a child safety device, such as a child safety cupboard lock or doorknob device;
- (c) behind a properly secured child safety gate;
- (d) located in a cupboard or on a shelf more than 36 inches above the floor; or
- (e) not in any location in a bathroom where a child could reach, including by climbing on a toilet, bathtub, or counter.

Residential Certificate 50-2:

(7) "Inaccessible to children" means:

- (f) locked, such as in a locked room, cupboard or drawer;
- (g) secured with a child safety device, such as a child safety cupboard lock or doorknob device;
- (h) behind a properly secured child safety gate;
- (i) located in a cupboard or on a shelf more than 36 inches above the floor; or
- (j) not in any location in a bathroom where a child could reach, including by climbing on a toilet, bathtub, or counter.

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.

Items will be considered inaccessible to children if they are at the back of counters/shelves that are at least 36" high and 24" deep.

If children sleep while in care, items will be considered inaccessible if they are on counters/shelves that are at least 36" up from the surface on which a child in care sleeps.

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

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.

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

Licensed Family 90-2 and Residential Certificate 50-2(8):

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

Licensed Family 90-2:

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

Residential Certificate 50-2:

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

Licensed Family 90-2:

(9) "Licensee" means the person holding a Department of Health child care license.

Assessment

The Licensee is ultimately responsible for all aspects of the facility's operation, and for compliance with the licensing rules.

Licensed Family 90-2 and Residential Certificate 50-2:

(10) "Over-the-counter medication" means medication that can be purchased without a written prescription. 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.

Licensed Family 90-2 and Residential Certificate 50-2:

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

Licensed Family 90-2 and Residential Certificate 50-2:

(12) "Physical abuse" means causing non-accidental physical harm to a child.

Assessment

Physical abuse is prohibited in child care facilities, including when disciplining children.

Licensed Family 90-2 and Residential Certificate 50-2:

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

Licensed Family 90-2:

(14) "Provider" means the licensee.

Residential Certificate 50-2:

(14) "Provider" means the certificate holder.

Licensed Family 90-2 and Residential Certificate 50-2:

(15) "Related children" means children for whom a provider is the parent, legal guardian, step-parent, grandparent, step-grandparent, great-grandparent, sibling, step-sibling, aunt, step-aunt, great-aunt, uncle, step-uncle, or great-uncle.

Licensed Family 90-2 and Residential Certificate 50-2:

(16) "Sanitize" means to reduce the number of germs on a surface to such a level that disease transmission by that surface is unlikely.

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 ½ tablespoon of liquid chlorine bleach in 1 gallon of water, or ½ 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.

Licensed Family 90-2 and Residential Certificate 50-2:

(17) "School age" means children ages five through twelve.

Assessment

For a child to be considered school age, he/she must be at least five years old.

Licensed Family 90-2 and Residential Certificate 50-2:

(18) "Sexual abuse" means abuse as provided in Utah Code, Section 76-5-404.1.

Licensed Family 90-2 and Residential Certificate 50-2:

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

Licensed Family 90-2 and Residential Certificate 50-2:

(20) "Sleeping equipment" means a cot, mat, crib, bassinet, porta-crib, play pen, or bed.

Assessment

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

Licensed Family 90-2 and Residential Certificate 50-2:

(21) "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 a child uses 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.

A trampoline is considered a piece of stationary play 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 cannot be over a hard surface.

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

Licensed Family 90-2 and Residential Certificate 50-2:

(22) "Strangulation hazard" means something on which a child's clothes or something around a child's neck could become caught on a component of playground equipment. For example, 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.

Licensed Family 90-2:

(23) "Substitute" means a person who assumes either the licensee's or a caregiver's duties under this rule when the licensee or caregiver is not present. This includes emergency substitutes.

Residential Certificate 50-2:

(24) "Substitute" means a person who assumes the certificate holder's duties under this rule when the certificate holder is not present. This includes emergency substitutes.

Licensed Family 90-2:

(24) "Supervision" means the function of observing, overseeing, and guiding a child or group of children.

Residential Certificate 50-2:

(23) "Supervision" means the function of observing, overseeing, and guiding a child or group of children.

Licensed Family 90-2 and Residential Certificate 50-2:

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

Licensed Family 90-2 and Residential Certificate 50-2:

(26) "Unrelated children" means children who are not related children.

Assessment

All related children, including the providers own children under the age of 4, count as children in care.

Licensed Family 90-2 and Residential Certificate 50-2:

(27) "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.(26) "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.

Assessment

"Use zone" also means the area above a piece of stationary play equipment and cannot contain items such as tree branches and wires.

Protective cushioning is required in the area underneath and surrounding a piece of stationary play equipment, which would be included in the use zone.

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

Licensed Family 90-2 and Residential Certificate 50-2:

(28) "Volunteer" means a person who provides direct care to a child but does not receive direct or indirect compensation for doing so. A volunteer is not included in the provider to child ratio.

Assessment

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.

R430-90-3 and R430-50-3: 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.

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

Licensed Family 90-3 and Residential Certificate 50-3:

- (1) A person must either be licensed under this rule or certified under R430-50, if he or she:
- (a) provides care in lieu of care ordinarily provided by a parent;

Rationale / Explanation

People who have preschools and other programs with children in attendance 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.

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.

Licensed Family 90-3 and Residential Certificate 50-3:

- (1) A person must either be licensed under this rule or certified under R430-50, if he or she:
- (b) provides care for five or more unrelated children;

Rationale / Explanation

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

This information is only used to determine if a license is required. Once a license or certificate is issued, related children count as children in care.

Licensed Family 90-3 and Residential Certificate 50-3:

- (1) A person must either be licensed under this rule or certified under R430-50, if he or she:
- (c) provides care for four or more hours per day;

Rationale / Explanation

People who care for four or more hours a day are required by statute to be regulated, whether the care is provided in a home or center.

Licensed Family 90-3 and Residential Certificate 50-3:

- (1) A person must either be licensed under this rule or certified under R430-50, if he or she:
- (d) has a regularly scheduled, ongoing enrollment; and

Rationale / Explanation

This means that children attend the program on a regular basis, as opposed to occasional drop-in care.

Licensed Family 90-3 and Residential Certificate 50-3:

- (1) A person must either be licensed under this rule or certified under R430-50, if he or she:
(e) provides 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.

Licensed Family 90-3:

- (2) The Department does not license, nor is a license required for:
(a) a person who cares for related children only; or

Residential Certificate 50-3:

- (2) The Department does not issue certificates, nor is a certificate required for:
(a) a person who cares for related children only; or

Rationale / Explanation

People must care for at least one unrelated child to be regulated. If a person is caring for related children that receive subsidy payments, an approval will be required. Instruction for obtaining that approval may be found at, childcarelicensing.utah.gov.

Licensed Family 90-3:

- (2) The Department does not license, nor is a license required for:
(b) a person who provides care on a sporadic basis only.

Residential Certificate 50-3:

- (2) The Department does not issue certificates, nor is a certificate required for:
(b) a person who provides care on a sporadic basis only.

Rationale / Explanation

This means the person only watches children occasionally.

R430-90-4 and R430-50-4: INDOOR ENVIRONMENT

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.

Licensed Family 90-4 and Residential Certificate 50-4:

(1) The licensee shall ensure that any building or playground structure on the premises 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 hazard.

Licensed Family 90-4 and Residential Certificate 50-4:

(1) The certificate holder shall ensure that any building or playground structure on the premises 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 certificate holder shall contact the local health department and follow all required procedures for the remediation of the lead based paint hazard.

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*

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

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.

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.

If there is more than 6 square feet of flaking paint indoors and/or more than 20 square feet outdoors, correction has to be done by a certified individual. The provider should contact their local Health Department to speak with an Environmental Scientist.

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. 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.

Licensed Family 90-4 and Residential Certificate 50-4:

(2) There shall be a working toilet and a working handwashing sink accessible to each non-diapered child in care.

Rationale / Explanation

Young children need to use the bathroom frequently, and cannot wait long when they have to use the toilet. *CFOC, 3rd Ed. pg. 246 Standard 5.4.1.6*

Enforcement

Always Level 3 Noncompliance.

Assessment

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.

Licensed Family 90-4 and Residential Certificate 50-4:

(3) Each school age child 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*

Enforcement

Always Level 2 Noncompliance.

Assessment

Privacy means there is a door or curtain that closes and only one child at a time uses the bathroom.

Licensed Family 90-4 and Residential Certificate 50-4:

(4) The home shall be ventilated by mechanical ventilation, or by windows that open and have screens.

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*

While not required by rule, 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 4 inches, or be protected with guards that prevent children from falling out of the window. *CFOC, 3rd Ed. pg. 204-205, Standard 5.1.3.2*

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 home.

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 be open-able for ventilation, and have a screen.

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

Licensed Family 90-4:

(5) The licensee 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 month, 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 feel hot to the touch.

Enforcement

Level 2 Noncompliance for rooms or areas used by infants.

Level 3 Noncompliance otherwise.

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 Licensor will follow up to see if the repair is completed by the scheduled date before issuing a finding to this rule.

Licensed Family 90-4:

- (6) The licensee shall maintain adequate light intensity for the safety of children and the type of activity being conducted and shall keep the lighting equipment in good working condition.

Residential Certificate 50-4:

- (4) The certificate holder shall maintain adequate light intensity for the safety of children and the type of activity being conducted and shall keep the 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 child 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, 3^d Ed. pg. 217, Standard 5.2.2.1 pg. 203 Standard 5.042*

Enforcement

Always Level 3 Noncompliance.

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.

Licensed Family 90-4:

- (7) There shall be at least 35 square feet of indoor play space for each child, including providers' related children who are ages four through twelve.
- (8) 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 children's materials.
- (9) Bathrooms, closets, hallways, and entryways are not included when calculating indoor space for children's use.

Residential Certificate 50-4:

- (5) For certificate holders who receive an initial certificate after 1 September 2008 there shall be at least 35 square feet of indoor play space for each child, including the providers' related children who are ages four through twelve and not counted in the provider to child ratios.
- (6) 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 children's materials.
- (7) Bathrooms, closets, hallways, and entryways 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 fifty 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, 3^d 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

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.

This measurement is usually taken, and capacity determined, at the time of initial regulation. It is normally not re-measured on subsequent licensing visits unless a particular room or space appears overly crowded during the visit. Examples of items that would detract from the square footage are storage containers not used to store children's materials and piles of laundry, newspapers, or books.

R430-90-5 and R430-50-5: 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 manufacture'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*

Licensed Family 90-5:

(1) The licensee shall ensure that a clean and sanitary environment is maintained.

and Residential Certificate 50-5:

(1) The certificate holder shall ensure that a clean and sanitary environment is maintained.

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*

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

Enforcement

A finding will be issued to this rule 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
- feces in an accessible area indoors.

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.
- flooring or a wall that is damaged such that it cannot be effectively cleaned.

Licensed Family 90-5:

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

Residential Certificate 50-5:

- (2) The certificate holder 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. Licensing 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 preying 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.

Licensed Family 90-5:

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

Residential Certificate 50-5:

- (3) The certificate holder 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*

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

Assessment

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

Licensed Family 90-5:

- (4) The licensee shall ensure that entrances, exits, steps and outside walkways are maintained in a safe condition, and free of ice, snow, and other hazards.

Residential Certificate 50-5:

- (4) The certificate holder shall ensure that entrances, exits, steps and outside walkways are maintained 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.
- a missing step or unstable stairs that must be used to enter the home or access the playground.

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 order to allow for exit in case of a fire, if a home has more than one exit at least two of the exits must be maintained in a safe condition, and free of ice, snow, and other hazards.

If the home has a walkway greater than 3 feet wide, the Licensee/Certificate Holder 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 home.

R430-90-6 and R430-50-6: OUTDOOR ENVIRONMENT

Purpose

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

General Information

Licensed Family Providers and Residential Certificate Providers who have a fenced outdoor play area, may let the children in care play in outside areas other than **their approved outdoor play** area if:

- the provider is with the children at all times.
- all rules are in compliance.

Residential Certificate Providers that do not have an approved outdoor play area, may not take the children in care outside to play on their premises.

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.

Many measurements are required when assessing the outdoor play area. Even when noncompliance to a rule that includes measurements is obvious, the Licensing Specialist will measure and include the measurements in the finding.

Licensed Family 90-6:

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

Residential Certificate 50-6:

If there is an outdoor play area used by children in care, the following rules apply:

(1) The outdoor play area shall be 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 home, if there is a sidewalk leading from the home to the outdoor play area, or another way to ensure that the route from the home to the outdoor play area 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 outdoor play area. A Licensee/Certificate Holder can be in compliance with this rule by:

- having a playground that is directly adjacent to the home or property
- having a fenced walkway from the building to the outdoor play area.
- having the entire area that holds both the home and the outdoor play area fenced.
- 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.

The outdoor play is not considered safety accessible if children must walk across an unsafe deck (such as one with broken boards/holes in it) to access 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.

Common areas in multi-home complexes cannot be considered outdoor play areas.

Licensed Family 90-6:

- (2) The outdoor play area shall have at least 40 square feet of space for each child using the space at one time.

Residential Certificate 50-6:

If there is an outdoor play area used by children in care, the following rules apply:

- (2) For certificate holders who receive an initial certificate after 1 September 2008, the outdoor play area shall have at least 40 square feet of space for each child using the space at one time.

Rationale / Explanation

The purpose of this rule is to allow children safe freedom of movement during active outdoor play. *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.

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

This includes all children using the outdoor child care space at one time including the caregivers' related children ages 4-12.

Licensed Family 90-6:

- (3) The outdoor play area shall be enclosed within a 4 foot high fence or wall, or within a solid natural barrier that is at least 4 feet high if:
- (a) the licensee's home is located on a street with a speed limit higher than 25 miles per hour, or within half a mile of a street with a speed limit higher than 25 miles per hour; or
 - (b) the licensee's home is located on a street with more than two lanes of traffic, or within half a mile of a street with more than two lanes of traffic.

Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

- (3) The outdoor play area shall be enclosed within a 4 foot high fence or wall, or within a solid natural barrier that is at least 4 feet high if:
- (a) the certificate holder's home is located on a street with a speed limit higher than 25 miles per hour, or within half a mile of a street with a speed limit higher than 25 miles per hour; or
 - (b) the certificate holder's home is located on a street with more than two lanes of traffic, or within half a mile of a street with more than two lanes of traffic.

Licensed Family 90-6(4):

- (4) If any of the following hazards exist, they must be located behind a 4 foot high fence, wall, or solid barrier that separates the hazard from the children's outdoor play area:

- (a) livestock on the licensee's property or within 50 yards of the licensee's property line;
- (b) a water hazard, such as a swimming pool, pond, ditch, lake, reservoir, river, stream, creek, or animal watering trough, on the licensee's property or within 100 yards of the licensee's property line;
- (c) dangerous machinery, such as farm equipment, on the licensee's property or within 50 yards of the licensee's property line;
- (d) a drop-off of more than five feet on the licensee's property or within 50 yards of the licensee's property line; or
- (e) barbed wire within 30 feet of the children's play area.

Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

(4) If any of the following hazards exist, they must be located behind a 4 foot high fence, wall, or solid barrier that separates the hazard from the children's outdoor play area:

- (a) livestock on the certificate holder's property or within 50 yards of the certificate holder's property line;
- (b) a water hazard, such as a swimming pool, pond, ditch, lake, reservoir, river, stream, creek, or animal watering trough, on the certificate holder's property or within 100 yards of the certificate holder's property line;
- (c) dangerous machinery, such as farm equipment, on the certificate holder's property or within 50 yards of the certificate holder's property line;
- (d) a drop-off of more than 5 feet on the certificate holder's property or within 50 yards of the certificate holder's property line; or
- (e) barbed wire within 30 feet of the children's play area.

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 outdoor play area.

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

For the purposes of this rule, roads include railroads.

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.

Bushes can count as a solid natural barrier as long as there are no open air gaps greater than 5 inches.

A drop off can be assessed by determining that if a person was at the top of the drop off and could fall five feet or more.

Unless specified in the rule, an interior fence at least 36 inches high can be used to make items, including trampolines, inaccessible to the children.

Licensed Family 90-6:

- (5) The outdoor play area shall be free of poisonous plants, harmful objects, toxic or hazardous substances, and standing water.

Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

- (5) The outdoor play area shall be free of poisonous plants, harmful objects, toxic or hazardous 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 if there are:

- unanchored swings.
- unanchored large metal slides.
- raised decks or balconies 5' or higher or open basement stairwells 5' or deeper with no protective barrier, or with protective barriers with gaps greater than 5' x 5".
- pieces of asbestos.
- empty refrigerators or freezers.
- welding torches.
- motor vehicles up on blocks.
- exposed live electrical wires.
- unattended running vehicles or farm equipment.
- *rebar or metal rods sticking up from the ground or out of walls*
- metal animal swings.

Level 2 Noncompliance otherwise.

Assessment

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 puddle **on the ground** caused by rain or sprinklers.

Harmful Objects Include:

Animal swings	Re-bar or metal rods sticking out of the ground less than 48'
Asbestos	Re-bar or metal rods sticking out of a wall or fence
Car batteries	Rope, cord, wire, or chain attached to a structure
Dead animals	Rotting garbage not in a container with a lid.
Empty refrigerators or freezers	Standing ladders
Exposed live electrical wire	Un-anchored swings
Filled milk or slop buckets.	Un-anchored large metal slides
Fence post stirrups	Unattended running vehicles or farm equipment.
Motor vehicles up on blocks.	Unstably stacked wood piles bales of hay or straw.
Open basement stairwells 5' or deeper without a protective barrier at least 3 feet in height	Welding torches.
Raised decks or balconies 5' or higher without a protective barrier at least 3 feet in height	

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.

Staple guns are not a violation for this rule.

Licensed Family 90-6:

(6) When in use by children, the outdoor play area shall be free of animal excrement.

and Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

(6) When in use by children, the outdoor play area shall be free of animal excrement.

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, pgs. 262-263 Standard 5.194*

Enforcement

Always Level 2 Noncompliance.

Assessment

For the purposes of this rule animal excrement does not include isolated bird droppings.

Licensed Family 90-6:

- (7) If a fence is required in Subsections (3), (4) or in Subsections 12(10)(c)(i) or 12(11)(b) below, there shall be no gap greater than five inches in the fence, nor shall any gap between the bottom of the fence and the ground be greater than five inches.

Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

- (7) If a fence or barrier is required in Subsections (3) or (4) above, or in Subsections 12(9)(c)(i) or 12(10)(b) below, there shall be no gap greater than five inches in the fence or barrier, nor shall any gap between the bottom of the fence or barrier and the ground be greater than five 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 (3) 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.

Even when children are not in the outdoor play area, there can be no gaps larger than 5 x 5 inches in the fence. *If there is a gap 3 feet or greater, a finding will be issued for not having a fence (90-6(4) or 50-6(3)).*

Licensed Family 90-6:

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

Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

- (8) The outdoor play area shall have a shaded area to protect each child 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 except in cold weather when children are mostly covered by cold weather clothing.

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

Assessment

There must be shade in the outdoor play area whenever the children are playing outdoors including during the winter months. Shade can come from trees, awnings, patio roofs or other structures, or the side of the home or other structure such as a garage or shed or another home. Umbrellas may also be used for shade if they can be set up so they do not have to be held by a person.

Licensed Family 90-6:

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

Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

- (9) **An outdoor source of drinking water, such as individually labeled water bottles, or a pitcher of water and individual cups that are taken outside, shall be available to each child 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.

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.

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.

Licensed Family 90-6:

(10) Stationary play equipment used by any child in care shall not be located over hard surfaces such as cement, asphalt, or packed dirt, and shall have a 3' use zone that is free of hard surfaces. The licensee shall have until 1 September 2013 to meet the 3' use zone requirement.

Residential Certificate 50-6:

If there is an outdoor play area used by children in care, the following rules apply:

(10) Outdoor stationary play equipment used by any child in care shall not be located over hard surfaces such as cement, asphalt, or packed dirt.

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*

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.

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, or packed earth 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

Hard surfaces will be assessed for play equipment over 6 inches high.

To assess packed dirt in grass the Licensing Specialist will check for worn spots in the grass. When there are one or more worn spots more than 5"x 5" in the grass, it will be considered out of compliance.

Frames where the wood extends beyond the platform and is within the three foot use zone, need to be covered with cushioning.

Providers may place mats used for cushioning under playground equipment before children in care use the equipment.

Packed sand is considered packed dirt.

The 3' 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 in the use zone above the equipment.

By September 1, 2013, currently Licensees will need to bury frames or borders in the play area that are under, or in the use zone of, the play equipment (except frames that are directly under platforms). If the cushioning material is grass, frames and borders need to be buried below ground level. If the cushioning material is other than grass, Licensees have the choice of burying the frame or border below ground level, or adding cushioning within the use zone so the frame or border is buried and all cushioning is level.

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.

If wood chips or other cushioning materials are frozen due to extreme weather conditions they will be considered a hard surface.

If the material cannot be loosened due to extreme weather conditions, children are not to play on the equipment until the material can be loosened to the required depth.

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.

Play equipment with a height less than 18 inches high does not need a use zone.

Licensed Family 90-6:

(11) The licensee shall ensure that children using outdoor play equipment use it safely and in the manner intended by the manufacturer.

Residential Certificate 90-6

If there is an outdoor play area used by children in care, the following rules apply:

(11) The certificate holder shall ensure that children using outdoor play equipment use it safely and in the manner intended by the manufacturer.

Rationale / Explanation

Children like to test their skills and abilities. This is particularly true in outdoor play 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. pg. 65 Standard 2.2.0.1*

Supervisors should look for posted signs indicating the appropriate age of the users and direct children to equipment appropriate for their age. *Public Playground Safety Handbook, U.S. Consumer Product Safety Commission, pg. 6, Standard 2.2.6*

Enforcement

Always Level 2 Noncompliance.

Assessment

Unsafe use includes activities such as: walking or climbing up a slide, going down a slide head first, walking across the top of a swing set, climbing up the outside of covered slides, playing on the roof of a composite structure, swinging while standing, twisting while swinging, and a child swinging on his/her stomach.

Licensed Family 90-6:

- (12) There shall be no openings of a size greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on or within the use zone of any piece of stationary play equipment where the feet of any child in care whose head is entrapped in the opening cannot touch the ground.

and Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

- (12) There shall be no openings of a size greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment where the feet of any child in care whose head is entrapped in the opening 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 an entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. *CFOC, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule does not include openings where one of the edges of the opening is on the ground. It only includes openings 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 opening is in a place where a child's feet could not touch the ground.

- If the Licensee/Certificate Holder accepts infants and toddlers: more than 23 1/4 inches above the ground
- If the Licensee/Certificate Holder accepts two-year-olds through pre-school: more than 25 1/4 inches above the ground
- If the Licensee/Certificate Holder only accepts school age children: more than 33 inches above the ground

Entrapment hazards directly under a platform and higher than 48 inches from any surface a child could climb on, will not be assessed as an entrapment hazard.

Licensed Family 90-6:

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

Residential Certificate 50-6

- (13) There shall be no strangulation hazard 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.

Examples of 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 are strangulation hazards. *CFOC, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

Enforcement

Always Level 2 Noncompliance.

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.

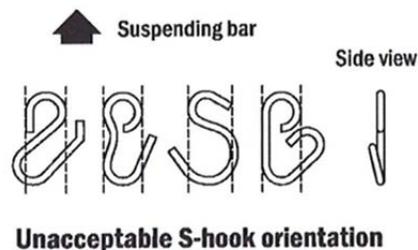
- 23 1/4 inches for infant and toddler
- 25 1/4 inches for two-year-old and preschool
- 33 inches for school age

Specific strangulation hazards include:

- A bolt, screw, or other protrusion which 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.)
- A protrusion at an angle that is above the horizontal plane.
- Bolt ends that extend more than two threads beyond the face of the surface.
- On "S" or "C" hooks: a gap in an "S" or "C" hook that a dime could fit into. "S" or "C" hooks at the top of swings, where the swing connects to the top crossbar, are not assessed.
- Hanging ropes, cords, wires, or chains longer than 12" that can make a loop 5" in diameter, **except** ropes, cords, wires, or chains with swings attached to the bottom of them.
- Ropes or cords that hang into the use zone of a piece of playground equipment and are attached to something solid will be assessed as strangulation hazards. Twine, of any type, is considered to be a rope or cord.

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 3' 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 or anything else that creates a strangulation hazard in the use zone above the equipment.

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

Strangulation hazards will not be assessed on the top crossbar of free standing swing sets without side crossbars.

Ropes or cords attached to a tether-ball, will not be considered a strangulation hazard.

Licensed Family 90-6:

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

Residential Certificate 50-6

If there is an outdoor play area used by children in care, the following rules apply:

(14) 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 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, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

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.

The 3' 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 or anything else that creates a crush, shearing, or sharp edge hazard in the use zone above the equipment.

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

Disc swing hanging from a tree is a crush hazard when it can touch the trunk of the tree or the frame of a piece of equipment.

Shearing hazards is when two pieces of equipment or two parts of a piece of equipment move against each other in such a way that they could sever a child's fingers, toes, or other body parts.

Sharp edges, such as broken plastic, are considered sharp edges when there is a sharp point or edge that could cut or puncture child's skin.

Licensed Family 90-6:

- (15) There shall be no tripping hazards, such as concrete footings, tree stumps, exposed 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, 3rd Ed. pgs. 237-238 Standard 5.3.1.1*

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.

If an animal is tethered, and the leash or rope that the animal is tethered with can reach into the use zone of a piece of playground equipment, it is a tripping hazard.

Licensed Family 90-6:

- (16) The licensee shall ensure that outdoor play areas and outdoor play equipment are maintained to protect each child's safety.

Residential Certificate 50-6:

If there is an outdoor play area used by children in care, the following rules apply:

- (15) The certificate holder shall ensure that outdoor play areas and outdoor play equipment are maintained to protect each child's safety.

Rationale / Explanation

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. pgs. 237-238 Standard 5.3.1.1; pgs. 259-260 Standard 5.7.0.2; pg. 277 Standard 6.2.5.1*

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.
- 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 all equipment and equipment parts are stable.

R430-90-7 and R430-50-7: 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.

Licensed Family 90-7:

- (1) The licensee and all substitutes and caregivers must:
 - (a) be at least 18 years of age; and
 - (b) have knowledge of and comply with all applicable laws and rules.

Residential Certificate 50-7:

- (1) The certificate holder and all substitutes must:
 - (a) be at least 18 years of age; and
 - (b) have knowledge of and comply with all applicable laws and rules.

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.*

Enforcement

For 1(a):

Level 1 Noncompliance if the substitute and/or caregiver is younger than 16 years of age. Level

2 Noncompliance if the substitute and/or caregiver is 16 or 17 years of age.

For 1(b):

The Noncompliance Level depends on the Noncompliance Level of the rule with which the Licensee/Certificate Holder failed to comply.

Licensed Family 90-7:

- (2) All assistant caregivers shall:
 - (a) be at least 16 years of age;
 - (b) work under the immediate supervision of a provider who is at least 18 years of age; and
 - (c) have knowledge of and comply with all applicable laws and rules.

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

For 2(a) & (b):

Always Level 2 Noncompliance.

For 2(c):

The Noncompliance Level depends on the Noncompliance Level of the rule with which the assistant caregiver failed to comply.

Assessment

Immediate supervision means the assistant caregiver is never left alone on the premises or does not take a child in care off the premises. Assistant caregivers must be supervised by someone 18 or older at all times.

Licensed Family 90-7:

(3) Assistant caregivers may be included in provider to child ratios, but only if there is also another provider present in the home who is 18 years of age or older.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-7:

(4) Assistant caregivers shall meet the training requirements of this rule.

Enforcement

See the Noncompliance Levels for the training rules.

Licensed Family 90-7:

(5) The licensee may make arrangements for a substitute who is at least 18 years old and who is capable of providing care, supervising children, and handling emergencies in the absence of the licensee.

Residential Certificate 50-7:

(2) The certificate holder may make arrangements for a substitute who is at least 18 years old and who is capable of providing care, supervising children, and handling emergencies in the absence of the certificate holder.

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.*

Enforcement

Level 1 Noncompliance if the substitute is younger than 16 years of age.

Level 2 Noncompliance if the substitute is 16 or 17 years of age.

Otherwise, the Noncompliance Level depends on the Noncompliance Level of the rule with which the substitute failed to comply.

Assessment

Since licenses and certificates are for both the licensee/certificate holder and the home, any time there is a non-related child in care, there must be compliance to all rules. That means when a licensee/certificate holder's child is being paid, directly or indirectly, for baby-sitting, there must be compliance with all rules and the person providing the care must be at least 18 years old.

Licensed Family 90-7:

- (6) Substitutes who care for children an average of 10 hours per week or more shall meet the training, first aid and CPR requirements of this rule.

Residential Certificate 50-7:

- (3) Substitutes who care for children an average of 10 hours per week or more shall meet the first aid and CPR requirements of this rule.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all 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*

To ensure the health and safety of children in 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 Standards 1.4.3.1, 1.4.3.2*

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

For First Aid & CPR Training:

Level 2 Noncompliance for no CPR certification.

Level 3 Noncompliance for no first aid certification.

Assessment

Infant CPR certification is not required if the Licensee/Certificate Holder does not care for infants or toddlers.

To determine if a substitute works an average of 10 hours per week or more, the substitute's hours will be averaged over a three month period.

Licensed Family 90-7:

- (7) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the licensee may assign an emergency substitute who has not had a criminal background screening to care for the children. A licensee may use an emergency substitute for up to 24 hours for each emergency event.

Residential Certificate 50-7:

- (4) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the certificate holder may assign an emergency substitute who has not had a criminal background screening to care for the children. The certificate holder may use an emergency substitute for up to 24 hours for each emergency event.

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 a caregiver. *CFOC 3rd Ed. pgs. 64-66 Standard 2.2.0.1.*

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-7:

- (7) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the licensee may assign an emergency substitute who has not had a criminal background screening to care for the children. A licensee may use an emergency substitute for up to 24 hours for each emergency event.
- (a) The emergency substitute shall be at least 18 years of age.

Residential Certificate 50-7:

- (4) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the certificate holder may assign an emergency substitute who has not had a criminal background screening to care for the children. The certificate holder may use an emergency substitute for up to 24 hours for each emergency event.
- (a) The emergency substitute 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.*

Enforcement

Level 1 Noncompliance if the emergency substitute is younger than 16 years of age.

Level 2 Noncompliance if the emergency substitute is 16 or 17 years of age.

Licensed Family 90-7:

- (7) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the licensee may assign an emergency substitute who has not had a criminal background screening to care for the children. A licensee may use an emergency substitute for up to 24 hours for each emergency event.
- (b) The emergency substitute is not required to meet the training, first aid and CPR requirements of this rule.
- (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the licensee that he or she is not disqualified under this subsection.
- (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.
- (e) The licensee shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

Residential Certificate 50-7:

- (4) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the certificate holder may assign an emergency substitute who has not had a criminal background screening to care for the children. The certificate holder may use an emergency substitute for up to 24 hours for each emergency event.

- (b) The emergency substitute is not required to meet the training, first aid and CPR requirements of this rule.
- (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the certificate holder that he or she is not disqualified under this subsection.
- (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.
- (e) The certificate holder shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

Rationale / Explanation

The purpose of this rule is to ensure that individuals who have a criminal history do not work with or have unsupervised access to children in child care programs regulated by Child Care Licensing, as outlined in Utah Code 26-39-107.

Emergency substitutes are used to ensure that child to staff ratios are maintained at all times. CFCO 3rd Ed. pg. 32 Standard 1.5.0.1.

The purpose of this rule is to ensure that individuals who have not passed a background screening have minimal unsupervised contact with the children in care.

Enforcement

Level 2 Noncompliance if the person has a criminal record.

Level 3 Noncompliance if the person does not have a criminal record but did not provide a written declaration.

Licensed Family 90-7:

(8) Any 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 individual's file and shall include the following topics:

- (a) specific job responsibilities;
- (b) the Department-approved licensee's written policies and procedures;
- (c) the Department-approved licensee's emergency and disaster plan;
- (d) the current child care licensing rules found in Sections R430-90-11 through 24;
- (e) introduction and orientation to the children in care;
- (f) a review of the information in the health assessment for each child in care;
- (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) preventing 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.

Residential Certificate 50-7:

(5) Any new non-emergency substitute or volunteer shall receive at least 2.5 hours of pre-service training prior to assuming caregiving duties. Pre-service training shall be documented in the individual's file and shall include the following topics:

- (a) the Department-approved certificate holder's written policies and procedures;
- (b) the Department-approved certificate holder's emergency and disaster plan;
- (c) the current child care licensing rules found in Sections R430-50-11 through 24;
- (d) a review of the information in the health assessment for each child in care;
- (e) 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;
- (f) recognizing the signs of homelessness and available assistance
- (g) preventing shaken baby syndrome, abusive head trauma, and coping with crying babies; and
- (h) 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 caregivers 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.*

Enforcement

For Orientation Training:

Level 2 Noncompliance if a substitute does not have orientation training in:

- the Licensee's/ Certificate Holder'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
 - medications – Section 17
 - child discipline – Section 19
 - infant and toddler care – Section 24
- a review of the information in the health assessment for each child in care.
- procedures for releasing children to authorized individuals only.
- 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.
- SIDS, coping with crying babies, and Shaken Baby Syndrome, if the Licensee/Certificate Holder cares for infants or toddlers.

Level 3 Noncompliance if a substitute does not have orientation training in:

- the child care licensing/certificate rules for:
 - child nutrition – Section 15
 - infection control – Section 16
 - napping – Section 18
 - activities – Section 20
 - animals – Section 22
 - diapering – Section 23
- proper clean up of body fluids.
- job description and duties.
- the Licensee's written policies and procedures (for licensed providers only).

Assessment

If the person is never left alone with children until all of the required orientation training is completed, Licensees/Certificate Holders have up to 5 working days after a new caregiver starts working with children to complete the required orientation training.

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

Anyone who provides care to children, including driving them back and forth to school or other activities, is required to complete orientation training.

Program guests, such as someone to put on a puppet show or to offer dance lessons to children, need orientation training if they are left unsupervised with the children.

Licensed Family 90-7:

- (9) Substitutes who care for children an average of 10 hours per week or more, the licensee, and all caregivers shall complete a minimum of 20 hours of child care training each year, based on the license date. A minimum of 10 hours of the required annual training shall be face-to-face instruction.
- (a) Documentation of annual training shall be kept in each individual's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
 - (b) All caregivers and non-emergency substitutes 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 relicensure date.
 - (c) Annual training hours shall include the following topics at least once every two years:
 - (i) a review of all of the current child care licensing rules found in Sections R430-90-11 through 24;
 - (ii) a review of the Department-approved licensee's written policies and procedures and emergency and disaster plan, including any updates;
 - (iii) 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;
 - (iv) principles of child growth and development, including development of the brain;
 - (v) recognizing the signs of homelessness and available assistance;
 - (vi) positive guidance;
 - (i) preventing shaken baby syndrome and abusive head trauma, and coping with crying babies; and
 - (ii) prevention of sudden infant death syndrome and use of safe sleeping practices.

Residential Certificate 50-7:

- (6) The certificate holder shall complete a minimum of 10 hours of child care training each year, based on the certificate date. A minimum of 5 hours of the required annual training shall be face-to-face instruction.
- (a) Documentation of annual training shall be kept on file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
 - (b) Annual training hours shall include the following topics at least once every two years:
 - (i) a review of all of the current child care certificate rules found in Sections R430-50-11 through 24;
 - (ii) a review of the Department-approved certificate holder's written policies and procedures and emergency and disaster plan, including any updates;
 - (iii) 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;
 - (iv) principles of child growth and development, including development of the brain;
 - (v) recognizing the signs and symptoms of homelessness and available assistance;
 - (vi) positive guidance;
 - (vii) preventing shaken baby syndrome and abusive head trauma, and coping with crying babies; and
 - (ii) prevention of sudden infant death syndrome and use of safe sleeping practices.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all 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

Always Level 3 Noncompliance.

Assessment

A household member who meets minimum age requirements and who volunteers for less than 10 hours a week is not required to complete annual training.

To count as face to face training, there must be a certificate or other documentation from the agency delivering the training for training from outside sources, such as CCR&R or outside workshops or conferences. If there is no certificate or other documentation, the training can count towards the required training hours but not as face-to-face training. Any documentation format is acceptable as long as it includes the required information.

If a staff member changes from a position that does not require training to a position of one that does require training, the training hours may be averaged from the date of the new position.

A semester hour of credit from a college or university is equal to 15 clock hours. A quarter hour of credit from a post-secondary school is equal to 10 clock hours.

Individuals who only transport children to and from school, and do not have any other caregiving duties, do not need to complete annual training.

Reality TV and talk shows are **not** considered child care training.

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.

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.

A caregiver 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.

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

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
- dances classes for children
- adult anger management classes

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.

Caregivers who begin working partway through the licensing year must have completed an average of 1 hour and 40 minutes of training for each full month of employment. 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. Half of the employee's required hours must be face to face. 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

R430-90-8 and R430-50-8: ADMINISTRATION

Purpose

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

Licensed Family 90-8:

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

Residential Certificate50-8:

(1) The certificate holder is responsible for all aspects of the operation and management of the child care program.

Rationale / Explanation

The Licensee/Certificate Holder may delegate responsibilities under this rule to a designee. However, ultimate responsibility for compliance with all licensing/certificate rules rests with the Licensee/Certificate Holder. In order to ensure that the delegated duties are completed as assigned, the Licensee/Certificate Holder must ensure that he/she has adequate oversight of the person to whom duties have been delegated.

Enforcement

The non-compliance level depends on the non-compliance of the rule found out of compliance.

Assessment

Any time there is a child in care (meaning the care in lieu of parental care of an unrelated child) the Licensee or Certificate Holder 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 or Certificate Holder.

If a provider participates in a religious or civic activity with children age 12 and under, the religious or civic organization is the responsible party. Child Care Licensing rules would only apply if the provider is simultaneously providing care for any children in care.

Licensed Family 90-8:

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

Residential Certificate50-8:

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

Rationale / Explanation

This rule is intended to address problems which are not already addressed in other child care licensing/certificate 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 program

Enforcement

Level 1 Noncompliance if:

- Provider 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.

Licensed Family 90-8:

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

Residential Certificate50-8:

- (3) The certificate holder 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/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.

Licensed Family 90-8:

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

Residential Certificate50-8:

- (4) The certificate holder shall take all reasonable measures to protect the safety of each child in care. The certificate holder shall not engage in activity or allow conduct that unreasonably endangers any child 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

Level 2 Noncompliance if:

- there are open, unscreened second floor or higher windows
- a child's elbow is dislocated after his/her arm is jerked or pulled or the child is lifted or swung by his/her arm
- if the provider leaves the room and an infant is on an elevated surface such as a couch or bed.
- 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.

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.

Licensed Family 90-8:

- (5) Either the licensee or a substitute with authority to act on behalf of the licensee shall be present whenever there is a child in care.

Residential Certificate 50-8:

- (5) Either the certificate holder or a substitute with authority to act on behalf of the certificate holder shall be present whenever there is a child in 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 protection of children's health and safety.

Enforcement

If caregivers fail to comply with one or more rules (due to an absent Licensee/Certificate Holder or substitute), the noncompliance level depends on the rule(s) that was out of compliance.

Licensed Family 90-8:

- (6) Each week, the licensee shall be present at the home at least 50% of the time that one or more children are in care.

Residential Certificate 50-8:

- (6) Each week, the certificate holder shall be present at the home at least 50% of the time that one or more children are in care.

Rationale / Explanation

The well-being of the children in the home depends largely upon the knowledge, skills, and dependable presence of a Licensee/Certificate Holder who is able to respond to long-term and immediate needs, and who is able to make appropriate decisions to protect the health and safety of the children in care.

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule does not prevent Licensees/Certificate Holders from taking vacations for up to 30 days, sick leave, maternity leave, etc. Time gone for these reasons is not included in the 50% of the time the Licensee/Certificate Holder must be present.

Licensed Family 90-8:

- (7) There shall be a working telephone in the home. The licensee shall inform the parents of each child in care and the Department of any changes to the licensee's telephone number within 48 hours of the change.

Residential Certificate 50-8:

- (7) There shall be a working telephone in the home. The certificate holder shall inform the parents of each child in care and the Department of any changes to the certificate holder's telephone number within 48 hours of the change.

Rationale / Explanation

The purpose of the rule is to ensure that the Licensee/Certificate Holder can contact the parents of children in care, that the parents of children in care can contact the Licensee/Certificate Holder, and that the Licensee/Certificate Holder can always contact emergency personnel (fire, police, ambulance, etc.) if needed. *CFOC, 3rd Ed. Pg. 243 Standard 5.3.1.12.*

Enforcement

Level 2 Noncompliance if there is no working telephone in the home.

Level 3 Noncompliance if the home has a working telephone, but the Licensee/Certificate Holder does not notify parents or the department of a change in phone number.

Assessment

If the phone 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.

Licensed Family 90-8:

- (8) 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.

Residential Certificate 50-8:

- 8) 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 can work with Licensees/Certificate Holders 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 home).

When an accident/injury report is received but 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 provider'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.

Providers may notify licensing of an indecent, accident, or injury in a variety of ways including, email, mail, or fax.

Licensed Family 90-8:

(9) 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.

Rationale / Explanation

The purpose of this rule is to ensure that Licensees have 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 programs. 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 Licensees 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.*

Enforcement

Always Level 3 Noncompliance.

Assessment

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

When providers update 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.

For the purpose of this rule, walking the children to school is considered transporting them. In this situation, the Licensee must have written policies addressing each item in (g). For (ii) the Licensee can substitute the word "provider" for the word "vehicle".

Licensed Family 90-8:

(10) The licensee shall ensure that the written policies and procedures are available for review by parents 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 Licensee'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.

Licensed Family 90-8:

- (8) The licensee shall train and supervise all caregivers and substitutes to:
- (a) ensure their compliance with this rule;
 - (b) ensure they meet the needs of the children in care as specified in this rule; and
 - (c) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.

Residential Certificate50-8:

- (9) The certificate holder shall train and supervise all substitutes to:
- (a) ensure their compliance with this rule;
 - (b) ensure they meet the needs of the children in care as specified in this rule; and
 - (c) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.

Rationale / Explanation

The purpose of this rule is to ensure that all caregivers 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 3 Noncompliance including if a caregiver is not adequately trained to report child abuse and neglect to the proper authorities.

Residential Certificate50-8:

- (10) The certificate holder shall submit to the Department written policies and procedures for approval on a form provided by Child Care Licensing.

R430-90-9 and R430-50-9: 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.

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

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.

Licensed Family 90-9:

- (1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:
 - (a) documentation of the previous 12 months of quarterly fire drills and annual disaster drills as specified in R430-90-10(9) and R430-90-10(11);

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

- (1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:
 - (b) current animal vaccination records as required in R430-90-22(2)(b);

Residential Certificate 50-9:

- (1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:
 - (a) current animal vaccination records as required in R430-50-22(2)(b);

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.

Licensed Family 90-9:

- (1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:
 - (c) a six week record of child attendance, as required in R430-90-13(3);

Residential Certificate 50-9:

- (1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:
 - (b) a six week record of child attendance, as required in R430-50-13(3);

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

- (1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:
 - (d) a current local health department kitchen inspection;

Residential Certificate 50-9:

- (1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:
 - (c) a current local health department kitchen inspection;

Enforcement

Always Level 3 Noncompliance.

Assessment

Documentation of a kitchen inspection is not required if the Licensee/Certificate Holder does not provide food service.

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

Licensed Family 90-9:

- (1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:
 - (e) an initial local fire department clearance for all areas of the home being used for care; **and**

Residential Certificate 50-9:

- (1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:
 - (d) an initial local fire department clearance for all areas of the home being used for care; **and**

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

- (1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:
 - (f) copy of the current background screening card issued by the Department for all providers, volunteers, and each person age 12 and older who resides in the licensee's home;

Residential Certificate 50-9:

- (1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:
 - (e) copy of the current background screening card issued by the Department for all providers, volunteers, and each person age 12 and older who resides in the certificate holder's home;

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.

Licensing Specialists must look at background clearance documents for all caregivers and people age 12 and older residing in the home. People are considered to "reside" in the home if they stay continuously in the home for 2 weeks or longer.

R430-6-2(3) requires anyone who has unsupervised access to a child in care pass a background screening. If a person (such as a house guest) has not submitted a background screening, he/she may not have unsupervised access to any child in care.

When Licensees/Certificate Holders are landlords and rent out part of their house, the renters do not need approved background screening forms when all of the following conditions are met:

- A) The rented parts of the house have separate outside entrances and there are no interior doorways (inside the house) between the rented parts and the rest of the house.
- B) There are signed rental/lease agreements between the Licensees/Certificate Holders and the renters. (Licensing staff must see these rental agreements.)
- C) The rented parts of the house have separate mailing addresses and mailboxes from the rest of the house. (When there is not a clear separation of mailboxes, Licensing staff must verify this by seeing mail addressed to the Licensees/Certificate Holders and mail addressed to the renters.) A post office box is not considered a separate mailing address.
- D) There is no potential for the renters to have unsupervised access to the children in care, including when the children are playing outdoors. To meet this criteria, no child in care (including school-age children) can be outside without the Licensees/Certificate Holders or approved providers also being outside.

When all of the above conditions are not met, approved background screening forms are required for renters in the houses of Licensees/Certificate Holders.

When Licensees/Certificate Holders rent apartments in houses and are not the house owner, individuals living in the part(s) of the house not rented by Licensees/Certificate Holders do not need approved background screening forms when all of the following conditions are met:

- A) The rented parts of the house have separate outside entrances and there are no interior doorways (inside the house) between the rented parts and the rest of the house.
- B) There are signed rental/lease agreements between house owners and Licensees/Certificate Holders renting the apartment. (Licensing staff must see these rental agreements.)
- C) The rented apartments have separate mailing addresses and mailboxes from the rest of the house. (When there is not a clear separation of mailboxes, Licensing staff must verify this by seeing mail addressed to the Licensees/Certificate Holders and mail addressed to the house owners.) A post office box is not considered a separate mailing address.

- D) There is no potential for the individuals living in the parts of the house not rented by Licensees/Certificate Holders to have unsupervised access to the children in care. To meet this criteria, no child in care (including school age children) can be outside without the Licensees/Certificate Holders or approved providers also being outside.

When all these conditions are not met, individuals living in parts of houses not rented by Licensees/Certificate Holders need background screening forms.

R430-6-5(3) requires the Licensee/Certificate Holder to submit background clearance forms for newly hired individuals within five days of them becoming involved with the child care facility, or within five days of a child residing in the home turning 12, or within 10 days of an individual age 12 or older moving in to the home. "Becoming involved with the child care facility" means the individual's first day of work at the Licensee's/Certificate Holder's home.

If a covered individual is out of the state for 3 months or longer, he/she needs to submit a new initial CBS/LIS form and fingerprints.

This rule is only out of compliance if the Licensee/Certificate holder does not have the required Disclosure Statements by his/her license expiration date

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

Licensed Family 90-9:

- (2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (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 a provider is unable to contact the parent;
 - (vi) child health information, as required in R430-90-14(7); and
 - (vii) current emergency medical treatment and emergency medical transportation releases with the parent's signature;

Residential Certificate 50-9:

- (2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (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 a provider is unable to contact the parent;
 - (vi) child health information, as required in R430-50-14(7); 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 home and available to caregivers 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. 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 caregivers 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 otherwise.

Assessment

If the Licensee/Certificate Holder maintains information required in the admission form in form other than the admission form, he/she will be considered in compliance with the rule.

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

Records must be kept for all enrolled children, including "drop-in" children.

Providers cannot scan emergency contact information and releases into a PDF file on their phone or on their computer because emergency personnel will not be able to access the information.

Licensed Family 90-9:

- (2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (b) current immunization records or documentation of a legally valid exemption, as specified in R430-90-14(5) and (6);

Residential Certificate 50-9:

- (2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (b) current immunization records or documentation of a legally valid exemption, as specified in R430-50-14(5) and (6);

Rationale / Explanation

The health and safety of individual children requires that information regarding each child be kept at the home and available to caregivers on a need-to-know basis. Admission of children without this information can leave caregivers 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.*

Assessment

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

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

Licensed Family 90-9:

- (2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (c) a completed transportation permission form, if transportation services are offered to any child in care;

Residential Certificate 50-9:

- (2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (c) a completed transportation permission form, if transportation services are offered to any child in care; and

Enforcement

Always Level 3 Noncompliance.

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).

Licensed Family 90-9:

- (2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (d) a six week record of medication permission forms, and a six week record of medications actually administered as specified in R430-90-17(4) and R430-90-17(6)(f), if medications are administered to any child in care; and

Residential Certificate 50-9:

- (2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (d) a six week record of medication permission forms, and a six week record of medications actually administered, as specified in R430-50-17(3) and R430-50-17(5)(f), if medications are administered to any child in care.

Rationale / Explanation

The health and safety of individual children requires that information regarding each child be kept at the home and available to caregivers 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.

Licensed Family 90-9:

- (2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:
 - (e) a six week record of incident, accident, and injury reports.

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

- (3) The licensee shall maintain on-site for review by the Department during any inspection the following records for the licensee and each non-emergency substitute and caregiver:
 - (a) pre-service training documentation for all non-emergency substitutes and caregivers as required in R430-90-7(8);

Residential Certificate 50-9:

- (3) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for the certificate holder and each non-emergency substitute.
 - (a) orientation training documentation for all non-emergency substitutes as required in R430-50-7(5);

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

- (3) The licensee shall maintain on-site for review by the Department during any inspection the following records for the licensee and each non-emergency substitute and caregiver:
 - (b) annual training documentation for the past two years, for the licensee and all non-emergency substitutes and caregivers, as required in R430-90-7(9)(a); and

Residential Certificate 50-9:

- (3) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for the certificate holder and each non-emergency substitute.
 - (b) annual training documentation for the past two years, as required in R430-50-7(6)(a); and

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule is not out of compliance unless the annual training has not been completed **by the license/certificate expiration date**. The Licensee/Certificate Holder will not be issued a renewal license/certificate until completion of annual training is verified.

Licensed Family 90-9:

- (3) The licensee shall maintain on-site for review by the Department during any inspection the following records for the licensee and each non-emergency substitute and caregiver:
 - (c) current first aid and CPR certification, as required in R430-90-10(2), R430-90-20(3)(d), and R430-90-21(2).

Residential Certificate 50-9:

- (3) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for the certificate holder and each non-emergency substitute.
- (c) current first aid and CPR certification, as required in R430-50-10(2) and R430-50-20(3)(d).

Enforcement

Always Level 3 Noncompliance.

Assessment

Documentation for CPR Certification must indicate that the training included Infant and Child CPR.

Licensed Family 90-9:

- (4) The licensee shall maintain on-site for review by the Department during any inspection orientation training documentation for each volunteer as required in R430-90-7(8).

Residential Certificate 50-9:

- (4) The certificate holder shall maintain on-site for review by the Department during any inspection orientation training documentation for each volunteer as required in R430-50-7(5).

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

- (5) The licensee shall ensure that information in any child's file is not released without written parental permission.

Residential Certificate 50-9:

- (5) The certificate holder shall ensure that information in any child's file 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.

R430-90-10 and R430-50-10: 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*

Licensed Family 90-10:

- (1) The licensee shall post the home's street address and emergency numbers, including ambulance, fire, police, and poison control, near the telephone.

Residential Certificate 50-10:

- (1) The certificate holder shall post the home's street address and emergency numbers, including ambulance, fire, police, and poison control, near the telephone.

Rationale / Explanation

It is easy for caregivers to panic in an emergency situation. The purpose of this rule for caregivers to 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 Licensee/Certificate Holder'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 street address of the home.**

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.**

Licensed Family 90-10:

- (2) The licensee and all substitutes who care for children an average of 10 hours per week or more shall maintain 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.

Residential Certificate 50-10:

- (2) At least one adult at the facility, at all times when children are in care, shall maintain 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 if there is no first aid certification for required individuals.

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.

Cards that include basic life support or BLS will be accepted as being compliant to 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** current certification will be accepted for both CPR and First Aid.

This rule will not be out of compliance as long as there is at least one person with current certification. The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.

Current first aid certificates from any source will be accepted.

Substitutes working 10 hours or more a week will be averaged over a 3 month period.

Licensed Family 90-10:

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

Rationale / Explanation

The purpose of this rule is to ensure Licensees have the supplies needed to respond to minor injuries of children. *CFOC, pg. 226 Standard 5.093*

Enforcement

Always Level 3 Noncompliance.

Assessment

First aid items do not have to be in kits, they can be anywhere at the home.

For this rule, Neosporin is considered a topical antiseptic.

Licensed Family 90-10:

- (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.

Residential Certificate 50-10:

- (3) The certificate holder shall submit to the Department a written emergency and disaster plan for approval on a form provided by Child Care Licensing.

Rationale / Explanation

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 providers can refer to. Having such a practiced plan can prevent poor judgment in the stress of an emergency situation. *CFOC, 3rd Ed. pgs. 366-368 Standard 9.2.4.3*

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

For Licensed Family Providers, if at anytime changes are made to the emergency and disaster plan, the Provider 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.

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.

Licensed Family 90-10:

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

Residential Certificate 50-10:

- (4) The certificate holder shall ensure that the emergency and disaster plan is followed in the event of an emergency.

Rationale / Explanation

This rule is closely tied to R430-90-8(5) or R430-50-8(5), which requires that either the Licensee/Certificate Holder or a caregiver with authority to act on behalf of the Licensee/Certificate Holder is present whenever there are children in care. In an emergency situation, it is crucial that there be a clearly designated line of authority, and that the person in charge carries out the emergency plan as written and practiced.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-10:

- (6) The licensee shall review the emergency and disaster plan annually, and update it as needed. The licensee 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 caregivers do not attempt to follow an out-of-date plan in the event of an emergency.

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-10:

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

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. It is crucial for caregivers to have access to the written plan to refer to in the event of an emergency. Parents need access to the plan to ensure they understand what procedures the Licensee will follow in the event of an emergency. *CFOC, 3rd Ed. pgs. 366-368 Standard 9.2.4.3, pgs. 349-350 Standard 9.2.1.3*

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-10:

- (8) The licensee shall conduct fire evacuation drills quarterly. Drills shall include complete exit of all children and staff from the home.

Residential Certificate 50-10:

- (5) The certificate holder shall conduct fire evacuation drills semi-annually. Drills shall include complete exit of all children and staff from the home.

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

Always Level 2 Noncompliance.

Assessment

Quarterly drills mean that a drill must be conducted 4 times a year, once in each 3 month period of the licensing or calendar year. A fire drill needs to be conducted sometime during the quarter, the drills do not have to be exactly three months apart.

Semi-annual means that a drill must be conducted 2 times a year, once in each 6 month period of the licensing or calendar year.

Licensed Family 90-10:

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

Enforcement

Always Level 3 Noncompliance.

Assessment

A finding to this rule is issued when there is a record of one or more drills having been conducted, but the record does not include all of the information required in this rule.

Licensed Family 90-10:

- (10) The licensee shall conduct drills for disasters other than fires at least once every 12 months.

Residential Certificate 50-10:

- (6) The certificate holder shall conduct drills for disasters other than fires at least once every 12 months.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-10:

- (11) A provider shall document all disaster drills, including:
- (a) the type of disaster, such as earthquake, flood, prolonged power outage, or tornado;
 - (b) the date and time of the drill;
 - (c) the number of children participating;
 - (d) the total time to complete the evacuation; and
 - (e) any problems encountered.

Enforcement

Always Level 3 Noncompliance.

Assessment

A finding to this rule is issued when drills were conducted but not documented and/or the record of the drill(s) does not include all of the information required in this rule.

Licensed Family 90-10:

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

Residential Certificate 50-10:

(7) The certificate holder 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 caregivers 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.

R430-90-11 and R430-50-11: 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 Licensee/Certificate Holder. 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 caregiver to a missing child. *CFOC, 3rd Ed. pgs. 64- 66 Standard 2.2.0.1*

Following are examples of activities the Licensee/Certificate Holder or second or substitute caregiver **may not** engage in at any time while children are in care:

- taking a shower or bath.
- napping, including when the children are napping.

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. 4-5 Standard 1.1.1.2*

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. pg. 3 Standard 1.1.1.1*

The American Academy of Pediatrics and the American Public Health Association recommend the following maximum caregiver to child ratios and group sizes. 1:6 if all children are over the age of two. 1:4 with one child under age two. If the provider has two children under the age of two, then no children under the age of two. *CFOC, 3rd Ed. pg. 3 Standard 1.1.1.1*

Licensed Family 90-11:

- (1) The licensee or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:
 - (a) awareness of and responsibility for each child in care, including being near enough to intervene if needed; and

Residential Certificate 50-11:

- (1) The certificate holder or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:
- (a) awareness of and responsibility for each child in care, including being near enough to intervene if needed; and

Enforcement

Always Level 1 Noncompliance.

Assessment

When indoors with the children, the Licensee/Certificate Holder will be considered in compliance if:

- he/she or a second or substitute caregiver is on the same floor of the house as the children
- can hear the children (including with an audio monitor),
- and visually checks on them as needed.

An area of a home is considered a separate "floor" or "level" if it is 10 stairs or more to the area.

School age children only may play on a different floor of the home than the Licensee/Certificate Holder or a second or substitute caregiver is on, if the Licensee/Certificate Holder or a second or substitute caregiver can hear the children (including with an audio monitor) and visually check on them as needed.

While providers can allow school age children to play outdoors while they are indoors, they cannot allow school age children to be indoors while they are outdoors with younger children.

When indoors with the children, the Licensee/Certificate Holder or a second or substitute caregiver may temporarily (5 minutes or less) be on a different floor or level of the home from the children, and/or not within hearing distance of the children, for activities such as:

- bathroom breaks
- checking on sleeping children
- bringing prepared food from the kitchen to the eating area
- changing diapers
- first-aid application
- addressing the needs of a child
- installing children's car seats in vehicles

Licensee/Certificate Holders or second or substitute caregivers will be in compliance if they are in the same room with non-walking infants and toddlers or children with special needs who are not in age-appropriate pieces of equipment.

During nap-time sleeping children may be on a different floor or level of the home from Licensees/Certificate Holders or second or substitute caregivers if:

- The Licensee/Certificate Holder or second or substitute caregiver can hear the sleeping children (either by being close enough to the children, or by using an audio monitor), and
- The Licensee/Certificate Holder or second or substitute caregiver visually checks on the sleeping children age 1 and older as needed, and monitors sleeping infants as required in 1(c) below.

Licensed Family 90-11:

- (1) The licensee or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:
- (b) ensuring that there is a provider present inside the home when a child in care is inside the home, and there is a provider present in the outdoor play area when a child in care is outdoors, except as allowed in subsection (2) below for school age children; and

Residential Certificate 50-11:

- (1) The certificate holder or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:
- (b) ensuring that there is a provider present inside the home when a child in care is inside the home, and there is a provider present in the outdoor play area when a child in care is outdoors, except as allowed in subsection (2) below for school age children; and

Enforcement

Always Level 1 Noncompliance.

Assessment

When the children are indoors, the caregiver may temporarily go outside, to address the needs of a child. Meeting the needs of a child includes:

- removing snow from an outdoor entryway or exit,
- properly disposing of used diapers,
- removing animal excrement or toadstools from the outdoor play area
- installing children's car seats in vehicles.

A caregiver may also go outside very briefly while children are indoors to get children off a bus or bring children to a bus, or to set up temporary fences to protect children from dangers during outdoor play time.

When outside, children age three or older may be sent indoors to use the bathroom without the caregiver, but only one child at a time may be sent.

If the outdoor play area is completely fenced, Licensees/Certificate Holders will not be considered out of compliance with this rule if the children are outdoors and the caregiver very briefly goes indoors for the following reasons only:

1. to help a child use the bathroom when the child is young enough that they need help in the bathroom.
2. to administer first aid to an injured child.

The exception to this is when there are two caregivers and children are in the outdoor play area, one caregiver must be in the outdoor play area with the children.

Licensed Family 90-11:

- (1) The licensee or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:
- (c) monitoring of each sleeping infant in one of the following ways:
 - (i) by placing each infant for sleep in a location where the infant is within sight and hearing of a provider;
 - (ii) by in person observation of each sleeping infant at least once every 15 minutes;

Residential Certificate 50-11:

- (1) The certificate holder or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:
- (c) monitoring of each sleeping infant in one of the following ways:
 - (i) by placing each infant for sleep in a location where the infant is within sight and hearing of a provider;
 - (ii) by in person observation of each sleeping infant at least once every 15 minutes;

Enforcement

Always Level 1 Noncompliance.

Assessment

When checking on sleeping infants the provider must ensure the child is breathing.

Licensed Family 90-11 and Residential Certificate 50-11:

- (2) A provider shall actively supervise each child during outdoor play to minimize the risk of injury to a child. A provider may allow only school age children to play outdoors while the provider is indoors, if:
- (a) a provider can hear the children playing outdoors; and
 - (b) the children playing outdoors are in an area completely enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.

Rationale /Explanation

Children like to test their skills and abilities. This is particularly true in outdoor play 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. Providers also need 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.

For a child to be considered school age, he/she must be at least five years old.

When outside, children age three or older may be sent indoors to use the bathroom without the caregiver, but only one child at a time may be sent.

If the outdoor play area is completely fenced, Licensees/Certificate Holders will not be considered out of compliance with this rule if the children are outdoors and the caregiver very briefly goes indoors for the following reasons only:

1. to help a child use the bathroom when the child is young enough that they need help in the bathroom.
2. to administer first aid to an injured child.

Licensed Family 90-11:

- (3) The licensee may permit a child to participate in supervised out of the home activities without the licensee if:
- (a) the licensee has prior written permission from the child's parent for the child's participation; and
 - (b) the licensee has clearly assigned the responsibility for the child's whereabouts and supervision to a responsible adult who accepts responsibility for the care and supervision of the child throughout the period of the out of home activity.

Residential Certificate 50-11:

- (3) The certificate holder may permit a child to participate in supervised out of the home activities without the certificate holder if:
- (a) the certificate holder has prior written permission from the child's parent for the child's participation; and

- (b) the certificate holder has clearly assigned the responsibility for the child's whereabouts and supervision to a responsible adult who accepts responsibility for the care and supervision of the child throughout the period of the out of home 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, and that the Licensee/Certificate Holder will not allow their child to go off site without the parent's knowledge and consent. CFOC, 3rd Ed. Pgs. 64-66 Standard 2.2.0.1

Enforcement

Always Level 3 Noncompliance.

Assessment

Examples of supervised out of the home activities include music or dance lessons, and playing at a friend's house.

Clearly assigned means that it must be in writing. A provider can have written permission from the parent or an authorized person can sign the child in or out of the facility. **The written permission must include releasing the provider from responsibility when signing the children out of care.**

If the parent gives written permission for a child to go with a person under 18, then the parent is the responsible adult making the decision. The provider cannot make arrangements for a child in care to be released to anyone under 18.

School age children may walk to school or other activity without the caregiver as long as the parent has given specific written permission to the caregiver.

Licensed Family 90-11:

- (4) The maximum allowed capacity for a licensed family child care facility is 16 children, including providers' own children under age four.
- (5) The licensee shall maintain a provider to child ratio of one provider for up to eight children in care, and two providers for nine to sixteen children in care.
 - (a) Children in care include the providers' own children under the age of four.
 - (b) Providers who are included in the provider to child ratio must meet all of the requirements of this rule.
- (6) There shall be no more than four children under the age of two in care with two providers; and no more than two children under the age of two in care with one provider, except that if there are six or fewer children in care, there may be up to three children under the age of two in care.

Residential Certificate 50-11:

- (4) The maximum allowed number of children in care at any one time is eight children, including no more than two children under the age of two. The number of children in care includes the providers' own children under the age of four.

Rationale /Explanation

The purpose of this rule is to ensure children's safety, especially in the event of a fire or other emergency evacuation. The National Fire Protection Association in its life safety code recommends that in large family child care homes two staff care for up to 12 children only. CFOC, 3rd Ed. pgs. 4-5 Standard 1.1.1.2

Enforcement:

Level 1 Noncompliance if:

- one caregiver is over ratio by any amount, and there are more than 3 children under age 2 in care.
- one caregiver is over ratio by 5 or more children, and there are not more than 2 children under age 2 in care.
- one caregiver is not over capacity, but has 4 or more children under the age of 2 in care.
- two caregivers are over ratio by 9 or more children, and there are not more than 4 children under age 2 in care.
- two caregivers are over ratio by any amount, and have more than 4 children under age 2 in care.
- two caregivers are not over capacity, but have have 8 or more children under the age of 2 in care.

Level 3 Noncompliance if:

- two caregivers are over ratio by up to 8 children, and there are not more than 4 children under age 2 in care.
- a Licensee is not over capacity, but has 3 children under the age of 2 in care and 4 or 5 children over the age of 2 in care.
- a Certificate Holder is not over capacity, but has 3 children under the age of 2 in care.
- one caregiver is over ratio by less than 5 children and there are not more than 2 children under age 2 in care.
- two caregivers are not over ratio and/or capacity, but have 5-7 children under the age of 2 in care.

Assessment

Statute defines a child in care as a person who is under the age of 13, or under the age of 18, when the person has a disability. Therefore, a 25-year-old handicapped adult in care would not count in ratios or capacity.

For circumstances beyond the provider's control, ratios may be temporarily exceeded for up to 45 minutes. Examples of circumstances beyond provider's control include:

- Caregivers not arriving at their scheduled time.
- Children arriving earlier or departing later than their normal time without notification.

If licensing staff arrive during the time ratios are out of compliance, the Licensing Specialist will:

- Wait for 45 minutes for the required caregivers to arrive.
- If the caregivers 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 caregiver does not arrive within 45 minutes, a finding will be issued at the inspection and Follow-Up inspections will be conducted.

For second caregivers to count in the ratios, they must be in the same room/area as the children and performing caregiving duties.

When second caregivers are working, their children age 4 to 12 count in the group size and square footage, but are not required to be counted in ratios or capacity.

If ratios or supervision are out of compliance, at any inspection, a finding will be issued.

All related children, including the providers own children under the age of 4, count as children in care.

Licensed Family 90-11:

(7) The total number of children in care may be further limited based on square footage, as found in Subsections R430-90-4(7) through (9).

Residential Certificate 50-11:

(5) The total number of children in care may be further limited based on square footage, as found in Subsection R430-50-4(5) through (7).

Licensed Family 90-11:

(8) The licensee shall not exceed the maximum group sizes found in Table 1 and Table 2.

Enforcement

Level 1 Noncompliance if:

- one caregiver is over group size by up to 3 children.
- two caregivers are over group size by up to 6 children.

Level 3 Noncompliance otherwise.

Assessment

The ratio charts 1 and 2 are on the next page. Related children is referring to the providers own children ages 4-12 years.

**TABLE 1
MAXIMUM GROUP SIZE WITH 1 CAREGIVER**

# of Providers' Related Children Ages 4-12 Present in the Home During Child Care Hours	Maximum Allowed Number of Children in Care, Including the Providers' Children Under Age 4	Total # of All Children Through Age 12 Present in the Home During Child Care Hours
0 - 4	8 children	12
5	7 children	12
6	6 children	12
7	5 children	12
8	4 children	12
9	3 children	12
10	2 children	12
11	1 child	12

**TABLE 2
MAXIMUM GROUP SIZE WITH 2 CAREGIVERS**

# of Providers' Related Children Ages 4-12 Present in the Home During Child Care Hours	Maximum Allowed Number of Children in Care, Including the Providers' Children Under Age 4	Total # of All Children Through Age 12 Present in the Home During Child Care Hours
0 - 8	16 children	24
9	15 children	24
10	14 children	24
11	13 children	24
12	12 children	24
13	11 children	24
14	10 children	24
15	9 children	24
16	8 children	24
17	7 children	24
18	6 children	24
19	5 children	24
20	4 children	24
21	3 children	24
22	2 children	24
23	1 child	24

R430-90-12 and R430-50-12: 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.

If children are playing outside of the fenced area, all inaccessible items will be assessed in the non-fenced area as well as the fenced area.

Storage containers that must be pulled out of or off of a shelf in order to assess its contents will be considered a drawer.

Licensed Family 90-12:

- (1) The licensee shall ensure that the home, outdoor play area, toys, and equipment are maintained and used in a safe manner to prevent injury to children.

Residential Certificate 50-12:

- (1) The certificate holder shall ensure that the home, outdoor play area, 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 homes may be ingested, floor surfaces in disrepair could cause falls and other injuries, and 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*

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.

Otherwise, 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 home, grounds, toys, and equipment. The noncompliance level depends on the violation observed.

Assessment

Plug in warmers, such as Wallflowers, Glad and Scentsy, are a finding if they contain melted wax.

Licensed Family 90-12:

- (2) The licensee shall ensure that walkways are free of tripping hazards such as unsecured flooring or cords in walkways.

Residential Certificate 50-12:

- (2) The certificate holder shall ensure that walkways are free of tripping hazards such as unsecured flooring or cords in walkways.

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 a Licensee/Certificate Holder from having throw rugs in the home.

Licensed Family 90-12 and Residential Certificate 50-12:

- (3) Areas accessible to children shall be free of unstable heavy equipment, furniture, or other items that a child could pull down on himself or herself.

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.

Licensed Family 90-12 and Residential Certificate 50-12:

- (4) The following items shall be inaccessible to each child in care:
 - (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*

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 must be stored separately from ammunition, in a cabinet or area that is locked with a key, ~~or~~ 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 firearm or the chamber of the firearm.

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.

When old guns and antique guns are used as decoration and cannot be fired, the provider will need to apply for a variance and include documentation from a gunsmith that this particular gun cannot be fired.

Guns that are dismantled and do not contain a trigger mechanism are not considered a firearm.

Bows, without arrows, can be accessible. However, crossbows (with or without arrows) and arrows must be inaccessible to children in care.

Firearms include guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns.

Licensed Family 90-12 and Residential Certificate 50-12:

(4) The following items shall be inaccessible to each child in care:

- (b) tobacco, e-cigarettes, e-juice, e-liquids, open containers of alcohol, illegal substances, and sexually explicit material;

Rationale/ Explanation

The age, defenselessness, and lack of mature judgment 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

Alcohol that has been opened but is corked/capped is considered inaccessible.

Unsmoked cigarettes, cigarette butts, electronic cigarettes, E-liquid, E-juice, E- cigarettes, electronic cigarettes, vapor cigarettes and chewing tobacco must be inaccessible because they contain tobacco and harmful substances.

Licensed Family 90-12 and Residential Certificate 50-12:

(4) The following items shall be inaccessible to each child in care:

- (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.

Space heaters are 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.

If an infrared fireplace is used, while children are care, it must be made inaccessible.

Licensed Family 90-12 and Residential Certificate 50-12:

(4) The following items shall be inaccessible to each child in care:

- (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 flash fire burns 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	rubbing alcohol
anti-freeze	insect repellent	rubber cement
bleach (undiluted)	iodine	silicone spray
tiki torch fuel	jewelry cleaner	solvents containing acetone
corroded batteries	kerosene	spray paint
drain cleaners	liquid correction fluids, such as wite-out	super glue
energy shots, such as 5 Hours Energy	linseed oil	tile grout sealer
fertilizer with weed killer	lighter fluid	turpentine
florescent light tubes	model glue	vinyl adhesive remover
gasoline	nail glue	water sealant
gunpowder	nail polish remover	WD-40
gun solvent	pesticide	weed killer
hydrocarbons, such as De-Solv-It	paint thinner	windshield washer fluid
laundry detergent pods		

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.

All sanitizers, including bleach water, are considered chemicals.

Licensed Family 90-12 and Residential Certificate 50-12:

- (4) The following items shall be inaccessible to each child in care:
(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

Always Level 2 Noncompliance.

Assessment

Poisonous plants include:

castor bean	oleander	stinging nettle
jimson weed	poison ivy	toadstools
mushrooms	poison oak	

Chestnuts are not considered a poisonous plant.

Licensed Family 90-12 and Residential Certificate 50-12:

- (4) The following items shall be inaccessible to each child in care:
(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.

Licensed Family 90-12 and Residential Certificate 50-12:

- (4) The following items shall be inaccessible to each child in care:
(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 provider from having a birthday cake or cupcakes with candles, provided there is constant direct supervision of the lit candles until they are blown out.

Licensed Family 90-12 and Residential Certificate 50-12:

(4) The following items shall be inaccessible to each child in care:

- (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

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 are examples 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	

The following **will not** be considered 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	

Under direct supervision, school-age children may use adult scissors. Child scissors, which are not a violation of this rule, are defined as scissors that have a blunt edge and are not more than 6" in length.

This rule is not meant to prohibit preschoolers from engaging in supervised woodworking activities.

Nails and screws in fences are considered sharp objects when the end with the sharp tip (not the head) is protruding more than ½ inch from the fence and is below 48 inches.

Licensed Family 90-12 and Residential Certificate 50-12:

- (4) The following items shall be inaccessible to each child in care:
- (i) for children age 4 and under, ropes and cords, chains, and wires 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*

Every 30 days a child dies by being entangled in a window blind cord. The following is an informational news report about window blinds: <https://gma.yahoo.com/video/deadly-delay-push-window-blind-114929903.html>

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule only applies if a child has access to a rope, cord, chain, or wire longer than 12" that is attached to a solid structure (for example, a blind or drapery cord)), and pacifier cords longer than 12".

A window blind or drapery cord that is doubled, creating a loop, will be considered inaccessible if it is hanging higher than 36 inches. A window blind or drapery cord that is not doubled, will be considered inaccessible to children if less than 12 inches is hanging below 36 inches.

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.

Licensed Family 90-12 and Residential Certificate 50-12:

- (4) The following items shall be inaccessible to each child in care:
- (j) for children age 4 and under, empty 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	

This rule applies to empty, loose plastic bags only, not plastic bags with something in them, or a supply of plastic bags on a roll or in a box. This rule does not apply to latex gloves that are on a changing table, if they are only within reach of the child on the changing table. This rule does not apply to latex gloves that are in a closed first aid kit. This rule also does not apply to trash can liners that are inside of a trash can.

Licensed Family 90-12 and Residential Certificate 50-12:

(4) The following items shall be inaccessible to each child in care:

- (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

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 care 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

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

Small items will be assessed by using a choke tube tester. It is a choking hazard only when it fits entirely in the choke tube. Choking hazards will be assessed if items are visible and accessible to the children. Visible means you can touch the item without opening a cabinet, drawer, container lid, etc.

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 care, 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.

If children age 2 and under are in a carefully supervised activity, such as a board game or art activity with a caregiver sitting at the art table with them, they may use materials smaller than the allowed size, such as, cotton balls or craft eyes larger than 1/2" 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.

Licensed Family 90-12:

- (5) The licensee shall ensure that all toxic or hazardous chemicals are stored in a container labeled with its contents.

Residential Certificate 50-12:

- (5) The certificate holder shall ensure that all toxic or hazardous chemicals are stored 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

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.

Toxic or hazardous chemicals include sanitizing solutions.

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.

Licensed Family 90-12 and Residential Certificate 50-12:

(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

Accessible outlets include any outlet within 36" of a surface on which a child in care sleeps, and from any surface in a bathroom onto which a child in care could climb, such as a bathtub, toilet or counter.

A tamper resistant outlet is considered to be a safety device. The outlet will be marked with "TR" or the words "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.

Licensed Family 90-12 and Residential Certificate 50-12:

(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 6 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

Level 2 Noncompliance if the water temperature is 128 degrees or higher.

Level 3 Noncompliance if the water 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.

Licensed Family 90-12 and Residential Certificate 50-12:

(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.

Licensed Family 90-12 and Residential Certificate 50-12:

(9) If a wading pool is used:

(a) a provider must be at the pool supervising each child whenever there is water in the pool;

Rationale / Explanation

The purpose of this rule is to minimize the risk of spreading disease through shared wading pool water, and 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 licensee/certificate holder 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- 90/50-8(2) requires Licensees/Certificate Holders 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.

Licensed Family 90-12 and Residential Certificate 50-12:

(9) If a wading pool is used:

- (b) **diapered children must wear swim diapers and rubber pants whenever they are in the pool;**

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/Certificate Holder should check with his/her 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. R430-90/50-8(2) requires Licensees/Certificate Holders to comply with local laws and rules such as these.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-12 and Residential Certificate 50-12:

(9) If a wading pool is used:

- (c) **the pool shall be emptied and sanitized after each use; and**

Rationale / Explanation

The purpose of this rule is to minimize the risk of spreading disease through shared wading pool water, and 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 Licensee/Certificate Holder should check with his/her 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. R430-90/50-8(2) requires Licensees/Certificate Holders to comply with local laws and rules such as these.

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-12:

(9) If a wading pool is used:

- (d) **before each child in care uses the pool, the licensee shall obtain parental permission for the child to use the pool.**

Residential Certificate 50-12:

- (9) If a wading pool is used:
- (d) before each child in care uses the pool, the certificate holder shall obtain parental permission for the child to use the pool.

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 3 Noncompliance.

Licensed Family 90-12 and Residential Certificate 50-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (a) a provider must be at the pool supervising each child whenever a child in care is using the pool or has access to the pool;

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

Supervising at the pool means that the caregiver is close enough to see the entire bottom of the pool.

Licensed Family 90-12 and Residential Certificate 50-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (b) diapered children must wear swim diapers and rubber pants whenever they are in the pool;

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).

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (c) the licensee shall ensure that children in care are protected from unintended access to the pool in one of the following ways:
 - (i) the pool is enclosed within a fence or other solid barrier at least four feet high that is

- kept locked whenever the pool is not in use by any child in care; or
- (ii) the pool has a properly working safety cover that meets ASTM Standard F1346, and the safety cover is in place whenever the pool is not in use by any child in care;

Residential Certificate 50-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (c) the certificate holder shall ensure that children in care are protected from unintended access to the pool in one of the following ways:
 - (i) the pool is enclosed within a fence or other solid barrier at least four feet high that is kept locked whenever the pool is not in use by any child in care; or
 - (ii) the pool has a properly working safety cover that meets ASTM Standard F1346, and the safety cover is in place whenever the pool is not in use by any child in care;

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, 3^d 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 fence to be considered locked, the lock needs to have a key or combination to unlock it.

Licensed Family 90-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (d) the licensee shall maintain the pool in a safe manner;

Residential Certificate 50-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (d) the certificate holder shall maintain the pool in a safe manner;

Rationale / Explanation

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

Enforcement

A finding to this rule is issued only when there is not another licensing or residential certificate 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.

Licensed Family 90-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (e) the licensee shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool;

Residential Certificate 50-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (e) the certificate holder shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool;

Rationale/ Explanation

This rule is intended to address problems which are not already addressed in other 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.

Licensed Family 90-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (f) if the pool is over six 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 any child in care has access to the pool; and

Residential Certificate 50-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (f) if the pool is over six feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the certificate holder can demonstrate to the Department to be equivalent to Red Cross certification, any time any child in care has access to the pool; and

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.

Licensed Family 90-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (g) before each child in care uses the pool, the licensee shall obtain parental permission for the child to use the pool.

Residential Certificate 50-12:

- (10) If there is a swimming pool on the premises that is not emptied after each use:
- (g) before each child in care uses the pool, the certificate holder shall obtain parental permission for the child to use the pool.

Rationale/ Explanation

The purpose of this rule is to minimize the risk of spreading disease through shared pool water. *CFOC, 3rd Ed. pg. 283 Standard 6.3.5.3*

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-12:

- (11) If there is a hot tub on the premises with water in it, the licensee shall ensure that children in care are protected from unintended access to the hot tub in one of the following ways:
- (a) it shall have a properly working locking cover that is kept locked whenever there is any child in care on the premises; or
 - (b) it shall be surrounded by a four foot fence.

Residential Certificate 50-12:

- (11) If there is a hot tub on the premises with water in it, the certificate holder shall ensure that children in care are protected from unintended access to the hot tub in one of the following ways:
- (a) it shall have a properly working locking cover that is kept locked whenever there is any child in care on the premises; or
 - (b) it shall be surrounded by a four foot fence.

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, pg. 6 Standard 1.005, pg. 257 Standard 5.176; pgs. 264-265 Standard 5.198; pgs. 267-270 Standards 5.204, 5.205, 5.206, 5.207, 5.208, 5.209, 5.210, 5.215, 5.216, 5.217, 5.218.*

Enforcement

Always Level 1 Noncompliance.

Assessment

A locked cover means a cover with each latch working properly and secured.

Licensed Family 90-12:

- (12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:
- (a) A provider must be at the trampoline supervising its use whenever any child in care is on the trampoline.

Residential Certificate 50-12:

- (12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:
- (a) A provider must be at the trampoline supervising its use whenever any child in care is on the trampoline.

Rationale / Explanation

Trampolines pose serious safety hazards. The CPSC estimates that in 1998 95,000 injuries associated with trampolines were treated in hospital emergency rooms. About 75% of the victims are under 15 years of age, and 10% are under 5 years of age. The hazards that result in injuries and deaths include:

- 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.

The American Society for Testing and Materials (ASTM), which conducts product safety testing, has issued the following warnings for trampoline use:

- DO NOT attempt or allow somersaults. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the bed. *(ASTM F 381, 7.5.1.1.)*
- Do not allow more than one person on the trampoline. Use by more than one person at the same time can result in serious injury. *(ASTM F 381, 7.5.1.2.)*
- Use trampoline only with mature, knowledgeable supervision. *(ASTM F 381, 7.5.1.3.)*
- Trampolines over 20 inches tall are not recommended for use by children under 6 years of age. *(ASTM F 381, 7.5.1.4.)*
- Inspect the trampoline before each use. Make sure the frame padding is correctly and securely positioned. Replace any worn, defective, or missing parts. *(ASTM F 381, 7.5.1.5.)*

Enforcement

Always Level 1 Noncompliance.

Assessment

Supervising at the trampoline means a provider is standing close enough to be able to reach out and touch the trampoline.

This rule includes above-ground trampolines and built into the ground trampolines.

Inner tube jumpers are not considered a trampoline but will be assessed as playground equipment.

Unless specified in the rule, an interior fence at least 36 inches high can be used to make items, including trampolines, inaccessible to the children.

Licensed Family 90-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (b) Only one person at a time may use a trampoline.

Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

- (b) Only one person at a time may use a trampoline.

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule includes above-ground trampolines and built into the ground trampolines.

Licensed Family 90-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (c) No child in care shall be allowed to do somersaults or flips on the trampoline.

Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

(c) No child in care shall be allowed to do somersaults or flips on the trampoline.

Rationale / Explanation

Trampolines pose serious safety hazards. The CPSC estimates that in 1998 95,000 injuries associated with trampolines were treated in hospital emergency rooms. About 75% of the victims are under 15 years of age, and 10% are under 5 years of age. The hazards that result in injuries and deaths include:

- 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 above-ground trampolines and built into the ground trampolines.

Licensed Family 90-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (d) The trampoline must have shock absorbing pads that completely cover its springs, hooks, and frame.

Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

- (d) The trampoline must have shock absorbing pads that completely cover its springs, hooks, and frame.

Enforcement

Level 2 Noncompliance if there is a safety net around the trampoline.

Level 1 Noncompliance otherwise.

Assessment

This rule includes above-ground trampolines and built into the ground trampolines.

If providers have difficulty finding pads for rectangular trampolines, some vendors include:

- http://www.funspot.com/rectangular_trampoline_pad.php
- <http://www.trampolineusa.com/recframpad.html>
- http://www.trampoline-1.com/rectangular_pad.php

Licensed Family 90-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (e) The trampoline must be placed at least 6 feet away from any structure, including playground equipment, trees, and fences. If the trampoline is completely enclosed within properly installed netting that is in good repair and is at least 6' tall, and that is used as specified by the manufacturer, the trampoline must be placed at least 3' away from any structure or object onto which a child could fall, including playground equipment, trees, and fences.

Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

- (e) The trampoline must be placed at least 6 feet away from any structure, including playground equipment, trees, and fences. If the trampoline is completely enclosed within properly installed netting that is in good repair and is at least 6' tall, and that is used as specified by the manufacturer, the trampoline must be placed at least 3' away from any structure or object onto which a child could fall, including playground equipment, trees, and fences.

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule includes above-ground trampolines and built into the ground trampolines.

Use zones must be free of movable playground equipment, such as toys and tricycles, only when children are using the trampoline.

Licensed Family 90-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (f) There shall be no ladders near the trampoline.

Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

- (f) There shall be no ladders near the trampoline.

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule includes Little Tykes ladders. This rule includes above-ground trampolines and built into the ground trampolines.

Licensed Family 90-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (g) No child in care shall be allowed to play under an above ground trampoline when it is in use.

Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

- (g) No child in care shall be allowed to play under an above ground trampoline when it is in use.

Enforcement

Always Level 1 Noncompliance.

Assessment

This rule includes above-ground trampolines and built into the ground trampolines.

Licensed Family 90-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (h) A parent of each child in care who uses the trampoline shall sign a Department-approved permission form before his or her child uses the trampoline.

Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

- (h) A parent of each child in care who uses the trampoline shall sign a Department-approved permission form before his or her child uses the trampoline.

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule includes above-ground trampolines and built into the ground trampolines.

Licensed Family 90-12 and Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the licensee shall ensure compliance with the following requirements:

- (i) The trampoline shall be placed over grass or six inches of protective cushioning, which shall extend six feet from the perimeter of the trampoline frame, or three feet from the perimeter of the trampoline frame if a net is used as specified above in subsection (e).

Licensed Family 90-12 and Residential Certificate 50-12:

(12) If there is a trampoline on the premises that is accessible to any child in care, the certificate holder shall ensure compliance with the following requirements:

- (i) The trampoline shall be placed over grass or six inches of protective cushioning, which shall extend six feet from the perimeter of the trampoline frame, or three feet from the perimeter of the trampoline frame if a net is used as specified above in subsection (e).

Enforcement

Level 2 Noncompliance if there is a safety net around the trampoline.

Level 1 Noncompliance otherwise.

Assessment

This rule includes above-ground trampolines and built into the ground trampolines.

If protective cushioning material is other than grass and less than 6 inches deep, providers must have documentation that it meets ASTM Standard F1292.

R430-90-13 and R430-50-13: 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.

Licensed Family 90-13:

(1) The licensee shall either post or, upon enrollment, give each parent a copy of the Department's child care guide.

Residential Certificate50-13:

(1) The certificate holder shall either post or, upon enrollment, give each parent a copy of the Department's child care guide.

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

If the Department's child care guide is going to be posted, the entire form (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.

Emailing the Department Guide to parents will be considered giving the parent a copy.

Licensed Family 90-13:

(2) At all times when their child is in care, parents shall have access to those areas of the licensee's home and outdoor area that are used for child care.

Residential Certificate50-13:

(2) At all times when their child is in care, parents shall have access to those areas of the certificate holder's home and outdoor area that are used for child care.

Rationale / Explanation

Allowing parents unrestricted access to the home and the outdoor play area 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

Licensed Family & Residential Certificate Rule Interpretation Manual, May 2016
Section – 13 Parent Notification and Child Security

This does not mean Licensees/Certificate Holders cannot lock their doors. It means the Licensee/Certificate Holder opens the door in a timely manner and allows parents to enter any part of the home or outdoor areas that are used for child care.

Licensed Family 90-13:

(3) The licensee shall ensure that a daily attendance record is maintained each day there is a child in care, to document each child's attendance.

Residential Certificate 50-13:

(3) The certificate holder shall ensure that a daily attendance record is maintained to document each enrolled child's attendance.

Rationale / Explanation

Proper departure procedures and identification are necessary to prevent unauthorized individuals from taking a child from the facility. *CFOC, 3rd Ed. pgs. 371-372 Standards 9.2.4.8, 9.2.4.9*

Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the home at any given time, and how many caregivers are needed. *CFOC, 3rd Ed. pgs. 372-373 Standard 9.2.4.10*

Keeping accurate records means the records include arrival and departure times.

Enforcement

Level 1 Noncompliance if a failure to maintain the attendance records results in:

- a lost child.
- a child being left at an off-site activity.
- a child being left unattended in a vehicle.
- a child being left at the home when a caregiver leaves the home.
- an emergency evacuation in which a caregiver was unable to accurately account for all of the children.

Level 3 Noncompliance otherwise.

Licensed Family 90-13 and Residential Certificate 50-13:

(4) Only parents or persons with written authorization from the parent may pick up any child. In an emergency, a 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.

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*

Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the home 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 an unauthorized person took a child 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.

Assessment

Providers may choose to accept electronic permission from the parent to authorize someone to pick up a child.

Licensed Family 90-13:

- (5) The licensee shall ensure that parents are given a written report of every serious incident, accident, or injury involving their child on the day of occurrence. A provider and the person picking up the child shall sign the report to acknowledge that he or she has received it.

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 have a concussion. Incident reports can also allow Licensees/Certificate Holders 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

Examples of incidents that parents should receive a written report for include:

- Any injury that requires medical treatment (this also needs to be sent to Child Care Licensing staff).
- Two children fighting, one needs medical treatment, then an incident report is required for both children.
- Any bite which breaks the skin, or one child being bitten frequently or biting frequently.
- Forgetting to pick up a child from school or other activity.
- A child escaping or leaving the premises without a caregiver.
- A child who is abused, sexually assaulted, or inappropriately touched, even if by another child in care.

If the person picking up a child refuses to sign or take the incident report, Licensees/Certificate Holders will not be found out of compliance with this rule, provided they can demonstrate 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 caregiver dropped the child off at school and the parent picked the child up at school) or if it is a serious injury that requires him/her to take the child out of the facility, the Licensee/Certificate Holder may get the parent signature and give the parent a copy of the report the next time the parent is at the Licensee's/Certificate Holder's home.

Licensed Family 90-13:

- (6) The licensee shall ensure that parents are notified verbally of minor accidents and injuries on the day of occurrence.

Residential Certificate 50-13:

- (5) The certificate holder shall ensure that parents are informed of every incident, accident, or injury involving their child within 24 hours of 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 have a concussion. Incident reports can also allow Licensees/Certificate Holders to recognize injury patterns and possible abuse to a child. *CFOC, 3rd Ed. pg. 382 Standard 9.4.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

Examples of incidents that parents should receive verbal notification include: behavior problems, a child being bitten or biting another child, a scraped knee or other minor injury.

Licensed Family 90-13:

- (7) In the case of a life threatening incident or injury to a child, or an incident or injury that poses a threat of the loss of vision, hearing, or a limb, a provider shall contact emergency personnel immediately, before contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, a provider shall attempt to contact the child's emergency contact person.

Residential Certificate 50-13:

- (6) In the case of a life threatening incident or injury to a child, or an incident or injury that poses a threat of the loss of vision, hearing, or a limb, a provider shall contact emergency personnel immediately, before contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, a 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.

Licensed Family 90-13:

- (8) If a child is injured and the injury appears serious but not life threatening, a provider shall contact the parent immediately, in addition to giving the parent a written report of the injury.

Residential Certificate 50-13:

- (7) If a child is injured and the injury appears serious but not life threatening, a provider shall contact the parent immediately.

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 otherwise.

R430-90-14 and R430-50-14: 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.

Licensed Family 90-14:

(1) The licensee shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.

Residential Certificate 50-14:

(1) The certificate holder 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.

Licensed Family 90-14 and Residential Certificate 50-14:

(2) All providers 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.

Licensed Family 90-14 and Residential Certificate 50-14:

- (3) The use of alcohol, illegal substances, or sexually explicit material on the premises or in vehicles used to transport children is prohibited any time that a child is in care.

Rationale / Explanation

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

If alcohol or illegal substances are used when children are in care:

Level 1 Noncompliance if:

- a provider or caregiver is intoxicated or impaired and transports a child.
- a provider or caregiver is intoxicated or impaired while a child is in care.

Level 3 Noncompliance if:

- a provider, caregiver or anyone in the home has been drinking or using an illegal substance, but is not intoxicated or impaired.
- another person in the home is intoxicated or impaired.

If sexually explicit materials are used when a child is in care:

Level 2 Noncompliance otherwise.

Level 3 Noncompliance if sexually explicit materials are used in the presence only of children under the age of 2.

Licensed Family 90-14 and Residential Certificate 50-14:

- (4) 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.

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*

This rule is in accordance with the Utah Indoor Clean Air Act, R392-510

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 3 Noncompliance if tobacco is used outdoors.

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.

Licensed Family 90-14:

- (5) The licensee shall not enroll any child for care 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.
- (6) The licensee shall not provide ongoing care to a child without documentation of:
- (a) proof of current immunizations as required by Utah law; or
 - (b) written documentation of an immunization exemption due to personal, medical or religious reasons.

Residential Certificate 50-14:

- (5) The certificate holder shall not enroll any child for care 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.
- (6) The certificate holder shall not shall not provide ongoing care to a child without documentation of:
- (a) proof of current immunizations as required by Utah law; or
 - (b) 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*

Young children, especially those under five years of age and those in child care facilities, are more likely to acquire pneumococcal disease. 70% of bacteremia caused by invasive pneumococcal disease occurs in children 2 years of age and younger. By the time a child has reached 5 years of age, their body has built up its own resistance to the bacteria, which means that the vaccine is age-related. The number of doses of pneumococcal vaccine that a child must receive depends on the child's age and number of previous doses the child received. In Utah, children who have reached five years of age are not required to have the pneumococcal vaccine to attend school or child care.

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 exemption forms must be from a County Health Department and are not required to be updated annually.

Immunization rule R396-100(6) requires providers to have current immunization records for all of the children and submit an annual report. They also require the records are kept on their pink forms.

Licensed Family 90-14:

- (7) The licensee shall not admit any child for care without the following written health information from the parent:
- (a) known allergies;
 - (b) known 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 licensee.

Residential Certificate 50-14:

- (7) The certificate holder shall not admit any child for care without the following written health information from the parent:
- (a) known allergies;
 - (b) acute and chronic medical conditions;
 - (c) instructions for special or non-routine daily health care;
 - (d) current medications; and,
 - (e) any other special health instructions for the certificate holder.

Rationale/Explanation

Admission of children without this information can leave the provider unprepared to deal with daily and emergency health needs of the child. *CFOC, 3rd Ed. pgs. 80-81 Standard 2.3.3.1*

Enforcement

Level 3 Noncompliance otherwise.

Level 1 Noncompliance if lack of information on a health assessment resulted in a situation that would require medical attention.

Assessment

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. As long as the health assessment asks about any medical conditions the child has, this rule is in compliance.

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.).

If the provider'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."

Licensed Family 90-14 and Residential Certificate 50-14:

- (8) If the parent of a child in care has informed the provider that his or her child has a food allergy or sensitivity, that child shall not be given the food or beverage they are allergic to.

Rationale/Explanation

Food allergy is 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, 3^d Ed. pgs. 160-161 Standard 4.2.0.10*

Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-14:

- (8) The licensee shall ensure that each child's parent reviews, updates, and signs or initials the child's health information at least annually.

Residential Certificate 50-14:

- (9) The certificate holder shall ensure that each child's parent reviews, updates, and signs or initials the child's health information at least annually.

Rationale/Explanation

Admission of children without this information can leave the provider unprepared to deal with daily and emergency health needs of the child. *CFOC, 3^d Ed. pgs. 80-81 Standard 2.3.3.1*

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, 3^d Ed. pgs. 80-81 Standard 2.3.3.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

To confirm the parent is updating their health information, the signature or initials must be on the health assessment side of the form.

R430-90-15 and R430-50-15: CHILD NUTRITION

Purpose

This section provides rules and information about the basic nutritional requirements for the children in care.

Licensed Family 90-15:

- (1) If food service is provided:
 - (a) The licensee shall ensure that his or her meal service complies with local health department food service regulations.

Residential Certificate 50-15:

- (1) If food service is provided:
 - (a) The certificate holder shall ensure that his or her 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

A finding to this rule will be issued if a Licensee/Certificate Holder serves food and does not have a kitchen inspection from his/her local health department.

Assessment

When parents send unprepared food for their children's meals (for example, a box of macaroni and cheese, butter, and milk) and the provider prepares the food, this is the same as preparing and serving any food and the provider must be in compliance with all applicable rules, except the rule to have the current week's menu available for parent review.

Licensed Family 90-15:

- (1) If food service is provided:
 - (b) Foods served by license holders 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, current 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 2 Noncompliance. except as specified in Level 3.

Level 3 Noncompliance if the Licensee is using non-approved menus not signed and/or dated by a registered dietician, but the meals served meet CACFP nutritional requirements.

A licensee must be in compliance with this rule if the only food served is snacks.

Assessment

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.

Licensed Family 90-15:

(1) If food service is provided:

(c) License holders not currently participating and in good standing with the CACFP shall keep a one 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 providers not participating in CACFP meet children's 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 one week record of foods served at each meal must be dated so licensors can determine which foods were served on which dates.

Licensed Family 90-15:

(1) If food service is provided:

(d) The current week's menu shall be available for parent review.

Residential Certificate 50-15:

(1) If food service is provided:

(b) The current week's menu shall be available for parent review.

Rationale/ Explanation

Making menus available to parents by posting them in a prominent area or in the sign-in/sign-out book 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 provider's home that day. *CFOC, 3rd Ed. pgs. 159-160 Standard 4.2.0.9*

Enforcement

Always Level 3 Noncompliance

Assessment

Licensees/Certificate Holders who use and have available for parent review the monthly food program (CACFP) menu are in compliance with this rule.

Licensees/Certificate Holders who give parents a copy of the menu for the upcoming week/month are in compliance with this rule.

Providers are not in compliance when they wait for children in care to arrive and the children help plan the meals and snacks for that day and then post the menu after the fact. When the provider wants children involved in the preparation of the menu, it will need to be done in advance so an entire week's menu is available for parent review. When a provider can pull up the menu on his/her computer to show to parents when they ask, then s/he is in compliance with the rule.

Licensed Family 90-15:

- (2) The licensee shall ensure that each child in care is offered a meal or a snack at least once every three hours.

Residential Certificate 50-15:

- (2) The certificate holder shall ensure that each child in care is offered a meal or a snack 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. 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 Licensees/Certificate Holders 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.

Licensed Family 90-15 and Residential Certificate 50-15:

- (3) Providers shall serve each child'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 child's hands. Providers 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.

Licensed Family 90-15:

- (3) The licensee shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's name or another unique identifier, and refrigerated if needed. Children in care shall not be served food or beverages that were brought in for another child.

Residential Certificate 50-14:

- (4) The certificate holder shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's name or another unique identifier, and refrigerated if needed. Children in care shall not be served food or beverages that were brought in for another child.

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

Always Level 3 Noncompliance.

Assessment

Refrigerated can include being in a lunch container with a cold pack.

R430-90-16 and R430-50-16: INFECTION CONTROL

Purpose

This section provides rules and information about reducing the spread of infections and infectious diseases.

General Information

Although 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/cmvl/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*

Licensed Family 90-16 and Residential Certificate 50-16:

- (1) All providers and volunteers shall wash their hands with soap and running water at the following times:
- (a) before handling or preparing food or bottles;
 - (b) before and after eating meals and snacks or feeding a child;
 - (c) after diapering each child;
 - (d) after using the toilet or helping a child use the toilet;
 - (e) after coming into contact with any body fluid;
 - (f) after playing with or handling animals;
 - (g) when coming in from outdoors; and
 - (h) before administering medication.

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 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*

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

If there is no visible dirt, grim 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. But, if a caregiver is doing any hands on help, such as lifting child on or off the toilet, it is helping.

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.

Licensed Family 90-16:

- (2) The licensee shall ensure that each child washes his or her hands with soap and 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 any body fluid; and
 - (d) when coming in from outdoors.

Residential Certificate 50-16:

- (2) The certificate holder shall ensure that each child washes his or her hands with soap and 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 any body fluid; and
 - (d) 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

Level 2 Noncompliance if handwashing does not take place after a child uses the toilet.

Level 3 Noncompliance otherwise.

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.

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.

Licensed Family 90-16 and Residential Certificate 50-16:

- (3) During outdoor play time, the requirements of Subsections (1) and (2) may be met by having each provider, volunteer, and child clean his or her hands with individual disposable wet wipes and hand sanitizer.

Licensed Family 90-16:

- (4) Only single-use paper towels or individually labeled cloth towels shall be used to dry a child's hands. If cloth towels are used, they shall not be shared by children, providers, or volunteers, and a provider shall wash the towels daily.

Rationale / Explanation

Shared hand drying towels can transmit infectious disease. Preventing shared use of individual towels assigned to a single child is difficult. *3rd Ed. pgs. 111-112 Standard 3.2.2.2*

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-16:

(5) The licensee shall ensure that toilet paper is accessible to each child, and that it is kept in a dispenser.

Residential Certificate 50-16:

(4) The certificate holder shall ensure that toilet paper is accessible to each child, and that it is kept in 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 if there is not any toilet paper in the bathroom.

Level 3 finding if toilet paper is not accessible from the toilet.

Assessment

Toilet paper is not considered accessible unless the child can reach it while they are sitting on the toilet.

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.

Licensed Family 90-16:

(6) The licensee shall ensure that children are taught proper hand washing techniques, and shall oversee hand washing whenever possible.

Residential Certificate 50-16:

(5) The certificate holder shall ensure that children are taught 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.

Licensed Family 90-16:

(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 a provider on more than one child. Each child's items shall be stored so that they do not touch another child's items.

Residential Certificate 50-15:

- (6) 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 a provider on more than one child. Each child's items shall be stored so that they do not touch another child's items.

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.

Licensed Family 90-16:

- (8) The licensee shall ensure that all washable toys and materials are cleaned and sanitized after each 5 days of use, or more often if needed.

Residential Certificate 50-16:

- (7) The certificate holder shall ensure that all washable toys and materials are cleaned and sanitized as needed.

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

A finding to this rule will be issued if toys or materials are visibly dirty during an inspection, or if a Licensee/Certificate Holder states he/she does not clean and sanitize all washable toys and materials after each 5 days of use.

Rubbing alcohol cannot be used as a sanitizer.

Licensed Family 90-16:

- (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 licensee shall ensure that all stuffed animals, cloth dolls, dress-up clothes, and pillows or covers are washed after each 5 days of use, or more often if needed.

Residential Certificate 50-15:

- (8) 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 certificate holder shall ensure that all stuffed animals, cloth dolls, dress-up clothes, and pillows or covers are washed after each 5 days of use, or more often if needed.

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

A finding to this rule will be issued if these items are visibly dirty during an inspection or if the Licensee/Certificate Holder states he/she does not wash them after each 5 days of use.

Unless accessible to children, stuffed animals that are used for teaching activities or for decoration are not required to be washed weekly.

Licensed Family 90-16:

- (10) If a water play table or tub is used, the licensee shall ensure that the table or tub is washed and sanitized daily, and that each child washes his or her hands prior to engaging in the activity.

Residential Certificate 50-16:

- (9) If a water play table or tub is used, the certificate holder shall ensure that the table or tub is washed and sanitized daily, and that each child washes his or her 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 sensory tables with items, such as rice, beans or sand in the them.

Licensed Family 90-16:

(11) Persons with contagious TB shall not work with, assist with, or be present with any child in care.

Residential Certificate 50-16:

(10) Persons with contagious TB shall not work with, assist with, or be present with any child in care.

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*

Enforcement

Always Level 1 Noncompliance.

Assessment

Because we are a very low risk population, providers are no longer required to be tested for TB.

Licensed Family 90-16:

(12) A provider shall promptly change a child's clothing if the child has a toileting accident.

Residential Certificate 50-16:

(11) A provider shall promptly change a child's clothing if the child has 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.

Licensed Family 90-16:

(13) If a child's clothing is wet or soiled from any body fluid, the licensee shall ensure that:

- (a) the clothing is washed and dried; or
- (b) the clothing is placed in a leakproof container, labeled with the child's name, and returned to the parent.

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. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. *CFOC, 3rd Ed. pgs. 108-110 Standard 3.2.1.5*

Enforcement

Always Level 3 Noncompliance.

Assessment

If a Licensee puts soiled clothing in a leakproof container and then puts the container in a child's diaper bag or cubbie, he/she will be considered in compliance with this rule.

Plastic grocery bags may be used for wet or soiled clothing only 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.

Licensed Family 90-16:

(14) If a child uses a potty chair, the licensee shall ensure that it is cleaned and sanitized after each use.

Residential Certificate 50-16:

(12) If a child uses a potty chair, the certificate holder shall ensure that it is cleaned and sanitized 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, 3rd Ed. pgs. 246-247 Standard 5.4.1.7*

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

Level 2 Noncompliance if there are visible feces left in or on the potty chair.

Level 3 Noncompliance otherwise.

Assessment

Potty chairs do not have to be cleaned and sanitized when children just sit on them and do nothing. The potty chair is considered used when it collects urine or feces.

Licensed Family 90-16:

- (15) Except for diaper changes, which are covered in Section R430-90-23, and children's clothing that is soiled from a toileting accident, which is covered in Subsection R430-90-16(16), the licensee shall ensure that the following precautions are taken when cleaning up blood, urine, feces.
- (a) The person cleaning up the substance shall wear waterproof gloves;
 - (b) the surface shall be cleaned using a detergent solution;
 - (c) the surface shall be rinsed with clean water;
 - (d) the surface shall be sanitized;
 - (e) if disposable materials such as paper towels or other absorbent materials are used to clean up the body fluid, they shall be disposed of in a leakproof plastic bag;
 - (f) if non-disposable materials, such as a cleaning cloth, mop, or re-usable rubber gloves are used to clean up the body fluid, they shall be washed and sanitized before reuse; and
 - (g) the person cleaning up the fluid shall wash his or her hands after cleaning up the body fluid.

Residential Certificate 50-16:

- (13) Except for diaper changes, which are covered in Section R430-50-23, the certificate holder shall ensure that the following precautions are taken when cleaning up blood, urine, feces, vomit.
- (a) The person cleaning up the substance shall wear waterproof gloves;
 - (b) the surface shall be cleaned using a detergent solution;
 - (c) the surface shall be rinsed with clean water;
 - (d) the surface shall be sanitized;
 - (e) if disposable materials such as paper towels or other absorbent materials are used to clean up the body fluid, they shall be disposed of in a leakproof plastic bag;
 - (f) if non-disposable materials, such as a cleaning cloth, mop, or re-usable rubber gloves are used to clean up the body fluid, they shall be washed and sanitized before reuse; and
 - (g) the person cleaning up the fluid shall wash his or her hands after cleaning up the body fluid.

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 L 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.

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.

A provider may rinse clothing soiled with a body fluid in a sink only when the sink used is in a room or area that is inaccessible to any child in care.

Licensed Family 90-16:

- (16) The licensee shall ensure that any child who is ill with an infectious disease is separated from any other children in care in a safe, supervised location.

Residential Certificate 50-16:

- (14) The certificate holder shall ensure that any child who is ill with an infectious disease is separated from any other children in care 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 program 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*

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.

Licensed Family 90-16:

(17) The licensee shall ensure that a parent of any child who becomes ill after arrival is contacted as soon as the illness is observed or suspected.

Residential Certificate 50-16:

(15) The certificate holder shall ensure that a parent of any child who becomes ill after arrival is contacted as soon as the illness is observed or suspected.

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 program 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.

Licensed Family 90-16:

(18) The licensee shall ensure that the parents of every child in care are informed when any person in the home or child in care has an infectious disease or parasite. Parents shall be notified the day the infectious disease or parasite is discovered.

Residential Certificate 50-16:

(16) The certificate holder shall ensure that the parents of every child in care are informed when any person in the home or child in care has an infectious disease or parasite. Parents shall be notified the day the infectious disease or parasite is discovered.

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*

Enforcement

Always Level 2 Noncompliance.

R430-90-17 and R430-50-17: 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*

Licensed Family 90-17:

- (1) Only a provider trained in the administration of medications as specified in this rule may administer medication to a child in care.

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*

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-17:

- (2) All over-the-counter and prescription medications shall:
 - (a) be labeled with the child's name;
 - (b) be kept in the original or pharmacy container;
 - (c) have the original label; and,
 - (d) have child-safety caps.

Residential Certificate 50-17:

- (1) All over-the-counter and prescription medications shall:
 - (a) be labeled with the child's name;
 - (b) be kept in the original or pharmacy container;
 - (c) have the original label; and,
 - (d) have child-safety caps.

Rationale / Explanation

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*

Enforcement

Level 2 Noncompliance for (a).

Level 3 Noncompliance otherwise.

Assessment

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.

Licensed Family 90-17:

- (3) The licensee shall ensure that all non-refrigerated over-the-counter and prescription medication is inaccessible to children. The licensee shall ensure that all refrigerated over-the-counter and prescription medication is placed in a waterproof container to avoid contamination between food and medication.

Residential Certificate 50-17:

- (2) The certificate holder shall ensure that all non-refrigerated over-the-counter and prescription medication is inaccessible to children. The certificate holder shall ensure that all refrigerated over-the-counter and prescription medication is placed in a waterproof container to avoid contamination between food and medication.

Rationale / Explanation

The purpose of this rule is to prevent children from getting into and ingesting medications by themselves. *CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3*

Enforcement

Always Level 2 Noncompliance.

Assessment

For the purposes of storing refrigerated medications, "a waterproof container" can be a closed zip lock bag.

A refrigerated vial of medication that cannot be removed from the container except with a hypodermic needle does not need an additional waterproof container.

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.

The following are considered over the counter medications:

Airbourne	herbal tea concentrates	pain relief sprays (i.e. Dermoplast)
antacids	lpecac 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.

Licensed Family 90-17:

- (4) The licensee shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her child.

Residential Certificate 50-17:

- (3) The certificate holder shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her child.

[Rationale / Explanation](#)

The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. *CFOC, 3rd Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

A medication's method of administration means the way the medication is given. Methods of administration include orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).

[Enforcement](#)

Always Level 1 Noncompliance.

[Assessment](#)

A finding to this rule is issued when a child is given a medication without parental permission.

Licensed Family 90-17:

- (4) The licensee shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her 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's signature and the date signed.

Residential Certificate 50-17:

- (3) The certificate holder shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her 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's signature and the date signed.

Rationale / Explanation

The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. *CFOC, 3rd Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

A medication's method of administration means the way the medication is given. Methods of administration include 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

A finding to this rule is issued when 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 the Licensee/Certificate Holder has one medication form that includes both the medication permission items required in this rule and the medication administration items required in 90-17(6)(f) or 50-17(5)(f), the Licensee/Certificate Holder will be considered in compliance with both rules if all of the required information from 90-17(4) or 50-17(3) and 90-17(6)(f) or 50-17(5)(f) 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.

Licensed Family 90-17:

- (5) If the licensee keeps over-the-counter medication that is not brought in by a parent for his or her 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 signs upon picking up the child.

Residential Certificate 50-17:

- (4) If the certificate holder keeps over-the-counter medication that is not brought in by a parent for his or her 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 signs upon picking up the child.

Rationale / Explanation

The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without parental knowledge and permission. *CFOC, 3rd Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-17:

- (6) When administering medication, the person administering the medication shall:
- (a) wash his or her hands;
 - (b) if the parent supplies the medication, check the medication label to confirm the child's name;
 - (c) if the parent supplies the medication, 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) if the licensee supplies the medication, check the product package to ensure that a child is not given a dosage larger than that recommended by the manufacturer;
 - (e) administer the medication; and

Residential Certificate 50-17:

- (5) When administering medication, the person administering the medication shall:
- (a) wash his or her hands;
 - (b) if the parent supplies the medication, check the medication label to confirm the child's name;
 - (c) if the parent supplies the medication, 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) if the certificate holder supplies the medication, check the product package to ensure that a child is not given a dosage larger than that recommended by the manufacturer;
 - (e) administer the medication; and

Rationale / Explanation

The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. *CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3*

Enforcement

Level 1 Noncompliance if a child is given the wrong medication.

Level 2 Noncompliance otherwise.

Assessment

If the Licensee/Certificate Holder has one medication form that includes both the medication permission items required in this rule and the medication administration items required in 90-17(6)(f) or 50-17(5)(f), the Licensee/Certificate Holder will be considered in compliance with both rules if all of the required information from 90-17(4) or 50-17(3) and 90-17(6)(f) or 50-17(5)(f) is somewhere on the form.

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

Licensed Family 90-17:

- (6) When administering medication, the person administering the medication shall:
- (f) 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.

Residential Certificate 50-17:

- (5) When administering medication, the person administering the medication shall:
- (f) 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.

Rationale / Explanation

The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

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 the Licensee/Certificate Holder has one medication form that includes both the medication permission items required in this rule and the medication administration items required in 90-17(6)(f) or 50-17(5)(f), the Licensee/Certificate Holder will be considered in compliance with both rules if all of the required information from 90-17(4) or 50-17(3) and 90-17(6)(f) or 50-17(5)(f) is somewhere on the form.

Licensed Family 90-17:

- (7) The licensee shall ensure that any adverse reaction to a medication or any error in administration is reported to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

Residential Certificate 50-17:

- (6) The certificate holder shall ensure that any adverse reaction to a medication or any error in administration is reported to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

Rationale / Explanation

The purpose of this rule is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFCO, 3rd Ed. pgs. 143- 144 Standard 3.6.3.3

Enforcement

Always Level 1 Noncompliance.

R430-90-18 and R430-50-18: 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.

Licensed Family 90-18:

- (1) The licensee shall ensure that children in care are offered a daily opportunity for rest or sleep in an environment that provides 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.

Licensed Family 90-18:

- (2) If the licensee has a scheduled nap time for children, it shall not exceed two hours daily.

Rationale / Explanation

The purpose of limiting scheduled nap times for no more than two hours is so 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, which is not to exceed two hours.

Licensed Family 90-18:

- (3) If a child uses sleeping equipment, sleeping bags, a pillow, a pillow case, sheets, or blankets while in care, the licensee shall meet the following requirements:
 - (a) The licensee shall maintain sleeping equipment in good repair.

Rationale / Explanation

The purpose of this rule is to prevent injury to children from broken equipment (for example, a broken cot or crib), and to ensure that equipment remains able to be effectively cleaned and disinfected.

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

Porta cribs will not be considered to be "in good repair" if they have tears greater than 2 3/8 inches in them. This is because, as with crib slats, a child's body part could become entrapped in the tear.

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.

Licensed Family 90-18:

- (3) If a child uses sleeping equipment, sleeping bags, a pillow, a pillow case, sheets, or blankets while in care, the licensee shall meet the following requirements:
- (b) If sleeping equipment, sleeping bags, pillow cases, sheets, or blankets are clearly assigned to and used by an individual child, a provider must clean and sanitize them 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, 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.

Licensed Family 90-18:

- (3) If a child uses sleeping equipment, sleeping bags, a pillow, a pillow case, sheets, or blankets while in care, the licensee shall meet the following requirements:
- (c) If sleeping equipment, sleeping bags, pillow cases, sheets, or blankets are not clearly assigned to and used by an individual child, a provider must clean and sanitize them prior to each use.

Enforcement

Level 2 Noncompliance if an item is visibly dirty with feces.

Level 3 Noncompliance otherwise.

Licensed Family 90-18:

- (4) If a child uses a pillow without a pillow case while in care, then the provider must clean and sanitize the pillow as required in Subsection (3). If a child uses a pillow with a pillow case while in care, then the provider must clean and sanitize the pillow case as required in Subsection (3).

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-18:

- (5) Sleeping equipment may not block exits at any time.

Residential Certificate 50-18:

(1) Sleeping equipment may not block exits at any time.

Rationale / Explanation

The purpose of this rule is to allow quick exit from the home 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.

Assessment

Even when children can walk over it, sleeping equipment cannot block exits.

R430-90-19 and R430-50-19: 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*

Licensed Family 90-19:

- (1) The licensee shall inform non-emergency substitutes, caregivers, parents, and children of the licensee's behavioral expectations for children.

Residential Certificate 50-19:

- (1) The certificate holder shall inform non-emergency substitutes, parents, and children of the certificate holder'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.

Examples of age-appropriate behavioral expectations for children include:

Infants: Ages Birth to 11 Months

- May cry because they are under distress or trying to communicate.
- Cries or screams when dropped off because they have separation anxiety.
- Puts everything in their mouth because they explore through taste.
- Feels and touches everything because they learn and explore by using their 5 senses.

Toddlers: Ages 12 Months to 24 Months

- Everything goes in their mouths because they explore through taste.
- Feels and touches everything because they learn and explore by using their 5 senses.
- May cry, hit or bite to get their way or to communicate with others.
- Because they do not have verbal skills they may give a hug, smile, hit or bite. This is their way of expressing their emotions.
- May show signs of anxiety especially during change. This is shown by withdrawing, crying, clinging and a desire to be held.

Two Year-Olds:

- Like to assert their independence.
- Often express the word no and mine because they want to play with others but they do not know how.
- Have a hard time sharing.
- Exhibit mood swings because they want to express themselves and do not know how.

3 – 5 Years-Olds:

- Have a great desire to please adults.
- May still have a hard time sharing and taking turns or playing with others.
- May have outbursts of emotions.
- Independent. They do well when given choices so they can prove to themselves and others that they can be successful.
- Often tell on others. They do this to prove that they know the rule and want others to know they know.
- Like to play in small groups but may need some guidance.

School-age Children:

- As a general rule these children have a desire to cooperate.
- Like to play with others but want to be recognized as an individual.
- Decision makers. They do well when they are part of classroom decisions.
- Will often stretch the truth to meet their social needs.

Licensed Family 90-19:

- (2) **Providers and volunteers may discipline children using positive reinforcement and redirection, and by setting clear limits that promote a child's ability to become self-disciplined.**

Licensed Family 90-19:

- (3) A provider may use gentle, passive restraint with a child only when it is needed to stop the child from injuring himself or herself or others or from destroying property.

Residential Certificate 50-19:

- (2) A provider may use gentle, passive restraint with a child only when it is needed to stop the child from injuring himself or herself 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*

Licensed Family 90-19:

- (4) Disciplinary 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;

Residential Certificate 50-19:

- (3) Disciplinary 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.

Licensed Family 90-19:

- (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;

Residential Certificate 50-19:

- (3) 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 (2) 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.

Licensed Family 90-19:

- (4) Discipline measures shall not include any of the following:
(c) shouting at any child;

Residential Certificate 50-19:

- (3) Discipline measures shall not include any of the following:
(c) shouting at any child;

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).

Licensed Family 90-19:

- (4) Discipline measures shall not include any of the following:
(d) any form of emotional abuse;

Residential Certificate 50-19:

- (3) 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.

Licensed Family 90-19:

- (4) Discipline measures shall not include any of the following:
(e) forcing or withholding of food, rest, or toileting; and,

Residential Certificate 50-19:

- (3) 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.

Licensed Family 90-19:

- (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.

Residential Certificate 50-19:

- (3) 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.

R430-90-20 and R430-50-20: 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*

Licensed Family 90-20:

- (1) The licensee shall develop a daily activity plan that offers activities to support each child's healthy physical, social-emotional, and cognitive-language development. The plan shall include a daily opportunity for outdoor play, weather permitting.
- (2) The licensee shall ensure that the toys and equipment needed to carry out the activity plan are accessible to children.

Residential Certificate 50-20:

- (1) The certificate holder shall offer daily activities to support each child's healthy physical, including gross motor, social-emotional, and cognitive-language development.
- (2) The certificate holder shall ensure that the toys and equipment necessary to carry out the activities are accessible to children.

Enforcement

Always Level 2 Noncompliance.

Assessment

Licensing does not assess the content of the activity plan, just that there is a plan and it is being followed.

Licensed Family 90-20:

- (3) If off-site activities are offered:
 - (a) the licensee shall obtain parental consent for off-site activities in advance;

Residential Certificate 50-20:

- (3) If off-site activities are offered:
 - (a) the certificate holder shall obtain parental consent for off-site activities in advance;

Rationale/Explanation

The purpose of this rule is to protect both children and providers by ensuring that children are never taken off-site without 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 R430-90-21 or R430-50-21.

This rule means that parents must be informed of the days and times when children will be taken on off-site activities. If Licensees/Certificate Holders have a regularly repeating off-site activity, they may get parental 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 a one-time 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 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 home, the time children will return to the home, the final destination of the trip, and the route to and from that location.

Providers can have parents check a box for field trips on the admission form and then, before going on the field trip, they must get permission. The permission could be in form of email, conversation, text or written verbal consent. The provider must inform parents of the date, time and location of the off-site activity.

Licensed Family 90-20:

(3) If off-site activities are offered:

- (b) a provider who meets all the caregiver requirements of this rule shall accompany the children and shall take a copy of each child's admission form as specified in Subsection R430-90-9(2)(a).

Residential Certificate 50-20:

(3) If off-site activities are offered:

- (b) the certificate holder shall accompany the children and shall take a copy of each child's emergency contact information.

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 R430-90-21 or R430-50-21.

To be in compliance with this rule, caregivers only need to take a copy of each child's admission form, not his/her health assessment.

Caregivers must take a copy of the Admission Agreement with them when children are being taken off-site to and from school, including being walked to and from school.

Licensed Family 90-20:

(3) If off-site activities are offered:

(c) a provider shall maintain required provider to child ratios and direct supervision during the activity;

Residential Certificate 50-20:

(3) If off-site activities are offered:

(c) the certificate holder shall maintain required provider to child ratios and direct supervision during the activity;

Licensed Family 90-20, and Residential Certificate 50-20:

(3) If off-site activities are offered:

(d) at least one provider present 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. And

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 for no CPR certification.

Level 3 Noncompliance for no first aid certification.

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 R430-90-21 or R430-50-21.

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

Refer to Section 10 Emergency Preparedness for more details on CPR course requirements.

Licensed Family 90-20:

(3) If off-site activities are offered:

- (e) a provider shall ensure that there is a way for each provider, volunteer, and child to wash his or her hands as specified in R430-90-16(1) and (2). If there is no source of running water, providers, volunteers, and children may clean their hands with individual disposable wet wipes and hand sanitizer.

Residential Certificate 50-20:

(3) If off-site activities are offered:

- (e) the certificate holder shall ensure that there is a way for each provider, volunteer, and child to wash his or her hands as specified in R430-50-16(1) and (2). If there is no source of running water, providers, volunteers, and children may clean their hands with individual disposable 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 programs. In programs 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 program'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*

For more information on handwashing, see R430-90-16(1) and (2) or R430-50-16(1) and (2).

Enforcement

Level 2 Noncompliance if handwashing does not take place after a caregiver or child uses the toilet.

Level 3 Noncompliance otherwise.

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 R430-90-21 or R430-50-21.

Hand sanitizers may be used to be in compliance with the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

Licensed Family 90-20, and Residential Certificate 50-20:

- (4) If off-site swimming activities are offered, providers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the provider 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, 3^d Ed. pgs. 68-69 Standards 2.2.0.4, 2.2.0.5*

Enforcement

Always Level 2 Noncompliance.

R430-90-21 and R430-50-21: 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.

Licensed Family 90-21 and Residential Certificate 50-21:

- (1) Any vehicle used for transporting any child in care 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.

Licensed Family 90-21 and Residential Certificate 50-21:

- (1) Any vehicle used for transporting any child in care 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 or tearing will be considered out of compliance.

Licensed Family 90-21 and Residential Certificate 50-21:

- (1) Any vehicle used for transporting any child in care shall:
 - (c) be maintained in a safe condition and have a current vehicle registration and safety inspection;

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. pgs. 373-374 Standards 9.2.5.1, 9.2.5.2*

Enforcement

Level 1 Noncompliance if the vehicle has a serious safety problem. Examples of serious safety problems include 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, bald tires, and faulty brakes.

Level 3 Noncompliance if there is not documentation of a current registration.

Licensed Family 90-21:

- (1) Any vehicle used for transporting any child in care shall:
 - (d) be maintained in a clean condition;

Residential Certificate 50-21:

- (1) Any vehicle used for transporting any child in care shall:
 - (d) be maintained in a clean condition; and

Rationale / Explanation

Regular cleaning helps to ensure that the vehicle is kept free of visible accumulation of soil and litter inside the vehicle. *CFOC, 3rd Ed. pgs. 373-374 Standards 9.2.5.1, 9.2.5.2*

Enforcement

Always Level 3 Noncompliance.

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. Examples of this are 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.

Licensed Family 90-21:

- (1) Any vehicle used for transporting any child in care shall:
(e) maintain temperatures between 60-90 degrees Fahrenheit when in use; and

Residential Certificate 50-21:

- (1) Any vehicle used for transporting any child in care 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.

Licensed Family 90-21:

- (1) Any vehicle used for transporting any child in care shall:
(f) contain first aid supplies, including at least antiseptic, band-aids, and tweezers.

Rationale / Explanation

Providers 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.

Licensed Family 90-21:

- (2) At least one adult in each vehicle transporting any child 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 for no CPR certification.

Level 3 Noncompliance for no first aid certification.

Assessment

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

Licensed Family 90-21:

- (3) The adult transporting any child in care shall:
- (a) have and carry with him or her a current valid Utah driver's license, for the type of vehicle being driven whenever he or she is transporting any child in care;

Residential Certificate 50-21:

- (2) The adult transporting any child in care shall:
- (a) have and carry with him or her a current valid Utah driver's license, for the type of vehicle being driven whenever he or she is transporting any child in care;

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.

Licensed Family 90-21:

- (3) The adult transporting any child in care shall:
- (b) have with him or her a copy of each child's admission form as specified in Subsection R430- 90-9(2)(a);

Residential Certificate 50-21:

- (2) The adult transporting any child in care shall:
- (b) have with him or her a copy of each child's emergency contact information;

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.

Licensed Family 90-21:

- (3) The adult transporting any child in care shall:
- (c) ensure that each child in care being transported is wearing an appropriate individual safety restraint;

Residential Certificate 50-21:

- (2) The adult transporting any child in care shall:
- (c) ensure that each child in care 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, 3^d 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.

Licensed Family 90-21:

- (3) The adult transporting any child in care shall:
 - (d) ensure that each child is always attended by an adult while in the vehicle;

Residential Certificate 50-21:

- (2) The adult transporting any child in care shall:
 - (d) ensure that each child is always attended by an adult while 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, 3^d 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.

Licensed Family 90-21:

- (3) The adult transporting any child in care shall:
 - (e) ensure that all children remain seated while the vehicle is in motion;

Residential Certificate 50-21:

- (2) The adult transporting any child in care 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, 3^d Ed. pg. 291 Standard 6.5.2.3

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-21:

- (3) The adult transporting any child in care shall:
- (f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,

Residential Certificate 50-21:

- (2) The adult transporting any child in care 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.

Licensed Family 90-21:

- (3) The adult transporting any child in care shall:
- (g) ensure that the vehicle is locked during transport.

Residential Certificate 50-21:

- (2) The adult transporting any child in care 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.

R430-90-22 and R430-50-22: 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.

Licensed Family 90-22:

(1) The licensee shall inform parents of the types of animals permitted on the premises.

Residential Certificate 50-22:

(1) The certificate holder shall inform parents of the types of animals permitted on the premises.

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 home. 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.

Licensed Family 90-22:

(2) The licensee shall ensure that all animals on the premises and accessible to any child in care :

- (a) are clean and free of obvious disease or health problems that could adversely affect any child in care; and

Residential Certificate 50-22:

(2) The certificate holder shall ensure that all animals on the premises and accessible to any child in care:

- (a) are clean and free of obvious disease or health problems that could adversely affect any child in care; and

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.

Licensed Family 90-22:

- (2) The licensee shall ensure that all animals on the premises and accessible to any child in care:
- (b) have current vaccinations for all vaccine preventable diseases that are transmissible to humans. The licensee shall have documentation of the vaccinations.

Residential Certificate 50-22:

- (2) The certificate holder shall ensure that all animals on the premises and accessible to any child in care:
- (b) have current vaccinations for all vaccine preventable diseases that are transmissible to humans. The certificate holder 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

Licensors will look for documentation of rabies vaccinations for cats, dogs, and ferrets to verify compliance with this rule.

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.

Licensed Family 90-22:

- (3) The licensee shall ensure that there is no animal on the premises that has a history of dangerous, attacking, or aggressive behavior, or a history of biting even one person.

Residential Certificate 50-22:

- (3) The certificate holder shall ensure that there is 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

This rule includes fish and frogs.

Pythons, boa constrictors, and anacondas are naturally aggressive animals and are very dangerous. Therefore, they may not be on the premises. Ball pythons are not aggressive therefore, if the provider has documentation confirming the snake is a Ball python, a finding will not be issued.

If an animal bites a person, and the Licensee/Certificate Holder 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.

Licensed Family 90-22:

- (4) The licensee shall ensure that no child in care assists with the cleaning of animals or animal cages, pens, or equipment.

Residential Certificate 50-22:

- (4) The certificate holder shall ensure that no child in care assists 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.

Licensed Family 90-22:

- (5) The licensee shall ensure that there is no animal or animal equipment in food preparation or eating areas during food preparation or eating times.

Residential Certificate 50-22:

- (5) The certificate holder shall ensure that there is no animal or animal equipment in food preparation or eating areas during food preparation or eating times.

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

Animals and animal equipment must be at least 36 inches from food preparation or eating surfaces in order to be in compliance with this rule.

Licensees/Certificate Holders who have airtight, watertight covers on animal food and water dishes that are in food preparation or eating areas during food preparation or eating times are in compliance with this rule.

This rule does not prohibit fish bowls or tanks in food preparation or eating areas.

Animals cannot be in the food preparation and eating areas when food is being prepared for the children in care or the children are eating.

Licensed Family 90-22:

- (6) The licensee shall ensure that no child in care handles reptiles or amphibians while in care.

Residential Certificate 50-22:

- (6) The certificate holder shall ensure that no child in care handles reptiles or amphibians while in care.

Rationale / Explanation

The purpose of this rule is to prevent the spread of salmonella. *CFOC, 3rd Ed. pg. 121 Standard 3.4.2.2*

Amphibians are cold-blooded animals that are able to live both on land and in water. Examples of amphibians include frogs and salamanders.

Reptiles are cold-blooded air-breathing animals covered with scales. Examples of reptiles include snakes, lizards, and turtles.

Enforcement

Always Level 2 Noncompliance.

Assessment

This rule applies to reptiles and amphibians brought in by a zoo or visiting program or when on a field trip.

Touching reptiles and amphibians, **even if wearing gloves**, is the same as handling reptiles and amphibians .

R430-90-23 and R430-50-23: 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.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

- (1) The diapering area shall not be located in a food preparation or eating area.

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*

Enforcement

Always Level 2 Noncompliance

Assessment

Diapering areas must be at least 36 inches away from food preparation or eating areas for providers to be in compliance with this rule.

This rule applies to diapering the providers' own children.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

- (2) Children shall not be diapered directly on the floor, or on any surface used for another purpose.

Rationale / Explanation

The purpose of this rule is to decrease the likelihood of contamination and spreading of infectious disease agents. *CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4*

Enforcement

Always Level 2 Noncompliance.

Assessment

If they are diapered in an area that is accessible to other children in care, this rule applies to diapering the providers' own children.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

- (3) The diapering surface shall be smooth, waterproof, and in good repair.

Rationale / Explanation

The purpose of this rule is to decrease the likelihood of contamination and spreading of infectious disease agents. *CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4*

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.

If they are diapered in an area that is accessible to other children in care, this rule applies to diapering the providers' own children.

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.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

- (4) A provider shall clean and sanitize the diapering surface after each diaper change, or use a disposable non-permeable diapering surface that is thrown away 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 they are diapered in an area that is accessible to other children in care, this rule applies to diapering the providers' own children.

If there are feces on the diapering surface after a diaper change, the surface must be cleaned before the sanitizing solution is applied.

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 manufactures 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.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

- (5) The provider shall wash his or her hand 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*

Enforcement

Level 2 Noncompliance if there were feces in the diaper.

Level 3 Noncompliance otherwise.

Assessment

Hand sanitizers may be used to be in compliance with the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

- (6) The provider shall place soiled disposable diapers in a container that has a disposable plastic lining and a tightly fitting lid, or place soiled diapers directly in an outdoor garbage container that has a tightly fitting lid or is inaccessible to children.

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

Always Level 2 Noncompliance.

Assessment

If the bag containing the diaper is placed in an outdoor area that is inaccessible to children, soiled diapers may be placed in a tied plastic bag (a "garbage container") outside.

Diaper containers that have flip tops or swinging lids are considered tight fitting lids.

Licensed Family 90-23:

If children in care are diapered on the premises, the following applies:

- (7) A provider shall daily clean and sanitize indoor containers where 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.

Assessment

This rule includes cleaning and sanitizing that part of the outside of the container the provider touches when s/he puts a soiled diaper into the container.

If a provider uses a diaper genie according to the manufacturer's instructions the inside of the container does not need to be cleaned and sanitized daily.

Licensed Family 90-23:

If children in care are diapered on the premises, the following applies:

- (8) If cloth diapers are used:
 - (a) they shall not be rinsed at the facility; 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 facility increases the likelihood that other surfaces will be contaminated. *CFOC, 3rd Ed. pg. 105 Standard 3.2.1.2.*

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-23:

If children in care are diapered on the premises, the following applies:

- (8) If cloth diapers are used:
 - (b) after a diaper change, the provider shall place the cloth diaper directly into a leakproof container that is inaccessible to any child 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. Rinsing a cloth diaper or putting stool into a toilet in the facility increases the likelihood that other surfaces will be contaminated. *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.

Licensed Family 90-23:

If children in care are diapered on the premises, the following applies:

- (9) The licensee shall ensure that each child's diaper is checked at least once every two hours, and that each child's diaper is changed promptly if it is wet or soiled. If a child is napping at the end of a two-hour period, the child's diaper must be checked when the child awakes.

Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

- (7) The certificate holder shall ensure that each child's diaper is checked at least once every two hours, and that each child's diaper is changed promptly if it is wet or soiled. If a child is napping at the end of a two-hour period, the child's diaper must be checked when the child awakes.

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

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

R430-90-24 and R430-50-24: 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.*

Licensed Family 90-24:

If the licensee accepts infants or toddlers for care, the following applies:

- (1) If an infant is not able to sit upright and hold his or her own bottle, a provider shall hold the infant during bottle feeding. Bottles shall not be propped.

Residential Certificate 50-24:

If the certificate holder cares for infants or toddlers, the following applies:

- (1) If an infant is not able to sit upright and hold his or her own bottle, a provider shall hold the infant during bottle feeding. Bottles shall not be propped.

Rationale/Explanation

Propping bottles can cause choking and aspirating, 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.

Assessment

If the caregiver is holding the child and they use a device such as, a Beebo, to hold the bottle, they will be considered in compliance with this rule.

Licensed Family 90-24 and Residential Certificate 50-24:

- (2) A 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 a child 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.

Licensed Family 90-24 and Residential Certificate 50-24:

- (3) A provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. A 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 **must be** cut into small pieces:

bananas	frozen green beans	meatballs
cheese	fruit chunks	meat chunks
grapes	hot dogs	vegetable chunks
fresh beans	marshmallows	

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

Licensed Family 90-24 and Residential Certificate 50-24:

- (4) If there is more than one infant or toddler in care, baby food, formula, and breast milk for each child that is brought from home must be labeled with the child's name or another unique identifier.

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. 173-174 Standard 4.3.1.12*

Enforcement

Always Level 3 Noncompliance.

Assessment

Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name or another unique identifier.

Licensed Family 90-24 and Residential Certificate 50-24:

- (5) Baby food, formula, and breast milk that is brought from home for an individual child's use must be:
- (a) kept refrigerated if needed; and

Rationale/Explanation

The purposes of this rule are to ensure that a child does 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.

Licensed Family 90-24 and Residential Certificate 50-24:

- (5) Baby food, formula, and breast milk that is brought from home for an individual child's use must be:
- (b) 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 a child does 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

Breast milk that is collected and frozen immediately after collection is not considered "prepared" or "opened", and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up to 24 hours, after which, it should be discarded.

Preparation of food includes, mixing a powder with a liquid, opening a jar of food, or removing frozen breast milk from the freezer.

Licensed Family 90-24:

- (6) The licensee shall ensure that formula and milk, including breast milk, is discarded after each feeding, or within two hours of initiating a feeding.

Residential Certificate 50-24:

- (6) The certificate holder shall ensure that formula and milk, including breast milk, is discarded after each 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 167-169 Standard 4.3.1.5, pgs. 170-171 Standard 4.3.1.8*

Enforcement

Level 2 Noncompliance: if failure to follow this rule results in a child being served spoiled milk or formula.

Level 3 Noncompliance otherwise.

Licensed Family 90-24 and Residential Certificate 50-24:

- (7) To prevent burns, a provider shall shake each heated bottle and test it for temperature before the bottle is fed to a child.

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 a 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.

Licensed Family 90-24 and Residential Certificate 50-24:

- (8) If there is more than one infant or toddler in care, pacifiers and bottles shall be:
- (a) labeled with each child's name or another unique identifier; or
 - (b) washed and sanitized after each individual use, before use by another child.

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 labeling rubs off plastic items, caregivers can scratch the child's name or initials into the item with a safety pin or other sharp object or attach a clip with a short ribbon that is labeled with the child's name or initials.

If each child is assigned a different color, caregivers may use color coded pacifiers, bottles, or cups instead of labeling each with the child's name.

Boiling water can be used to sanitize baby bottles and pacifiers. The items should be submerged in boiling water for 5 minutes to effectively sanitize.

Licensed Family 90-24:

- (9) The licensee shall ensure that only one infant or toddler occupies any one piece of equipment, such as a crib, playpen, stroller, or swing, at any time, unless the equipment has individual seats for more than one child.

Residential Certificate 50-24:

- (9) The certificate holder shall ensure that only one infant or toddler occupies any one piece of equipment, such as a crib, playpen, stroller, or swing, 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.

Licensed Family 90-24:

- (10) The licensee shall ensure that infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen. The licensee shall ensure that infants are not placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment, unless the licensee has written permission from the infant's parent.

Residential Certificate 50-24:

- (10) The certificate holder shall ensure that infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen. The certificate holder shall ensure that infants are not placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment, unless the certificate holder has written permission from the infant's parent.

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

A bed is considered a similar piece of equipment that caregivers should not place infants on to sleep.

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.

Even if the caregiver is sitting next to the child, infants may not sleep in equipment not designed for sleeping such as, couches, chairs or beds.

Licensed Family 90-24:

- (11) The licensee shall ensure that each crib used by a child in care:
- (a) has a tight fitting mattress;

Residential Certificate 50-24:

- (11) The certificate holder shall ensure that each crib used by a child in care:
- (a) has a tight fitting mattress;

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

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.

Licensed Family 90-24:

- (11) The licensee shall ensure that each crib used by a child in care:
- (b) has slats spaced no more than 2-3/8 inches apart;

Residential Certificate 50-24:

- (11) The certificate holder shall ensure that each crib used by a child in care:
- (b) has 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

Licensed Family 90-24:

- (11) The licensee shall ensure that each crib used by a child in care:
- (c) has at least 20 inches from the top of the mattress to the top of the crib rail, or at least 12 inches from the top of the mattress to the top of the crib rail if the child using the crib cannot sit up without assistance;

Residential Certificate 50-24:

(11) The certificate holder shall ensure that each crib used by a child in care:

- (c) has at least 20 inches from the top of the mattress to the top of the crib rail, or at least 12 inches from the top of the mattress to the top of the crib rail if the child using the crib cannot sit up without assistance;

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

Always Level 2 Noncompliance.

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.

Licensed Family 90-24:

(11) The licensee shall ensure that each crib used by a child in care:

- (d) does not have strings, cords, ropes, or other entanglement hazards strung upon the crib rails or within reach of the child; and

Residential Certificate 50-24:

(11) The certificate holder shall ensure that each crib used by a child in care:

- (d) does not have strings, cords, ropes, or other entanglement hazards strung upon the crib rails or within reach of the child; 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*

This rule will be considered out of compliance when electrical cords longer than 12 inches are accessible to children in the cribs.

Enforcement

Always Level 2 Noncompliance.

Assessment

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

Mobles over cribs are a strangulation hazard if the strings are longer than 12 inches and less than 36 inches from the crib mattress.

Licensed Family 90-24:

- (11) The licensee shall ensure that each crib used by a child in care:
(e) meet CPSC crib Standards.

Residential Certificate 50-24:

- (11) The certificate holder shall ensure that each crib used by a child in care:
(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.

Licensed Family 90-24:

- (12) The licensee shall ensure that infants are not placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.

Residential Certificate 50-24:

- (12) The certificate holder shall ensure that infants are not 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.

Licensed Family 90-24:

- (13) The licensee shall ensure that each infant and toddler is allowed to follow his or her own pattern of sleeping and eating.

Residential Certificate 50-24:

- (13) The certificate holder shall ensure that each infant and toddler is allowed to follow his or her 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.

Licensed Family 90-24, and Residential Certificate 50-24:

(14) Infant 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. 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

An infant walker with wheels cannot be used or accessible any time there is an infant or toddler in care.

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.

Licensed Family 90-24:

(15) The licensee shall ensure that infants and toddlers do not have access to objects made of styrofoam.

Residential Certificate 50-24:

(15) The certificate holder shall ensure that infants and toddlers do 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.

Licensed Family 90-24:

- (16) The licensee shall ensure that a provider responds 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.

Residential Certificate 50-24:

- (16) The certificate holder shall ensure that a provider responds 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.

Licensed Family 90-24:

- (17) The licensee shall ensure that awake infants and toddlers receive positive physical stimulation and positive verbal interaction with a provider at least once every 20 minutes.

Residential Certificate 50-24:

- (17) The certificate holder shall ensure that awake infants and toddlers receive positive physical stimulation and positive verbal interaction with a provider 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.

Licensed Family 90-24:

- (18) The licensee shall ensure that awake infants and toddlers are not 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.

Residential Certificate 50-24:

- (18) The certificate holder shall ensure that awake infants and toddlers are not 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.

Licensed Family 90-24:

- (19) The licensee shall ensure that mobile infants and toddlers have freedom of movement in a safe area.

Residential Certificate 50-24:

- (19) The certificate holder shall ensure that mobile infants and toddlers 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.

Licensed Family 90-24:

- (20) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. The licensee shall ensure that there are enough toys for each child in the group to be engaged in play with toys.

Residential Certificate 50-24:

- (20) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. The certificate holder shall ensure that there are enough toys for each child in the group to be engaged in play with toys.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-24:

- (21) The licensee shall ensure that all toys used by infants and toddlers are cleaned and sanitized:
- (a) weekly;
 - (b) after being put in a child's mouth before another child uses it; and
 - (c) after being contaminated by any body fluid.

Residential Certificate 50-24:

- (21) The certificate holder shall ensure that all toys used by infants and toddlers are cleaned and sanitized:
- (a) weekly;
 - (b) after being put in a child's mouth before another child uses it; and
 - (c) after being contaminated by any body fluid.

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 dishpan 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 3 Noncompliance.