Utah Department of Health
Child Care Licensing Program

R381-100 Child Care Centers
Rule Interpretation Manual

Introduction to Child Care Licensing

Every day, thousands of Utah children are being cared for outside of their own homes. Child Care Licensing serves Utah's communities by ensuring that child care facilities meet standards that keep children healthy and safe while in out-of-home care.

Child Care Licensing (CCL) is a program within the Bureau of Licensing and Certification under the authority of the Utah Department of Health. The purpose of the program is to ensure a healthy and safe environment for the children in child care settings through regulation of both residential and center child care facilities.

CCL staff are accountable to:

- Monitor child care facilities for compliance with federal and state laws and regulations.
- Offer technical assistance and training to child care providers.
- Ensure that all individuals involved with child care pass background checks.
- Investigate complaints that allege rule violations and unlicensed care.
- Inform parents and the public about child care in Utah. Each child care provider's public licensing record is available on the Child Care Licensing website at: childcarelicensing.utah.gov.

Child Care Licensing Vision

Access to safe, healthy child care for Utah families.

Child Care Licensing Mission

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

- Establishing and assessing health and safety standards.
- Training and supporting providers in meeting the established standards.
- Providing the public with accurate information about these child care programs.

Code of Ethics

CCL has adopted the Code of Ethics published by the National Association for Regulatory Administration (NARA). The Code requires CCL employees to use their authority with integrity, thus prohibiting certain actions.

CCL employees will not:

- Use their positions for personal gain from those they regulate.
- Apply regulations inconsistently because of favoritism, nepotism, or personal bias.
- Regulate someone with whom they have or have recently had a significant financial or personal relationship.
- Exceed the authority delegated to them by laws and regulations.

- Accept services, favors or gifts, including food, treats, gift certificates, or handmade gifts from those they regulate.
- Depart from established CCL procedures therefore ensuring fair and objective enforcement.

A copy of the entire Code of Ethics is available on the CCL website at: childcarelicensing.utah.gov.

Child Care Licensing Rules

Utah wants the best for its children and therefore laws are enacted to promote the healthy growth, development, and protection of children. The Utah Child Care Licensing Act authorizes the Utah Department of Health, in conjunction with the Child Care Center Licensing Committee, to establish rules regarding child care that implement state law. The Department's Child Care Licensing program is delegated with the authority to interpret and enforce these rules that have the same effect as law. It is the child care provider's responsibility to understand and follow licensing rules in order to keep children safe and healthy.

Licensing rules focus on the foundational standards necessary to keep children safe and healthy while in care. The rules are based on current research and guidance from recognized experts in the field. A primary source of information is the publication *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition* (CFOC). It is published by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

Licensing rules also reflect recommendations from the Consumer Product Safety Commission (CPSC) and ASTM International (ASTM). CPSC is a U.S. government agency responsible for ensuring the safety of consumer products including toys, cribs, and household chemicals. ASTM is a recognized leader in researching and setting standards that improve product quality and safety. Many products used in child care settings must meet ASTM specifications.

Inspection Process

CCL ensures compliance to licensing rules through ongoing inspections of child care facilities, thus preventing the continued operation of substandard child care programs. These inspections are conducted by licensors who have child care experience and extensive training, including up-to-date and comprehensive training on playground safety from an industry-leading certification program.

During inspections, a licensor will:
- Inspect all rooms, indoor and outdoor areas (including sheds, garages, storage areas, campers, etc.), playground equipment, and items that are accessible to children in care.
- Check that there are no children or illegal items in rooms and areas that are inaccessible to children. A locked room will not need to be opened if there is a way for the licensor to view the entire room without unlocking it.

Please refer to "Section 2 - Definitions" to better understand the definition of "inaccessible".

To verify compliance with the rules and depending on the inspection type, a licensor may:
- Open and observe the contents of any container, drawer, cupboard, room, or area, etc. that is accessible to children.
- Ask clarifying questions.

- Review records – the facility's general paperwork, each covered individual's records, and the records kept for each child in care. A list of required records is found in the Appendix of this manual.
- Observe a diaper change if there are diapered children in care at the time of the inspection.
- Inspect each vehicle used to transport the children.
- Take pictures of items in order to better explain a situation to their manager and/or to be used as documentation of a rule violation.
- Interview staff, children, and/or parents of enrolled children.
- Ask for written statements.
- Record audio statements.
- Bring additional CCL staff to help with the inspection, depending on the size of the facility or as instructed by their supervisor.

The licensors use standardized checklists to ensure consistency for each inspection. These checklists are published on the CCL website at: childcarelicensing.utah.gov.

CCL conducts several types of inspections that are described below.

Pre-License Inspection

This inspection is conducted before a new child care license is issued. At the Pre-License Inspection, an applicant for a child care license must demonstrate that they are in compliance with all licensing rules. It is also at this time that a licensor will measure the facility's square footage with a laser measure and assess other requirements in determining the facility's capacity.

Announced Inspection

An Announced Inspection is conducted annually at each facility to ensure that all licensing rules are in compliance. This inspection is scheduled with the child care provider and usually takes place 30 to 90 days before the license expiration date.

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

- The provider is not scheduled for other duties during the inspection, such as transporting children, preparing meals, etc.
- Keys to locked areas of the facility are readily available. Rooms and areas that are locked to make them inaccessible should not be unlocked until requested by the licensor.
- Providers tell the licensor when a child is ready to be diapered.
- Vehicles are available to be inspected some time during the inspection.
- Required paperwork is completed, organized, and available for review.

Unannounced Inspection

Each facility will receive an Unannounced Inspection annually. This inspection is not scheduled with the provider and takes place sometime during the licensing year. Its purpose is for CCL to ensure that a child care provider is in compliance with licensing rules at all times a child is in care, even when an inspection is unexpected. The Unannounced Inspection takes less time to conduct because paperwork is generally not assessed.

Follow-up Inspection

Licensors conduct a Follow-up Inspection to verify that any rule violations found in previous inspections are corrected, and to ensure that there are no new, serious violations. Follow-up Inspections are always unannounced.

Complaint Investigation

In addition to the previously mentioned regular inspections, reports that allege rule violations are investigated by a complaint investigator. The type and scope of each investigation vary based on the information received in the complaint. Complaint Investigations can be announced or unannounced. An inspection checklist is not used because each investigation is specific to the complaint. Depending on the information received or witnessed, Complaint Follow-up Inspections may be conducted.

Monitoring Inspection

This inspection is unannounced and conducted to check for specific compliance issues in facilities that are under a conditional license or certificate. The frequency of these inspections depends on the conditions set by CCL when the facility's child care license was placed on a conditional status.

Focus Inspection

This type of inspection is conducted when there is a specific issue, unrelated to a complaint, that needs to be addressed outside of the regular Announced and Unannounced Inspections.

After Each Inspection

At the end of or after each inspection, the licensor will:

- Inform the provider of the results of the inspection.
- Explain any rule violations to the provider.
- Give the provider an opportunity to discuss each item and provide feedback.
- Decide, with the provider, on a correction date for each item that is out of compliance. However, if an item poses a serious risk to the children, a date of correction may not be negotiated, but will be set by the licensor.
- Ask the provider to sign the electronic checklist as acknowledgment that the inspection was conducted and concluded. The provider's signature does not indicate their agreement with the results of the inspection.
- Email the checklist to the provider before leaving the facility.
- After management approval, send an Inspection Report to the provider explaining any rules found out of compliance, each rule violation's level of risk or harm, CCL's corrective action, and a due date for each rule violation to be corrected.
- Conduct an unannounced Follow-up Inspection to verify that all rule violations have remained or been corrected, and that there are no new, serious violations.

The provider will have an opportunity to give feedback to CCL about each inspection. Additionally, providers have 15 working days to appeal any action taken by CCL. This includes appealing CCL's determination of a rule violation, a corrective action, and the assessment of a Civil Money Penalty. The appeal period begins on the date that the provider receives official notification of a CCL action, such as receiving the Inspection Report.

Purpose and Use of the Interpretation Manual

This manual has been prepared for child care owners, providers, caregivers, parents, and licensing staff to ensure statewide consistency in the understanding and enforcement of CCL rules. It provides a general overview of licensing rules and gives additional information to broaden knowledge about the intent and meaning of specific rules.

The manual is divided by rule categories into 24 sections with each section containing four main types of information:

- Rule – The actual rule text is printed in a black bold font.
- Rationale / Explanation – This explains the reason for a specific rule or section of rules, frequently describes best practice, and may give additional clarifying information.
- Compliance Guidelines – This provides guidance in achieving and maintaining compliance with a specific rule.
- Risk and Corrective Action for 1st Instance – This describes the level of risk or harm that occurred or is likely to occur due to a rule violation, and it indicates the first corrective action that CCL will take if the rule is violated. See “Section 5: Rule Violations & Penalties” for more information.

As our knowledge of what is best for children grows and as CCL engages in continuous improvement, this manual will be periodically updated. The manual is found on the CCL website at: childcarelicensing.utah.gov.

R381-100-1: LEGAL AUTHORITY AND PURPOSE

The authority to enforce licensing rules and the purpose of these rules is explained in this section.

(1) This rule is enacted and enforced in accordance with Utah Code, Title 26, Chapter 39.

(2) This rule establishes the foundational standards necessary to protect the health and safety of children in child care centers and defines the general procedures and requirements to obtain and maintain a license to provide child care.

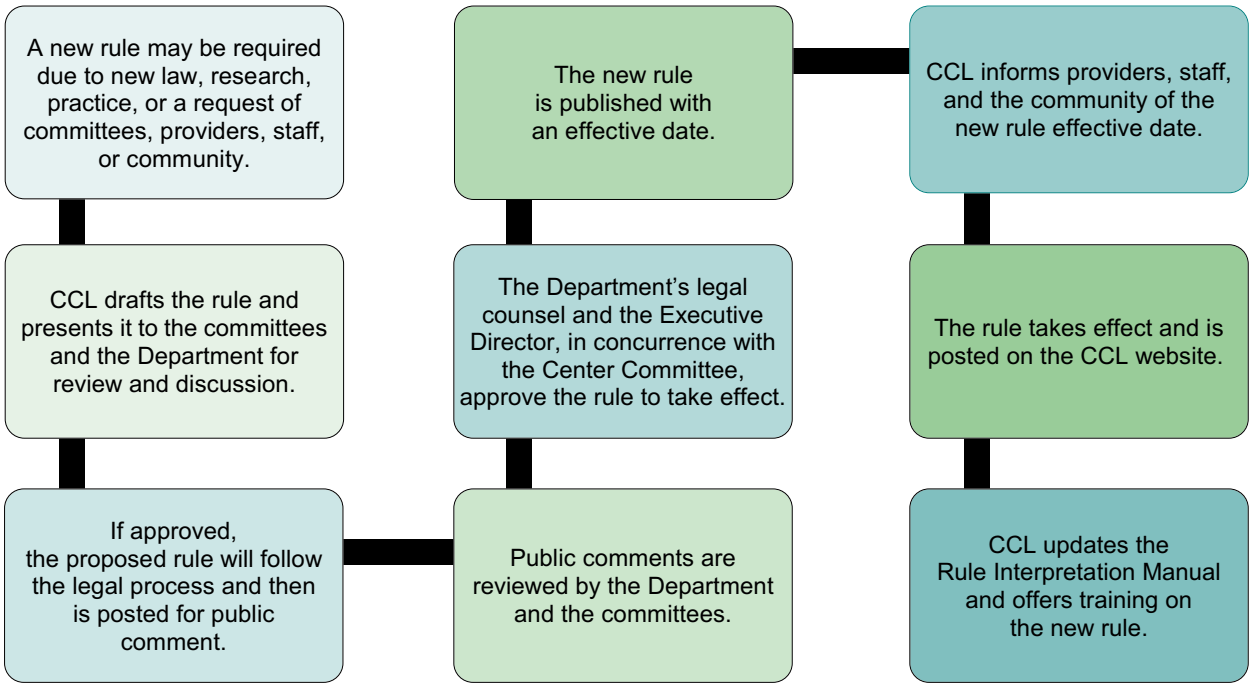
Rationale / Explanation

The Utah Department of Health and the Child Care Center Licensing Committee have the legal responsibility to regulate child care providers as outlined in Utah Code, Title 26, Chapter 39, also known as the Utah Child Care Licensing Act.

Child Care Licensing (CCL) in the Department of Health is the program delegated with the authority to make and enforce rules to carry out the Child Care Licensing Act.

The purpose of the rules is to ensure the health and safety of children in child care facilities. The rules also explain how to obtain and keep a license to provide child care in Utah.

CHILD CARE LICENSING RULEMAKING PROCESS



- Occasionally, a proposed rule may not be approved, including when a concern can be addressed by an update to the Rule Interpretation Manual or the enforcement protocol.
- The Rule Interpretation Manual and updates are posted on the CCL website. The Manual is generally updated annually.
- CCL offers training on licensing rules on a regular basis.

R381-100-2: DEFINITIONS

This section provides definitions of words that are specific to Child Care Licensing (CCL) or are used multiple times in licensing rules.

(1) "Applicant" means a person or business who has applied for a new or a renewal of a license, certificate, or exemption from Child Care Licensing.

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

Rationale / Explanation
ASTM International is an organization that sets health and safety standards to reduce life-threatening and debilitating injuries. CCL uses many of these standards when assessing play areas and equipment.

(3) "Background Finding" means information in a background check that may result in a denial from Child Care Licensing.

(4) "Background Check Denial" means that an individual has failed the background check and is prohibited from being involved with a child care program.

Rationale / Explanation
Refer to "Section 8: Background Checks" for a complete description of the reasons why an individual will not pass a CCL background check.

According to Utah statute 26-39-404, a licensee or an exempt provider may not permit a person who has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for any felony or misdemeanor to provide child care, volunteer, reside, or serve in any ownership or administrative capacity in a child care facility or program.

(5) "Barrier" means an enclosing structure such as a fence, wall, bars, railing, or solid panel to prevent accidental or deliberate movement through or access to something.

(6) "Body Fluid" means blood, urine, feces, vomit, mucus, and/or saliva

(7) "Business Days/Hours" means the days of the week and times the facility is open for business.

(8) "Capacity" means the maximum number of children for whom care can be provided at any given time.

(9) "Caregiver-to-Child Ratio" means the number of caregivers responsible for a specific number of children.

(10) "CCL" means the Child Care Licensing program in the Department of Health that is delegated with the responsibility to enforce the Utah Child Care Licensing Act.

(11) "Child Care" means continuous care and supervision of 5 or more qualifying children that is:
(a) in place of care ordinarily provided by a parent in the parent's home,
(b) for less than 24 hours a day, and
(c) for direct or indirect compensation.

Rationale / Explanation
Indirect compensation is a noncash payment of goods, time, or service that is given to the provider in exchange for providing child care.

(12) "Child Care Center Licensing Committee" means the Child Care Center Licensing Committee created in the Utah Child Care Licensing Act.

(13) "Child Care Program" means a person or business that offers child care.

(14) "Choking Hazard" means an object or a removable part on an object with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches that could be caught in a child's throat blocking their airway and making it difficult or impossible to breathe.

(15) "Conditional Status" means that the provider is at risk of losing their child care license because compliance with licensing rules has not been maintained.

(16) "Covered Individual" means any of the following individuals involved with a child care program:
(a) an owner;
(b) a director;
(c) a member of the governing body;
(d) an employee;
(e) a caregiver;
(f) a volunteer, except a parent of a child enrolled in the child care program;
(g) an individual age 12 years or older who resides in the facility; and
(h) anyone who has unsupervised contact with a child in care.

(17) "CPSC" means the Consumer Product Safety Commission.

Rationale / Explanation
CPSC sets safety standards to protect the public from risks of injury or death associated with products such as toys, cribs, pools, play equipment. For CPSC safety publications, see www.cpsc.gov.

Proposed Rule Change
(18) "Crib" means an infant's bed with sides to protect them from falling including a bassinet, porta-crib, and play pen
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(18) "Department" means the Utah Department of Health.

(19) "Designated Play Surface" means any accessible elevated surface for standing, walking, crawling, sitting or climbing; or an accessible flat surface at least 2 by 2 inches in size and having an angle less than 30 degrees from horizontal.

(20) "Director" means a person who meets the director qualifications in this rule, and who assumes the child care program's day-to-day responsibilities for compliance with Child Care Licensing rules.

(21) "Emotional Abuse" means behavior that could harm a child's emotional development, such as threatening, intimidating, humiliating, demeaning, criticizing, rejecting, using profane language, and/or using inappropriate physical restraint.

(22) "Entrapment Hazard" means an opening greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter where a child's body could fit through but the child's head could not fit through, potentially causing a child's entrapment and strangulation.

(23) "Facility" means a child care program or the premises approved by the Department to be used for child care.

Rationale / Explanation
The "premises" means the provider's building (or buildings) and grounds.

(24) "Group" means the children who are supervised by one or more caregivers in an individual room or in an area within a room that is defined by furniture or other partition.

Rationale / Explanation
Children who are supervised by one or more caregivers in a defined outdoor area are also considered a "group."

Proposed Rule Change
(24) "Group" means the children who are ~~supervised by one or more caregivers in an individual room or in an area within a room that is defined by furniture or other partition~~ assigned to and supervised by one or two caregivers.

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(25) "Group Size" means the number of children in a group.

(26) "Guest" means an individual who is not a covered individual and is at the child care facility with the provider's permission.

(27) "Health Care Provider" means a licensed health professional, such as a physician, dentist, nurse practitioner, or physician's assistant.

(28) "Homeless" means anyone who lacks a fixed, regular, and adequate nighttime residence as described in the McKinney-Vento Act. McKinney-Vento Homeless Assistance Act (Title IX, Part A of ESSA)

(29) "Inaccessible" means out of reach of children by being:
(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 that is at least 36 inches above the floor; or

(e) in a bathroom, at least 36 inches above any surface from where a child could stand or climb.

Rationale / Explanation

Providers must ensure that children are safe by making potential hazards inaccessible.

Approved locking equipment includes:

- Devices specifically manufactured as child safety products such as baby safety gates, child safety locks, and other child safety fastening devices. Child-resistant packaging (such as a medicine bottle safety cap) is not approved locking equipment.
- Locks that use a key or combination to unlock them.
- Locks that use a coin, allen wrench, or similar additional tool to unlock them except when used to lock firearms.
- Locks that do not use a key or combination, such as a deadbolt or hook-and-eye latch, when they are installed at least 60 inches high.
- Properly secured homemade or manufactured child safety gates that are at least 24 inches high from the floor to the top of the gate. The gap between the floor and the bottom of the gate cannot exceed 5 by 5 inches.
- Zip ties, except when used to lock firearms.

To be considered locked and therefore inaccessible:

- A room, area, cabinet, or item is locked or secured with an approved locking device. If a key or combination lock is used, the key hole or combination pad must be on the side child care is taking place.
- A key or other device used to open the lock is not in the lock.
- A safety gate is latched and secure even when bumped or shaken.
- All doors that access the same area, cupboard, closet, or cabinet are locked.

To be considered out of reach of children and therefore inaccessible:

- Items are on counters or shelves and/or in cupboards or drawers that are at least 36 inches high.
- In bathrooms, items are at least 36 inches above any fixture, furniture, or equipment on which a child could stand or climb, such as a toilet, bathtub, counter, cart, chair, stepstool, or ladder. If the fixtures, furniture, or other items have 12 inches or more between them, they will not be considered close enough for a child to move from one surface to another.

Measurements are taken with a wood or metal measuring tool.

(30) "Infant" means a child who is younger than 12 months of age.

Rationale / Explanation

For licensing purposes, a child is considered an infant until the child's 1st birthday.

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

(32) "Involved with Child Care" means to do any of the following at or for a child care program licensed by the Department:

(a) provide child care;

(b) volunteer at a child care program;

(c) own, operate, direct, or be employed at a child care program;

(d) reside at a facility where child care is provided; or

(e) be present at a facility while care is being provided, except for authorized guests or parents who are dropping off a child, picking up a child, or attending a scheduled event at the child care facility.

Proposed Rule Change

(32) "Involved with Child Care" means to do any of the following at or for a child care program ~~licensed by the Department~~:

(a) ~~provide child~~ care for or supervise children;
(b) volunteer ~~at a child care program~~;
(c) own, operate, direct, ~~or be employed at a child care program~~;
(d) reside ~~at a facility where child care is provided~~; ~~or~~
(e) count in the caregiver-to-child ratio; or
(f) have unsupervised contact with a child in care ~~be present at a facility while care is being provided, except for authorized guests or parents who are dropping off a child, picking up a child, or attending a scheduled event at the child care facility~~.

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(33) "License" means a license issued by the Department to provide child care services.

(34) "Licensee" means the legally responsible person or business that holds a valid license from Child Care Licensing.

(35) "LIS Supported Finding" means background check information from the Licensing Information System (LIS) database for child abuse and neglect, maintained by the Utah Department of Human Services.

(36) "McKinney-Vento Act" means a federal law that requires protections and services for children and youth who are homeless including those with disabilities. McKinney-Vento Homeless Assistance Act (Title IX, Part A of ESSA)

(37) "Over-the-Counter Medication" means medication that can be purchased without a written prescription including herbal remedies, vitamins, and mineral supplements.

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

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

(40) "Physical Abuse" means causing nonaccidental physical harm to a child.

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

(42) "Preschooler" means a child age 2 through 4 years old.

Rationale / Explanation

For licensing purposes, a child is considered a preschooler on the child's 2nd birthday and until their 5th birthday.

(43) "Protective Barrier" means a structure such as bars, lattice, or a panel that is around an elevated platform and is intended to prevent accidental or deliberate movement through or access to something.

(44) "Protective Cushioning" means a shock-absorbing surface under and around play equipment that reduces the severity of injuries from falls.

(45) "Provider" means the legally responsible person or business that holds a valid license from Child Care Licensing.

Rationale / Explanation

The provider, namely the licensee, is legally responsible for all aspects of the child care program's operation and management, and for compliance with all licensing rules.

(46) "Qualifying Child" means:

(a) a child who is younger than 13 years old and is the child of a person other than the child care provider or caregiver,

(b) a child with a disability who is younger than 18 years old and is the child of a person other than the provider or caregiver, or

(c) a child who is younger than 4 years old and is the child of the provider or a caregiver.

(47) "Related Child" means a child 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.

Proposed Rule Change

(49) “Room” will be defined as follows:

When a large room is divided into smaller rooms or areas with barriers such as furniture or with half walls, the room or area will be considered:

(a) One room, when the room is divided by a solid barrier that is 24 inches or less, whether the barrier is movable or immovable.

(b) One room, when the room is divided by a solid barrier that is between 25 and 40 inches in height and there is an opening in the barrier through which caregivers and children can move freely.

(c) Two rooms, when the room is divided by a solid barrier that is between 25 and 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. This applies to a diaper changing station that is located behind a closed gate.

(d) Two rooms, when the room is divided by a solid barrier that is over 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. If there is an opening through which caregivers and children can move freely and it the opening is not blocked, refer to the instructions for a large opening, archway, or doorway.

When two rooms or areas are connected by a large opening, archway, or doorway, the rooms or areas will be considered:

(e) One room, when the width of the opening or archway is equal to or greater than the combined width of the walls on each side of the opening or archway, in the larger of the two rooms or areas, and there is no furniture or other dividers blocking the opening or archway. Otherwise this will be considered two rooms.

(f) Two rooms, when the width of the opening or archway is smaller than the combined width of the walls on each side of the opening or archway, in the larger of the two rooms or areas.

When in outdoor areas separated by interior fences, consider it:(g) One area, when the interior fence is 24 inches or lower in height, whether or not the fence has an opening.

(h) One area, when the interior fence is 40 inches or lower in height with an opening through which caregivers and children can move freely.

(i) Two areas when the interior fence is higher than 24 inches and there is no opening.

(j) Two areas, when the interior fence is higher than 40 inches whether or not the fence has an opening.

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(47) "Sanitize" means to use a chemical product to remove soil and bacteria from a surface or object.

Rationale / Explanation

Sanitizing reduces disease-spreading germs from a surface. For a surface to be sanitary, it must be cleaned first. Cleaning removes visible food, dirt, and other kinds of soil from a surface.

Refer to “Section 15: Health and Infection Control” for more information about approved sanitizers and sanitizing procedures.

Proposed Rule Change

(48) "Sanitize" means to use a chemical product to remove ~~soil and~~ bacteria from a surface or object.

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(49) "School-Age Child" means a child age 5 through 12 years old.

Rationale / Explanation

For licensing purposes, a child is considered school age on the child’s 5th birthday.

(50) "Sexual Abuse" means abuse as defined in Utah Code, Title 76-5-404(1).

(51) "Sexually Explicit Material" means any depiction of sexually explicit conduct as defined in Utah Code, Title 76-5b-103(10).

(52) "Sleeping Equipment" means a cot, mat, crib, bassinet, porta-crib, playpen, or bed.

(53) "Stationary Play Equipment" means equipment such as a climber, slide, swing, merry-go-round, or 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 that sits on the ground or floor and has no attached equipment, such as a slide, swing, or climber.

(54) "Strangulation Hazard" means something on which a child's clothes or drawstrings could become caught, or something in which a child could become entangled such as:

(a) a protruding bolt end that extends more than 2 threads beyond the face of the nut;

(b) hardware that forms a hook or leaves a gap or space between components such as a protruding S-hook; or

(c) a rope, cord, or chain that is attached to a structure and is long enough to encircle a child's neck.

Proposed Rule Change

(54) "Strangulation Hazard" means something on which a child's clothes or drawstrings could become caught, or something in which a child could become entangled such as:

(a) a protruding bolt end that extends more than 2 threads beyond the face of the nut;

(b) hardware that forms a hook or leaves a gap or space between components such as a protruding open S-hook; or

(c) a rope, cord, or chain that is attached to a structure and is long enough to encircle a child's neck.

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(55) "Substitute" means a person who assumes a caregiver's duties when the caregiver is not present.

(56) "Toddler" means a child age 12 through 23 months.

Rationale / Explanation

For licensing purposes, a child is considered a toddler on the child's 1st birthday and until their 2nd birthday.

(57) "Unrelated Child" means a child who is not a "related child" as defined in R381-100-2(47).

Proposed Rule Change

(57) "Unrelated Child" means a child who is not a "related child" as defined in R381-100-2(XX). (To be renumbered)

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(58) "Unsupervised Contact" means being with, caring for, communicating with, or touching a child in the absence of a caregiver or other employee who is at least 18 years old and has passed a Child Care Licensing background check.

(59) "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.

(60) "Volunteer" means an individual who receives no form of direct or indirect compensation for their service.

Rationale / Explanation

Indirect compensation is a noncash payment of goods, time, or service that is given to an individual in exchange for their help.

(61) "Working Days" means the days of the week the Department is open for business.

Rationale / Explanation

The Department is open for business on Mondays through Fridays from 8:00 a.m. to 5:00 p.m. except on federal and state holidays.

R381-100-3: LICENSE REQUIRED

Individuals and businesses that provide care for children are licensed and regulated by Child Care Licensing (CCL) unless they are specifically exempt under Utah law. The rules in this section explain who is required to be licensed. In licensed facilities, CCL rules apply to all qualifying children.

(1) A person or persons shall be licensed as a child care center if they provide care:
- **(a) in the absence of the child's parent,**
- **(b) in a place other than the provider's home or the child's home,**
- **(c) for 5 or more children,**
- **(d) for 4 or more hours per day,**
- **(e) for each individual child for less than 24 hours per day,**
- **(f) on an ongoing basis for 4 or more weeks in a year, and**
- **(g) for direct or indirect compensation.**

Proposed Rule Change

(1) A person or persons shall be licensed as a child care center if they provide care:
- (a) in the absence of the child's parent,
- (b) in a place other than the provider's home or the child's home,
- (c) for 5 or more children,
- (d) ~~for 4 or more hours per day,~~
- (e) for each individual child for less than 24 hours per day,
- (f) on an ongoing basis for 4 or more weeks in a year, and
- (g) for direct or indirect compensation.

Rationale / Explanation

Requiring child care providers to meet licensing standards provides a baseline of protection and helps prevent various forms of harm to children, such as risks from the spread of disease, fire and other safety hazards, physical or emotional injury from inadequate supervision, or the lack of healthy relationships with adults. National Center on Early Childhood Quality Assurance. *Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies*. Fairfax, VA. (2015).

Compliance Guidelines

- A license is only required when a provider cares for 5 or more qualifying children.
- Individuals who care for fewer than 5 children are not required by law to be regulated. However, an individual or business may request to be regulated by Child Care Licensing if they care for at least one qualifying child under the other conditions listed in 100-3(1)(a)-(g) above.
- People who care for children 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 no child attends both sessions, or attends a total of 4 hours or more per day.

- Programs that provide 24-hour, live-in care are regulated as residential treatment facilities and are not licensed by Child Care Licensing.
- An "ongoing basis" means that children attend the program on a regular schedule, as opposed to occasional drop-in care.
- Direct compensation means that there is a cash payment for providing child care. Indirect compensation is a noncash payment of goods, time, or services for the child care that is provided.
- Noncompliance with this rule will be determined by the CCL complaint investigator.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(2) The Department may not license, nor is a license required for:
(a) a person who cares for related children only, or
(b) a person who provides care on a sporadic basis only.

Rationale / Explanation
When a provider cares for related children only, in order to receive child care subsidy payments from the State, the provider must obtain an approval from the Division of Workforce Services (DWS). Instructions for obtaining this approval may be found at: childcarelicensing.utah.gov.

A license is unavailable for occasional drop-in child care.

(3) According to Foster Care Services rule R501-12-4(8)(f), a provider may not be licensed to provide child care in a facility that is also licensed to offer foster or respite care services, or another licensed or certified human services program.

Proposed Rule Change

(3) ~~According to Foster Care Services rule R501-12-4(8)(f)(d), a provider may not be licensed to provide child care in a facility that is also licensed to offer foster or respite care services, or another licensed or certified human services program.~~
A provider shall not be licensed to provide child care in a facility that is also licensed to offer foster or respite care services, or another licensed or certified human services program, unless the part of the building proposed to be licensed by CCL is physically separated from the other building services.

R381-100-4: LICENSE APPLICATION, RENEWAL, CHANGES, AND VARIANCES

This section describes how to apply for a license, renew a license, change an existing license, and how to request a variance to a specific licensing rule.

License Application

(1) An applicant for a new child care license shall submit to the Department:
- **(a) an online application;**
- **(b) a copy of a current local fire clearance or a statement from the local fire authority that a fire inspection is not required;**
- **(c) a copy of a current local health department kitchen clearance for a facility providing food service or a statement from the local health department that a kitchen inspection is not required;**
- **(d) a copy of a current local business license or a statement from the city that a business license is not required;**
- **(e) a copy of the educational credentials of the person who will be the director as required in R381-100-7(4);**
- **(f) a copy of a completed Department health and safety plan form;**
- **(g) CCL background checks for all covered individuals as required in R381-100-8;**
- **(h) a current copy of the Department's new provider training certificate of attendance; and**
- **(i) all required fees, which are nonrefundable.**

Proposed Rule Change

(h) ~~a current copy of the Department's~~ new provider training ~~certificate of attendance~~ completion no more than six months before the date of the application; and

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Rationale / Explanation

The application period is an important phase of licensing. The applicant has the responsibility to demonstrate their ability and willingness to comply with all licensing rules in order to provide safe and healthy care for children. National Center on Early Childhood Quality Assurance. *Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies*. Fairfax, VA. (2015).

Compliance Guidelines

New Provider Training and Support

The applicant should become familiar with licensing rules and take the Department's training for new providers as the first steps in the application process. Specific details on how to apply for a child care license are explained in this training. An individual may take the training at:
- https://childcarelicensing.utah.gov/LicensesCertificates.html or
- https://childcarelicensing.utah.gov/Trainings.html.

CCL keeps a list of those who complete this training. An attendance certificate will be issued upon request.

During the application period, the applicant should create an account through ccl.utah.gov to receive access to their CCL provider portal. The email address used to create this account must be the email address used as their facility contact information.

Required CCL Forms and Documents

When applying for a child care license, the applicant must submit the following CCL-approved forms:

- An online application found at: https://childcarelicensing.utah.gov/LicensesCertificates.html.
- A health and safety plan found at: https://childcarelicensing.utah.gov/forms/All/Health%20and%20Safety%20Plan.pdf.
- A background check form for each covered individual found at: https://ccl.utah.gov/ccl/#/background-screening-form.
    - Each covered individual must pass a CCL background check. Background checks that are run by other organizations do not meet the requirements of this rule.
    - To learn how to request a CCL background check, refer to: https://childcarelicensing.utah.gov/BgsHowTo.html or "Section 8: Background Checks" in this manual.

The child care facility must have a qualified director whose educational credentials meet licensing requirements. The applicant must submit a copy of those credentials to CCL for approval. Refer to "Section 7: Personnel and Training Requirements" for a list of required director qualifications and approved educational credentials.

Business License, Fire and Kitchen Inspections, and Fees

To operate a business in Utah, each applicant needs to obtain a business license from the city where their child care facility will be located. Each city sets its own regulations and fees for obtaining a business license. A copy of the license must be submitted to CCL during the application period.

Child care facilities must pass a fire inspection by their local fire authority each year and pass a kitchen inspection by the local county health department every two years. It is advisable for the applicant to schedule these inspections early in the application process in allowing time to make any corrections ordered by the local fire or health department. Fire departments and local health departments generally charge a fee to conduct these inspections.

Utah requires the applicant to pay child care licensing fees. To view CCL's fee schedule, go to: https://childcarelicensing.utah.gov/forms/All/CCL-Fee%20Schedule.pdf.

(2) The applicant shall pass a Department's inspection of the facility before a new license or a renewal is issued.

Rationale / Explanation

Licensing makes an on-site inspection to help each facility achieve and maintain full compliance with licensing rules before issuing a license. *CFOC 3rd ed. Standard 10.4.2.1. p. 409*.

Compliance Guidelines

After the applicant has submitted all required documents and fees to obtain a child care license, CCL will schedule the Pre-License Inspection with the applicant. The applicant must demonstrate

compliance with all licensing rules before a license will be issued. To view the Pre-License Inspection checklist, go to: https://childcarelicensing.utah.gov/Forms.html.

In order for a child care provider to renew their license, they must pass annual inspections verifying their compliance with licensing rules. Refer to the Introduction section of this manual for more information about annual inspections.

(3) If the local fire authority states that a fire inspection is not required, a Department's CCL inspection for a new license or a renewal of a license shall include compliance with the following:

(a) address numbers and/or letters shall be readable from the street;
(b) address numbers and/or letters shall be at least 4 inches in height and ½ inch thick;
(c) exit doors shall operate properly and shall be well maintained;
(d) obstructions in exits, aisles, corridors, and stairways shall be removed;
(e) exit doors shall be unlocked from the inside during business hours;
(f) exits shall be clearly identified;
(g) there shall be unobstructed fire extinguishers that are of an X minimum rate and appropriate to the type of hazard, currently charged and serviced, and mounted not more than 5 feet above the floor;
(h) there shall be working smoke detectors that are properly installed on each level of the building; and
(i) boiler, mechanical, and electrical panel rooms shall not be used for storage.

Proposed Rule Change

(3) If the local fire authority states that a fire inspection is not required, a Department's CCL inspection for a new license or a renewal of a license shall ~~include~~ verify compliance with the following:

~~(b) address numbers and/or letters shall be at least 4 inches in height and ½ inch thick;~~

(g) there shall be at least one unobstructed fire extinguisher~~s~~ on each level of the building ~~that are of an X minimum rate and appropriate to the type of hazard~~, currently charged and serviced, and mounted not more than 5 feet above the floor;

Rationale / Explanation

Child care licensing, building, fire safety, and health authorities work together to safeguard children in child care. *CFOC 3rd ed. Standard 10.4.2.4. p. 410.*

Compliance Guidelines

If the facility is not inspected by the local fire authority, a licensor will:

- Inspect the facility for compliance with this rule at the Pre-License Inspection and before the license renewal each year.

Refer to the following guidelines:

- Address numbers and/or letters must be readable from the street.
- Doors identified as exits must be able to open and close.
- Indoor and outdoor exits may not be blocked.
- Exit doors must be unlocked from the inside or have emergency release devices (such as a push bar or button release) so that they can be opened immediately in an emergency.
- It is required that exits be clearly identified (any sign identifying the exit is acceptable).

- There must be at least one all-purpose fire extinguisher in the facility:
  - Caregivers should know the location of the fire extinguisher and it should be easily accessible.
  - The fire extinguisher's seals should be intact.
  - The gauge must show that the extinguisher is charged.
- At least one well-maintained (not chirping) smoke detector is required on each level of the building.
- Storage in the boiler, mechanical, and electrical panel rooms may not block the appliance or panel.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(4) If the provider serves food and the local health department states that a kitchen inspection is not required, a Department's CCL inspection for a new license or a renewal of a license shall include compliance with the following:
(a) the refrigerator shall be clean, in good repair, and working at or below 41 degrees Fahrenheit;
(b) there shall be a working thermometer in the refrigerator;
(c) there shall be a working stem thermometer available to check cook and hot hold temperatures;
(d) cooks shall have a current food handler's permit available on-site for review by the Department;
(e) cooks shall use hair restraints and wear clean outer clothing;
(f) according to Food Code 2-103-11, only necessary staff shall be present in the kitchen;
(g) reusable food holders, utensils, and food preparation surfaces shall be washed, rinsed, and sanitized with an approved sanitizer before each use;
(h) chemicals shall be stored away from food and food service items;
(i) food shall be properly stored, kept to the proper temperature, and in good condition; and
(j) there shall be a working handwashing sink in the kitchen and handwashing instructions posted by the sink.

Proposed Rule Change

(4) If the provider serves food and the local health department states that a kitchen inspection is not required, a Department's CCL inspection for a new license or a renewal of a license shall ~~include~~ verify compliance with the following:

Rationale / Explanation
Inspectors from state and local agencies with appropriate training should check food service equipment and provide technical assistance to facilities. The local public health department typically conducts such inspections. Local health department regulations for food safety are based on scientific data about the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness. *CFOC 3rd ed. Standard 1.4.5.1. p. 30; Standard 4.8.0.2. p. 186; Standard 4.9.0.1. p. 188.*

Compliance Guidelines

The child care facility must have a kitchen inspection if food for the children is prepared at the facility. A kitchen inspection is not required if 1) all food is brought by parents for their own children, 2) the food is prepared in another inspected kitchen and then brought to the facility to be served, or 3) the only food preparation is that of preparing baby bottles or baby food.

If the kitchen is not inspected by the local health department as required, a licensor will:

- Inspect the kitchen for compliance with this rule at the Pre-License Inspection and before the license renewal each year.

The following guidelines apply in the assessment of this rule:

- The refrigerator should be free of a buildup of spills, dirt, and grime.
- The provider should have a stem thermometer for cooking and for keeping food hot.
- Cooks must use hair restraints (any items to keep hair out of the face and off the food).
- Only the cook(s) and anyone who purchases, prepares, or stores the food may be in the kitchen. Children, other staff, and visitors may not be in the kitchen with the exception of inspectors including Child Care Licensing staff. Others may enter the kitchen for brief visits on condition that the food, equipment, and utensils are protected.
- Chemicals must be stored at least 3 feet away from food and food service items, or separated by a solid barrier.
- Food should show no signs of spoilage, such as mold or obvious rancid smells.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

(5) If the applicant does not complete the application process within 6 months of first submitting any portion of the application, the Department may deny the application and to be licensed, the applicant shall reapply. This includes resubmitting all required documentation, repaying licensing fees, and passing another inspection of the facility.

(6) The Department may deny an application for a license if, within the 5 years preceding the application date, the applicant held a license or a certificate that was:

(a) closed under an immediate closure;

(b) revoked;

(c) closed as a result of a settlement agreement resulting from a notice of intent to revoke, a notice of revocation, or a notice of immediate closure;

(d) voluntarily closed after an inspection of the facility found rule violations that would have resulted in a notice of intent to revoke or a notice of revocation had the provider not closed voluntarily; or

(e) voluntarily closed having unpaid fees or civil money penalties issued by the Department.

(7) Each child care license expires at midnight on the last day of the month shown on the license, unless the license was previously revoked by the Department, or voluntarily closed by the provider.

License Renewal

(8) Within 30 to 90 days before a current license expires, the provider shall submit for renewal:
(a) an online renewal request,
(b) applicable renewal fees,
(c) any previous unpaid fees,
(d) a copy of a current business license,
(e) a copy of a current fire inspection report, and
(f) a copy of a current kitchen inspection report.

Compliance Guidelines
Instructions for requesting a license renewal can be found at:
https://childcarelicensing.utah.gov/forms/All/Online%20Instructions%20-%20Renewal.pdf.

As part of the license renewal process, the facility must pass an inspection by:
- The local fire authority; or pass an inspection by CCL that verifies compliance with 100-4(3) if the local fire authority states that a fire inspection is not required.
- The local health department; or pass an inspection by CCL that verifies compliance with 100-4(4) if the local health department states that a kitchen inspection is not required.

(9) A provider who fails to renew their license by the expiration date may have an additional 30 days to complete the renewal process if they pay a late fee.

Compliance Guidelines
A provider may choose not to renew their child care license or they may voluntarily close their child care facility, pay all pending fees, and relinquish their license at any time. However, all licensing rules must be in compliance and all licensing procedures (such as inspections, background checks, and fees) will continue until the facility closes and the provider no longer cares for children.

(10) The Department may not renew a license for a provider who is no longer caring for children.

Compliance Guidelines
The provider's child care license will be closed on the day they are no longer caring for children, or if the child care facility is found vacant.

License Changes

(11) The provider shall submit a complete application for a new license at least 30 days before any of the following changes occur:
(a) a change of the child care facility's location, or
(b) a change that transfers 50 percent or more ownership or controlling interest to a new individual or entity.

Compliance Guidelines
If a provider will be changing the location of their facility, they may begin the application process, but may not care for children at the new location until their new license has been approved.

For a change of location, the provider must submit the following to CCL:
- An online application for a new child care license;
- A copy of a current local fire clearance or a statement from the local fire authority that a fire inspection is not required for the new facility;

- A copy of a current local health department kitchen clearance or a statement from the local health department that a kitchen inspection is not required for the new facility;
- A copy of a current local business license or a statement from the city that a business license is not required;
- An updated Department health and safety plan form; and
- All required fees, which are nonrefundable.

The following submissions are not required for a change of location:
- CCL background checks if they are current for all covered individuals as required in rule;
- A copy of the director's educational credentials if the director will remain the same; and
- A copy of the Department's new provider training certificate of attendance.

For a change of ownership, the provider must submit an application, documentation, and fees for a new license except the following:
- A copy of a current local fire clearance or a statement from the local fire authority that a fire inspection is not required for the new facility;
- A copy of a current local health department kitchen clearance or a statement from the local health department that a kitchen inspection is not required for the new facility; and
- A copy of the director's educational credentials if the director will remain the same.

(12) The provider shall submit a complete application to amend an existing license at least 30 days before any of the following changes:
(a) an increase or decrease of licensed capacity, including any change to the amount of usable indoor or outdoor space where child care is provided;
(b) a change in the name of the program;
(c) a change in the regulation category of the program;
(d) a change in the name of the provider;
(e) an addition or loss of a director; or
(f) a change in ownership that does not require a new license.

Compliance Guidelines
- To apply for a license change, go to: https://childcarelicensing.utah.gov/forms/All/Application,%20Changes,%20Center.pdf.
- If a change of director was unexpected, the provider has 30 days from the former director's last day of work to submit a change application.
- A CCL fee is charged if the provider makes more than 2 license changes per licensing year.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(13) The Department may amend a license after verifying that the applicant is in compliance with all applicable rules and required fees have been paid. The expiration date of the amended license remains the same as the previous license.

(14) A license is not assignable or transferable and shall only be amended by the Department.

Compliance Guidelines
- The provider must operate under their own license issued by the Department.
- The provider must not alter the license in any way or for any reason.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

Rule Variances

(15) If an applicant or provider cannot comply with a rule but can meet the intent of the rule in another way, they may apply for a variance to that rule by submitting a request to the Department.

Compliance Guidelines
- The provider may submit a variance request online through their Child Care Licensing portal.

(16) The Department may:
(a) require additional information before acting on the variance request, and
(b) impose health and safety requirements as a condition of granting a variance.

(17) The provider shall comply with the existing rule until a variance is approved.

(18) If a variance is approved, the provider shall keep a copy of the written approval on-site for review by parents and the Department.

Compliance Guidelines
- An electronic copy of the variance approval is acceptable as long as it is available on-site for review by parents and CCL staff.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(19) The Department may grant variances for up to 12 months.

(20) The Department may revoke a variance if:
(a) the provider is not meeting the intent of the rule as stated in their approved variance;
(b) the provider fails to comply with the conditions of the variance; or
(c) a change in statute, rule, or case law affects the basis for the variance.

R381-100-5: RULE VIOLATIONS AND PENALTIES

This section gives information about rule violations and penalties for noncompliance with rules. The first part of this section lists the rules; the last part describes the CCL enforcement process including the use of penalties for rule violations.

Rationale / Explanation

The National Association for the Education of Young Children (NAEYC) supports the position that each state has the responsibility to regulate child care facilities. Penalties should be a part of the state's regulations to give strength to licensing rules. Research shows that states with the most effective regulation have a greater number of higher quality child care programs. NAEYC. (1998). *Licensing and Public Regulation of Early Childhood Programs.* Washington, DC.

(1) The Department may place a program's child care license on a conditional status for the following causes:
- **(a) chronic, ongoing noncompliance with rules;**
- **(b) unpaid fees; or**
- **(c) a serious rule violation that places children's health or safety in immediate jeopardy.**

(2) The Department shall establish the length of the conditional status and set the conditions that the child care provider shall satisfy to remove the conditional status.

(3) The Department may increase monitoring of the program that is on conditional status to verify compliance with rules.

(4) The Department may deny or revoke a license if the child care provider
- **(a) fails to meet the conditions of a license on conditional status;**
- **(b) violates the Child Care Licensing Act;**
- **(c) provides false or misleading information to the Department;**
- **(d) misrepresents information by intentionally altering a license or any other document issued by the Department;**
- **(e) refuses to allow authorized representatives of the Department access to the facility to ensure compliance with rules;**
- **(f) refuses to submit or make available to the Department any written documentation required to verify compliance with rules;**
- **(g) commits a serious rule violation that results in death or serious harm to a child, or that places a child at risk of death or serious harm; or**
- **(h) has committed an illegal act that would exclude a person from having a license.**

(5) Within 10 working days of receipt of a revocation notice, the provider shall submit to the Department the names and mailing addresses of the parents of each enrolled child so the Department can notify the parents of the revocation.

(6) The Department may order the immediate closure of a facility if conditions create a clear and present danger to any child in care and may require immediate action to protect their health or safety.

(7) Upon receipt of an immediate closure notice, the provider shall give the Department the names and mailing addresses of the parents of each enrolled child so the Department can notify the parents of the immediate closure.

(8) If there is a severe injury or the death of a child in care, the Department may order the child care provider to suspend services and/or prohibit new enrollments, pending a review by the Child Fatality Review Committee or a determination of the probable cause of death or injury by a medical professional.

(9) If a person is providing care for more than 4 unrelated children without the appropriate license, the Department may:
- **(a) issue a cease and desist order, or**
- **(b) allow the person to continue operation if:**
  - **(i) the person was unaware of the need for a license,**
  - **(ii) conditions do not create a clear and present danger to the children in care, and**
  - **(iii) the person agrees to apply for the appropriate license within 30 calendar days of notification by the Department.**

(10) If a person providing care without the appropriate license agrees to apply for a license but does not submit an application and all required application documents within 30 days, the Department may issue a cease and desist order.

(11) A violation of any rule is punishable by an administrative civil money penalty of up to $5,000 per day as provided in Utah Code, Section 26-39-601.

(12) Assessment of any civil money penalty does not prevent the Department from also taking action to deny, place on conditional status, revoke, immediately close, or refuse to renew a license.

(13) Assessment of any administrative civil money penalty under this section does not prevent court-ordered or other equitable remedies.

(14) The Department may deny an application or revoke a license for failure to pay any required fees, including fees for applications, late fees, returned checks, license changes, additional inspections, conditional monitoring inspections, background checks, civil money penalties, and other fees assessed by the Department.

(15) An applicant or provider may appeal any Department decision within 15 working days of being informed in writing of the decision.

CHILD CARE LICENSING ENFORCEMENT PROCESS

Rationale / Explanation

The purpose of the state's regulation of child care is to protect the health and well-being of children and, when licensing rules are enforced, there is a higher chance of accomplishing this.

Preventive Strategies

CCL takes several preventive steps to encourage compliance with licensing rules before more restrictive actions are needed. CCL offers:

- Technical assistance before licensing

- New provider and new director training
- Verbal technical assistance before, during, and after inspections
- Training on the licensing process and rules for those involved with child care
- A website with up-to-date resources and announcements
- Access to CCL licensors, management, and support staff
- Support and updates from community partners, such as Care About Childcare
- Information about any licensing changes

Child Care Licensing Inspections

CCL conducts regular inspections of child care programs to determine if providers are in compliance with the state's licensing rules. This is critical in ensuring that regulations are enforced.

During these inspections, licensing staff may find instances of rule violations. When a facility is found to be out of compliance, CCL is legally responsible for taking corrective action so that problems are resolved quickly before they become serious. This is usually handled by the provider agreeing to make necessary corrections within a specified amount of time. Some violations may be corrected on-site during the inspection while others may take longer to correct. Serious rule violations that may place the children at immediate risk must be corrected before the licensor leaves the facility.

CCL staff will conduct a Follow-up Inspection to verify that any rule violations are corrected, that compliance is maintained, and to ensure that there are no new, serious rule violations. If more than one Follow-up Inspection is required to ensure compliance with rules, a fee of $25.00 (as set by the Utah State Legislature) is charged for each additional Follow-up Inspection.

Risk Assessment

Risk assessment is a method of identifying the possibility and severity of harm that may result from a rule violation. Harm is physical, emotional, or psychological injury to a child. Any noncompliance with rule poses a level of risk or harm to children. However, some instances of rule violations present significantly more risk.

The National Association for Regulatory Administration (NARA) advises that licensing agencies maintain research-based assessment methods where risks are prioritized; inspections and technical assistance are focused accordingly; and corrective actions are systematically applied to build consistent compliance. *NARA. Recommended Best Practices for Human Care Regulatory Agencies. Lexington, KY. (2009).*

CCL's risk assessment has identified the following four levels of risk or harm that may result from a rule violation. Each level is based on actual or potential harm and the severity of the harm.

- Low risk – Harm has not occurred, and is not likely to occur, but the possibility of harm still exists.
- Moderate risk or harm – Minor harm has already occurred, or is likely to occur. Minor harm means harm that does not require intervention from a medical or mental health care provider.
- High risk or harm – Serious harm has already occurred, or is likely to occur. Serious harm means harm requiring intervention from a medical or mental health care provider.
- Extreme risk or harm – Extreme harm has already occurred or is likely to occur. Extreme harm means death or life-threatening harm.

Corrective Actions

CCL's enforcement of licensing rules can be viewed as a progressive set of steps. Utah statute and rules require that when a provider has a serious rule violation, has frequent violations, and/or fails to correct a deficiency, CCL must take corrective action. This is a process of communicating with the provider and taking disciplinary action to ensure the provider comes in to compliance with rules.

In determining what action to take, CCL considers several factors:
- Whether actual harm has come to children,
- The risk of harm,
- The scope and severity of each violation, and
- Whether or not it is the first instance of a violation.

CCL uses the following corrective actions to ensure compliance with licensing rules.

Warning

This action warns the provider that a Low Risk rule violation must be corrected within a specified amount of time. The Warning is documented by CCL, but is not placed on the provider's public record.

Citation Warning

This action alerts the provider that a repeat instance of a rule violation will be a Citation. A Citation Warning is documented in CCL's software program (the CCL App), but is not placed on the provider's public record.

Citation and CMP Warning

A Citation is issued for serious or repeat rule violations along with a warning that another instance of the rule violation will result in a civil money penalty (CMP). (For more information about CMPs, see page 7.)

A Citation and CMP Warning is not only documented by CCL, but is placed on the provider's public record because of the serious nature of the rule violation.
- A child care provider's public record is available on the CCL website for 36 months.
- All rule violations substantiated in a complaint investigation are public record.
- To check a provider's public record that is older than 36 months, the public may contact CCL.

Repeat Citation and CMP

If a cited rule violation reoccurs, a Repeat Citation is issued and a CMP is imposed. This corrective action is placed on the provider's public record.

Citations and Repeat Citations are each assigned 10 Citation points. CCL uses these points in a system to track a provider's noncompliance with the rules and to alert CCL before a facility reaches a critical noncompliant state. This system is maintained in the CCL App and is not made available to the public.

Plan of Correction

If a provider accumulates 150 Citation tracking points within a 36-month period, CCL will require that the provider follow a Plan of Correction. The Plan will help move the provider toward compliance while allowing them (in most cases) to continue to provide child care and avoid being placed on a conditional license.

Usually, the provider, licensor, and region manager will discuss and develop the Plan including:

- Rule violations that will need to be corrected,
- Conditions the provider must meet,
- Amount of time that will be allowed for the provider to come in to compliance, and
- Corrective actions that will be taken by CCL if the provider fails to comply with the conditions of the Plan, including placing the provider's license on Conditional status.

There may not be more than one Plan of Correction in a 36-month period.

Conditional License

A severe rule violation, a violation of any of the conditions described in a Plan of Correction, or failure to meet the deadlines described in the Plan may place a provider's child care license on a conditional status. In order for the provider to keep their child care license, they must come into compliance within a specified amount of time. CCL staff will conduct monitoring inspections to verify that this occurs.

Depending on the severity of the of the rule violations and as outlined in the Plan of Correction, the required Monitoring Inspections may be frequent when the provider's license is placed on conditional status. The Plan of Correction will state whether weekly, semimonthly, or monthly Monitoring Inspections will be conducted. As set by the Utah State Legislature, an inspection fee of $253.00 is charged for each Monitoring Inspection. The Plan of Correction will also indicate how long the conditional status will last and what will be required for the provider to regain regular license status.

Other Corrective Actions

Recurring and/or severe rule violations can lead to other corrective actions such as an Intent to Revoke, Revocation, and Immediate Closure.

An Intent to Revoke is used to warn the provider that their license will be revoked if the issue(s) described in an Intent to Revoke letter is not corrected by the specified date.

A Revocation letter is used to inform the provider that their license has been revoked. This letter will also state the reason(s) for the revocation. Refer to 100-5(4) for violations that may result in a license being revoked.

An Immediate Closure is enforced when the Department determines that the children's well-being is at risk and the child care facility must be closed immediately. When this happens, CCL staff will arrive at the facility, notify the parents of each enrolled child of the closure, and remain at the facility until all the children have been picked up by their parents or persons authorized to do so. A Follow-up Inspection will also be conducted to verify that the provider is not in business after having been closed by the Department.

The Department may also deny a license if a provider has been previously closed by CCL.

Corrective Action Grid

The following chart summarizes rule violation risk levels and the corresponding corrective actions. The first column describes the levels of risk (moving down the column) from Low to Extreme risk. The possible corrective actions are listed horizontally across the top of the chart ranging from least to most stringent. A CCL corrective action is based on the degree of risk or harm and the number of instances a rule violation has occurred. For example, the corrective action for the 1st instance of a Low Risk rule violation would be a Warning. If there was a 2nd instance of that same rule violation, the provider would receive a Citation Warning. For the 1st instance of a rule violation with Extreme risk or harm, a Citation and a CMP would be issued with the possibility of other corrective actions being enforced.

CCL Rule Violation Corrective Action Grid

Corrective Action	Warning	Citation Warning	Citation & CMP Warning	Repeat Citation & CMP	Repeat Citation & CMP & Possible: Plan of Correction, Conditional, Intent to Revoke, or Revocation	Citation & CMP & Possible: Plan of Correction, Conditional, Intent to Revoke, Revocation, or Immediate Closure
Risk or Harm	On CCL Record Only		On Public Record			
Low Harm has not occurred, and is not likely to occur, but the possibility of harm still exists.	**1st Instance**	**2nd Instance**	**3rd Instance**	**4th Instance**	**5th Instance**	
Moderate Minor harm has already occurred, or is likely to occur. Minor harm means harm that does not require intervention from a medical or mental health care provider.	→	**1st Instance**	**2nd Instance**	**3rd Instance**	**4th Instance**	
High Serious harm has already occurred, or is likely to occur. Serious harm means harm requiring intervention from a medical or mental health care provider.	→		**1st Instance**	**2nd Instance**	**3rd Instance**	
Extreme Extreme Risk or harm has already occurred, or is likely to occur. Extreme harm means death or life-threatening harm.	→					**1st Instance**
CMP = Civil Money Penalty						

Rule Violations Corrected During An Inspection

Except for the rule violations listed below, the corrective action for a first-time rule violation that is corrected during the inspection will be reduced by one level. For example, if a rule violation with High risk is corrected during the inspection, instead of a Citation and CMP Warning being issued, the corrective action will be a Citation Warning.

The corrective action will not be reduced for the following rule violations:

- High or Extreme harm to a child
- Inappropriate interactions with children
- Lack of supervision
- An infant sleeping in unsafe equipment
- Inappropriate caregiver-to-child ratio
- No background check for a new covered individual
- An accessible firearm
- Intoxication or impairment of provider or caregiver when a child is in care
- Use of tobacco or similar product, alcohol, or an illegal substance when a child is in care

Civil Money Penalty (CMP)

A Civil Money Penalty (CMP) is a fine charged by the Department for Repeat Citations, or when the first instance of a rule violation results in or is likely to result in Extreme risk or harm.

CMP Amounts for Repeat Citations	
Low Risk Repeat Citation	$100 per area per rule
Low Risk Supervision or Ratio Repeat Citation	$100 per child unsupervised or over ratio
Low Risk Background Check Repeat Citation	$100 per individual out of compliance
Moderate Risk Repeat Citation	$150 per area per rule
Moderate Risk Supervision or Ratio Repeat Citation	$150 per child unsupervised or over ratio
Moderate Risk Background Check Repeat Citation	$150 per individual out of compliance
High Risk Repeat Citation	$200 per area per rule
High Risk Supervision or Ratio Repeat Citation	$200 per child unsupervised or over ratio
High Risk Background Check Repeat Citation	$200 per individual out of compliance

Due to Extreme risk or harm, a Citation and CMP will immediately be issued for the first instance of the following rule violations.

Immediate CMP Amounts for Extreme Risk Rule Violations	
• A child leaves the facility without supervision.	$500 CMP
• A child is left outside of the facility or in a vehicle without supervision.	$500 CMP
• An individual who failed to pass a CCL background check is at the facility.	$500 CMP
• A provider submitted or allowed falsified documents to be submitted to CCL.	$500 CMP
• An accessible firearm.	$500 CMP
• A child suffered serious harm as the result of a rule violation.	$1200 CMP
• The death of a child was the result of a rule violation.	$5,000 CMP

If a rule violation resulted in a CMP and there is a repeat instance of the rule violation within a 36-month period, the CMP will be double the amount of the original CMP (and all subsequent CMPs will be issued at the doubled amount) not to exceed $5,000.

A CMP must be paid no later than 30 days from the notification date.

Appeals

Providers are encouraged to ask CCL for clarification about its processes and decisions. Having a clear understanding of CCL's actions will be most beneficial and can help the provider determine if an appeal is necessary.

Providers have 15 working days to appeal any action taken by CCL. The appeal period begins on the date that the provider receives official notification of a CCL action, such as receipt of an Inspection Report.

To appeal, the provider must submit a written appeal request through childcarelicensing.utah.gov or the provider's Child Care Licensing portal. A copy of the Appeal Request Form can also be found at: https://childcarelicensing.utah.gov/forms/All/Appeal%20Form.pdf.

Appeals with CCL staff are considered informal discussions and the Department will not charge a fee. CCL will schedule the time to hear the provider's informal appeal. This appeal session may be conducted by phone, in person at a CCL office, or at the provider's facility depending on the availability of all involved parties.

Providers are welcome to present any documentation, witness statements, and other evidence, or to bring witnesses if they consider it necessary to support their appeal.

In some cases, the provider may choose to retain legal advice and to have their attorney be present at an appeal session. In this case, the provider must notify CCL of their intent to bring their attorney so the Department's attorney may also be present. Otherwise, the appeal session will be canceled and rescheduled when all parties, including both attorneys, can be present.

During the appeal process, rule violations being appealed will not show on the provider's public record, and appealed CMP penalties will not be enforced until the appeal is resolved. However, the provider will continue to receive routine inspections, including Follow-up Inspections, for all other rule violations and the provider must maintain compliance with licensing rules while the appeal is being resolved. After the appeal process is over, the provider will receive written notification of the appeal outcome and the facility's file in the CCL App (CCL's software program) will be updated accordingly.

If the provider is not satisfied with the outcome of an appeal, they may appeal with a higher Departmental authority within 15 working days after receiving the appeal outcome notification.

If a provider retains legal counsel or decides to make a formal appeal with an Administrative Law Judge or through the courts, it will be the responsibility of the provider to pay all costs associated with the appeal.

R381-100-6: ADMINISTRATION AND CHILDREN'S RECORDS

This section explains the rules dealing with the provider's responsibilities in operating and managing a child care facility. It also sets out the rules regarding children's records.

Administration

(1) The provider shall:
(a) be at least 21 years of age,
(b) pass a CCL background check, and
(c) complete the new provider training offered by the Department.

Rationale / Explanation

The provider is responsible for the successful operation of their child care business. Both administrative and child development skills are essential in managing a child care facility. A well-trained provider has been shown to have a measurable, positive effect on quality child care. *CFOC 3rd ed. Standard 1.3.1.1. pp. 10-11.*

Compliance Guidelines

The provider must be in compliance with the requirements of this rule before a license is issued.

Background Checks

The provider must pass a CCL background check.

- Background checks that are processed by other organizations do not meet the requirements of this rule.
- Instructions for requesting a CCL background check are found at: https://childcarelicensing.utah.gov/BgsHowTo.html or in "Section 8: Background Checks."

Training

To complete the new provider training, go to:

- https://childcarelicensing.utah.gov/LicensesCertificates.html or
- https://childcarelicensing.utah.gov/Trainings.html.

(2) If the owner is not a sole proprietor, the business entity shall submit to the Department the name(s) and contact information of the individual(s) who shall legally represent them and who shall comply with the requirements stated in R381-100-6(1).

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

Rationale / Explanation

The work of child care professionals has a far-reaching impact on a child's health, safety, and development. Child care providers are important figures in the lives of children in their care and in the well-being of families and communities. The provider should understand the importance of serving as a healthy role model for children and staff. *CFOC 3rd ed. Standard 1.4.2.1. p.22; CFOC 3rd ed. Standard 1.6.0.1. p.34.*

Compliance Guidelines

This rule will be considered out of compliance if:

- A child's well-being has been jeopardized or the provider's conduct is contrary to the health, morals, welfare, and safety of the public; and
- There is no other licensing rule that specifically addresses the situation.

Examples of noncompliance include:

- Evidence of committing, aiding, abetting, or permitting the commission of any illegal act.

Risk and Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule violation.

(4) The provider shall have knowledge of and comply with all federal, state, and local laws, ordinances, and rules, and shall be responsible for the operation and management of a child care program.

Rationale / Explanation

There are many laws and regulations that apply to out-of-home care and education. For example, local laws may regulate the number of children that a provider can care for, and state laws may regulate food sanitation, child immunizations, and fire safety in child care facilities. Providers in states that accept federal Child Care and Development Funds must comply with federal child care laws related to background checks, training, and other basic health and safety requirements. For the successful operation of a child care program, the provider must make every effort to comply with these laws and regulations. *CFOC 3rd ed. Introduction. p. xviii.*

Compliance Guidelines

- The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities. For information about ADA requirements, refer to: www.ada.gov.
- If a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two regulations.

This rule will be considered out of compliance if:

- There is a violation of federal, state, or local law or another agency's regulation regarding child care; and
- There is no other licensing rule that specifically addresses the violation.

Risk and Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule violation.

(5) The provider shall comply with licensing rules at all times when a child in care is present.

Rationale / Explanation

It is a legal requirement that any time a child in care is present, the provider must be in compliance with licensing rules. This includes care provided at the facility by anyone at any time, and care provided at any other location.

A qualifying child (both related and unrelated) is considered a child in care when the provider receives direct or indirect compensation in return for providing child care. Compensation includes food program reimbursements and child care subsidy payments.

Compliance Guidelines

The provider is ultimately responsible for compliance with licensing rules whenever a child is in care at the facility or offsite. This means the provider is responsible for every decision made and every action taken by every person involved with the child care program. This is the case:

- Whether or not the provider is present,
- Even when the provider has delegated specific responsibilities to another individual, and
- Even if someone else disregards or violates a licensing rule while children are in care.

Risk and Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule violation.

(6) The provider shall post the original child care license on the facility premises in a place readily visible and accessible to the public.

Rationale / Explanation

Posting the current child care license assures the public that the provider meets state standards in keeping children healthy and safe while in care. *CFOC 3rd ed. Standard 9.4.1.6. pp. 380-381.*

Compliance Guidelines

- The original child care license must be readily visible and accessible to parents, the Department staff, and other members of the public who may visit the facility.
- The license must be posted during business hours. It is not required to be posted outside of business hours.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(7) The provider shall post a copy of the Department's Parent Guide at the facility for parent review during business hours.

Rationale / Explanation

Child care licensing programs have a responsibility to support families who use child care services. It is important that licensing programs inform parents of licensing rules, give them essential contact information, and explain how to file a complaint about a rule violation. *CFOC 3rd ed. Standard 9.4.1.6. pp. 380-381; CFOC 3rd ed. Standard 10.4.3.1. p. 410.*

Compliance Guidelines

- The provider must use the current version of the Department's Parent Guide found on the CCL website at: https://childcarelicensing.utah.gov/Forms.html.
- The Guide must be located where parents can review it as they come and go.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(8) The provider shall inform parents and the Department of any changes to the program's telephone number and other contact information within 48 hours of the change.

Rationale / Explanation

The facility, parents, and licensing staff must be able to communicate with each other to ensure the safety and health of each child, and for the efficient operation of the child care facility. *CFOC 3rd ed. Standard 9.2.1.4. p. 350.*

Compliance Guidelines

To be in compliance, the provider must inform parents and CCL of any changes to the following information:

- The facility's telephone number and email address.
- The provider's (or contact person's) name, email address, and telephone number.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(9) The provider shall establish, follow, and ensure that all staff and volunteers follow a written health and safety plan that is:

(a) completed on the Department's required form,
(b) submitted to the Department for initial approval and any time changes are made to the plan,
(c) reviewed and updated as needed,
(d) signed and dated at least annually, and
(e) available for review by parents, staff, and the Department during business hours.

Rationale / Explanation

An organized, comprehensive approach to ensuring children's health and safety requires written plans, policies and procedures, and adequate record-keeping. This allows clear expectations to be communicated to staff and parents, and helps hold staff responsible for following the written health and safety plan especially in the provider's absence or in an emergency. *CFOC 3rd ed. Standard 9.2.4.1. pp. 364-365.*

The provider's yearly review of the facility's health and safety plan helps keep policies and procedures current. A review by the Department is used to determine, in part, the provider's compliance with licensing rules. *CFOC 3rd ed. Standard 9.2.1.2. p. 349; Standard 9.4.1.6. pp. 380-381.*

Compliance Guidelines

- The Department's health and safety plan form is found on the CCL website at: https://childcarelicensing.utah.gov/Forms.html.
- The provider must submit the initial health and safety plan for CCL approval when applying for a new child care license.
- The provider must review the health and safety plan at least once each licensing year, and then sign and date the plan when the review is complete.
- If the provider's policies, procedures, or services change, the health and safety plan needs to be updated and then resubmitted to CCL for approval.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
- The provider does not have a health and safety plan.
- The provider, employee, or volunteer does not follow the health and safety plan.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when the health and safety plan:
- Has not been approved by the Department.
- Is incomplete.
- Has not been reviewed, updated as needed, signed, and dated at least annually by the provider.
- Is unavailable for review by parents, employees, and the Department upon request during business hours.

(10) The provider shall:
(a) have liability insurance, or
(b) inform parents in writing that the provider does not have liability insurance.

Rationale / Explanation
Liability insurance is insurance that provides protection against claims resulting from injuries and damage to people and/or property. It is a safeguard against financial disaster in case of an adverse event occurring at the facility. Liability insurance carried by the facility provides recourse for parents of children enrolled in the event of negligence. Requiring insurance reduces risk because insurance companies require compliance with health and safety regulations before issuing or continuing a policy. Liability insurance is essential for reasons of economic security, peace of mind, and public relations. *CFOC 3rd ed. Standard 9.4.1.1. p. 377.*

All vehicles transporting children must have current insurance coverage. Insurance companies can provide better information about coverage and liabilities.

Compliance Guidelines
- The provider may use any written format to inform parents if the facility does not have liability insurance.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

Children's Records

(11) The provider shall ensure that each parent completes an admission and health assessment form for their child before the child is admitted into the child care program.

Rationale / Explanation
The health and safety of children requires that essential information regarding each child be kept at the facility and available to staff on a need-to-know basis. *CFOC 3rd ed. Standard 9.4.2.1. p. 386; CFOC 3rd ed. Standard 9.2.1.2. p. 390.*

Compliance Guidelines
- The provider must also have a completed admission and health form for the provider's and

employees' own children younger than 4 years old and any drop-in children.
- Parents may list more than one child on an admission form, but must complete a separate health assessment for each child.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(12) The admission and health assessment form shall include the following information:
(a) child's name;
(b) child's date of birth;
(c) parent's name, address, and phone number, including a daytime phone number;
(d) names of people authorized by the parent to pick up the child;
(e) name, address, and phone number of a person to be contacted in case of an emergency if the provider is unable to contact the parent;
(f) if available, the name, address, and phone number of an out-of-area emergency contact person for the child;
(g) current emergency medical treatment and emergency transportation releases with the parent's signature;
(h) any known allergies of the child;
(i) any known food sensitivities of the child;
(j) any chronic medical conditions that the child may have;
(k) instructions for special or nonroutine daily health care of the child;
(l) current ongoing medications that the child may be taking; and
(m) any other special health instructions for the caregiver.

Rationale / Explanation
The information on the admission and health assessment form is necessary to protect the health and safety of children in care. Admission of children without this information can leave the staff unprepared to deal with children's daily and emergent health needs. For example:
- 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.
- Food sensitivities and allergies are common in infants and children, and staff should know in advance whether a child has a food sensitivity or allergy. Deaths from food allergies are being reported in increasing numbers. *CFOC 3rd ed. Standard 4.2.0.10. pp. 160-161; CFOC 3rd ed. Standard 9.4.2. pp. 386-391.*

Compliance Guidelines
- The provider may use the CCL-approved admission and health assessment form, or they may use their own program's form as long as there is a place to document all of the information required in rule.
- The CCL-approved admission and health assessment form is found on the CCL website in the "Forms and Documents" section.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when the form does not ask for the following information:
- Child's name
- Child's date of birth
- Parent's name, address, and phone number, including a daytime phone number
- Current emergency medical treatment and emergency transportation releases with the

parent's signature
- Any known allergies of the child
- Any medical conditions that the child may have

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when the form asks for the above information, but does not request the following:
- Names of people authorized by the parent to pick up the child
- Name, address, and phone number of a person to be contacted in case of an emergency if the provider is unable to contact the parent
- Name, address, and phone number of an out-of-area emergency contact person for the child
- Any known food sensitivities of the child
- Instructions for special or nonroutine daily health care of the child
- Current ongoing medications that the child may be taking
- Any other special health instructions for the caregiver

(13) The admission and health assessment form shall:
(a) be reviewed, updated, and signed or initialed by the parent at least annually; and
(b) kept on-site for review by the Department.

Rationale / Explanation
The family's information and the child's health status can change. It is vital for providers to be aware of current admission and health information in order to be prepared to deal with daily and emergent needs of the child. *CFOC 3rd ed. Standard 2.3.3.1. pp. 80-81.*

A review of children's records helps CCL determine compliance with licensing rules. *CFOC 3rd ed. Standard 9.4.1.5. p. 380.*

Compliance Guidelines
- If the admission information and health assessment is one form (either one sheet of paper or multiple attached papers), the parent's signature and date may be on one page of the form.
  - Attached papers means they are in the same file, in a sleeve, behind the same tab in a notebook, etc.
- If the admission information and health assessment are on separate, unattached papers, the parent's signature and date must be on each form.
- If the provider uses electronic admission and health assessment forms, there should be a back-up plan for accessing the children's information in case of a power failure or there is no internet service.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(14) Before admitting any child younger than 5 years of age into the child care program, including the provider's and employees' own children, the provider shall obtain the following documentation from the child's parent:
(a) current immunizations, as required by Utah law;
(b) a medical schedule to receive required immunizations;
(c) a legal exemption; or
(d) a 90-day exemption for children who are homeless.

Rationale / Explanation

Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Immunizations are particularly important for children in child care facilities because young children may have more exposure and higher risk of complications from many diseases. *CFOC 3rd ed. Standards 7.2.0.1, 7.2.0.2. pp. 297-299.*

Utah law requires age-appropriate immunizations for children attending child care facilities. Additional information may be found at immunize-utah.org.

Compliance Guidelines

A provider may admit a child into the child care program, but may not begin caring for the child before the requirements of this rule are met.

Immunization Requirements

For information about required immunizations for children enrolled in a child care program, refer to the "School & Early Childhood Program Requirements" section at: www.immunize-utah.org.

Medical Schedule

According to Utah law (R396-100-7), a child care provider may conditionally enroll a child who is not appropriately immunized as long as the child has received at least one dose of each required vaccine and is on a catch-up schedule. If the immunization schedule falls more than one month behind, the provider must immediately exclude the child from the child care program.

Documentation

According to Immunization Rule R396-100, providers must document children's immunizations by:

- Using the official Utah School Immunization Record (USIR or pink form);
- Accepting any immunization record provided by a licensed physician, registered nurse, or public health official and transferring the information to the USIR (pink form); or
- Keeping immunization records in the Utah Statewide Immunization Information System (USIIS).

If a child is exempt from being immunized, the provider must keep a copy of the child's official immunization exemption form (attached to the Utah School Immunization Record) and other required exemption documents in the child's file.

Exemption from Vaccination

Parents must use an official immunization exemption form to exclude their child from being immunized and present the form to the child care provider. An exemption form can be obtained by completing an online education module (free of charge) and then printing the vaccination exemption form. It can also be obtained through an in-person consultation at the local health department (a fee may apply) where it will be signed.

For a medical exemption from vaccination, the child's parent must give the child care provider the completed immunization exemption form as well as a note signed by a licensed healthcare professional. The note must state that due to the physical condition of the child, administration of the vaccine would endanger the child's life or health.

For an exemption from vaccination due to a child's immunity to a disease (the child previously had the disease), the parent must submit a document signed by a healthcare provider to the child care provider as proof of immunity.

90-Day Exemption

The McKinney-Vento Act allows 90 days from enrollment for families who are experiencing homelessness to provide the required immunization records. A written statement that the family is

homeless is adequate documentation for this 90-day exemption. More information may be found at: careaboutchildcare.utah.gov/pub/OCC_Homeless_Child.pdf.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(15) For each child younger than 5 years of age, including the provider's and employees' own children, the provider shall keep their current immunization records on-site for review by the Department.

Rationale / Explanation
According to Utah Immunization Rule R396-100-4(4), "a representative of the Department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program."

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(16) The provider shall submit the annual immunization report to the Immunization Program in the Utah Department of Health by the date specified by the Department.

Rationale / Explanation
Immunization Rule R396-100(6) requires that early childhood programs collect immunization information and report immunization data annually. Data is collected to determine which child care facilities are in compliance with state law and to determine how many Utah children are adequately immunized. *School & Early Childhood Program Immunization Reporting System (taken from www.immunize-utah.org).*

Compliance Guidelines
- The provider must submit the annual immunization report within a time frame specified by the Immunization Program (usually from October 1 through November 30 of each year).
- The Immunization Program tracks the immunization report status of each provider and sends this information to Child Care Licensing.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(17) Each child's information shall be kept confidential and shall not be released without written parental permission.

Rationale / Explanation
Child care programs routinely handle confidential information about enrolled children, families, and staff. Confidentiality must be maintained and is defined by federal and state law. When managing sensitive information, there is an ethical and legal responsibility to protect the privacy of individuals and families. *CFOC 3rd ed. Standard 9.4.1.3. pp. 378-379*.

The parent's informed, written consent is required before the release of any written or verbal records or information about their child or family. This prevents unauthorized individuals from accessing confidential information, and prevents discrimination against a child due to the release

of this information. *CFOC 3rd ed. Standard 9.4.2.1. pp.386-387.*

Compliance Guidelines

Confidential information includes personal identifiable information such as birthdates, addresses, and phone numbers, in addition to heath information.

To protect the confidentiality of child and family information, the provider should:

- Follow federal, state, and local laws, and train staff to follow these regulations.
- Only share information on a need-to-know basis with authorized individuals.
- Keep written information about the children in a safe place and out of the view of others.
- Refrain from discussing confidential information in the presence of others in the facility including children. *CFOC 3rd ed. Standard 9.4.1.3. pp. 378-379*.

Risk and Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule violation.

R381-100-7: PERSONNEL AND TRAINING REQUIREMENTS

This section provides an overview of the personnel and training requirements for those individuals involved with a child care facility.

Rationale / Explanation

Licensing rules require that individuals who work or associate with a child care program (including employees, volunteers, parents, household members, guests, etc.) have at least basic qualifications to do so. Individuals who are qualified and trained are more likely to have appropriate interactions with the children they associate with. Healthy relationships with caring adults are of utmost importance for each child's current and future development. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Staff training in child development and/or early childhood education is related to positive outcomes for children. Each person who interacts with children in a child care facility contributes to the child's total experience. *CFOC 3rd ed. Standard 1.3.2.3. p. 13.*

The National Association for the Education of Young Children's (NAEYC) recommends a multilevel training program that addresses both preservice and ongoing training for administrators and staff. *CFOC 3rd ed. Standard 1.3.2.1. p. 12.*

Preservice Training

All individuals who are newly involved with the child care program and will be caring for or supervising children, or will count in the caregiver-to-child ratio are required to receive preservice training.

Preservice training consists of at least 2.5 hours of training and must be:

- Completed before (but not earlier than 6 months before) beginning job duties, or
- Completed no later than 10 working days after beginning job duties as long as the individual does not have unsupervised contact with any child in care before their preservice training is completed.

Annual Child Care Training

Individuals who are required to have annual child care training include:

- All regular employees who care for children regardless of the number of hours worked each week. This includes employees who have dual roles such as a driver who cares for the children when not driving.
- Substitutes (including household members) who work at the facility 40 hours or more per month.
- Volunteers who help at the facility 40 hours or more per month and count in ratios.

Employees and volunteers who never have caregiving duties (i.e., they are not responsible for meeting the needs of the children, including protection and supervision), such as cooks, secretaries, receptionists, bookkeepers, custodians, drivers, and maintenance workers, do not need to complete annual training.

Annual child care training hours are calculated from the license start date through the license end date. To be in compliance:

- Caregivers must complete at least 20 hours of child care training each license year.
- Substitutes and volunteers who have caregiving duties must complete at least 1.5 hours of child care training for each month that they are involved with the facility for 40 hours or more.
- The provider must ensure that each individual's required annual child care training is complete before the license expiration date. A child care license will not be renewed until training hours have been completed for all individuals as required by rule.

(1) The provider shall ensure that all employees and volunteers are supervised, qualified, and trained to:
(a) meet the needs of the children as required by rule, and
(b) be in compliance with all licensing rules.

Rationale / Explanation

Research shows that the training and education of caregivers has a direct impact on the quality of care that children receive. All employees and volunteers need training and supervision to ensure that the provider is in compliance with licensing rules. *CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.*

(2) The provider shall ensure that the center has a qualified director as required by licensing rules.

Rationale / Explanation

The facility should have an identifiable, qualified director with the responsibility for and authority over the day-to-day operation and management of the center. *CFOC 3rd ed. Standard 9.1.0.1. p. 347.*

Compliance Guidelines

- To be considered qualified, the director must meet the requirements described in 100-7(3) and 100-7(4).
- More than one director may be listed on a center's license, as long as each individual meets all the director qualifications as defined in rule.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(3) The director shall:
(a) be at least 21 years of age;
(b) pass a CCL background check;
(c) receive at least 2.5 hours of preservice training before beginning job duties;
(d) complete the new director training offered by the Department within 60 working days of assuming director duties;
(e) have knowledge of and follow all applicable laws and rules; and
(f) complete at least 20 hours of child care training each year, based on the facility's license date.

Rationale / Explanation

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

Compliance Guidelines

- The director must pass a background check in accordance with rules in "Section 8: Background Checks."
- Personnel records must verify that the director has completed preservice and other training as required by rule.
  - Directors of new facilities and newly hired directors are required to attend the new director training.
  - The new director training meets a portion of the preservice training requirements.
  - When an owner is also the director, the individual must take both the new director training and the new provider training from CCL.
  - Training can be scheduled on the CCL website at: childcarelicensing.utah.gov.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when the director:

- Is not at least 21 years old.
- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the Department's new director training within 60 working days of beginning job duties.
- Did not complete the annual child care training hours by the license expiration date.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when the director:

- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(4) New directors shall have one of the following educational credentials:

(a) any bachelor's or higher education degree, and at least 60 clock hours of approved Utah Early Childhood Career Ladder courses in child development, social/emotional development, and the child care environment; or 60 clock hours of equivalent training as approved by the Department;

(b) at least 12 college credit hours of child development courses;

(c) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other equivalent credential as approved by the Department;

(d) at least a Level 9 from the Utah Early Childhood Career Ladder system; or

(e) a National Administrator Credential (NAC) and at least 60 clock hours of approved Utah Early Childhood Career Ladder courses in child development, social/emotional development, and the child care environment; or 60 clock hours of equivalent training as approved by the Department.

Rationale / Explanation

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

Compliance Guidelines

- The provider must ensure that the director has the required educational credentials and that documentation of the director's credentials has been submitted to CCL for verification.
- CCL must receive a copy of the certificate of completion or transcript that verifies the completion of a course.
- A course must appear on an official transcript from an accredited college or university in order to be counted toward college credit. Continuing Education Units (CEUs) are not the same as college credits.
- Successful completion of a college course means a passing grade of C or better.
- CDA and CCP certificates must be current in order to meet the educational qualifications of this rule.
- A Montessori credential is considered equivalent to a CDA or CCP.

To obtain more information about educational courses and credentials approved by CCL, refer to:

- Care About Childcare at: careaboutchildcare.utah.gov
- The Care Courses School at: www.carecourses.com
- National Institute of Child Care Management (NICCM) at: www.niccm.com
- National Early Childhood Program Accreditation (NECPA) at: www.necpa.net
- ChildCare Education Institute (CCEI) at: www.cceionline.com/director-training/

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(5) The director shall be on duty at the facility for at least 20 hours per week during operating hours and have sufficient freedom from other responsibilities to manage the center and respond to emergencies.

Rationale / Explanation

The dependable presence of the director is key in ensuring the day-to-day smooth functioning of the facility and ensuring that the facility is operated in compliance with licensing rules.
CFOC 3rd ed. Standard 1.3.1.1. p. 11.

Compliance Guidelines

- In centers with an average daily attendance of 40 children or fewer, the director may have permanent part-time (20 hours or less per week) caregiving duties. In centers with an average daily attendance of 30 children or fewer, the director may have permanent full-time caregiving duties.
- This rule does not prevent the director from taking a vacation or leave as long as there is a director designee.
- If a director will be absent from the center for longer than three months (for example, due to maternity leave), the provider must apply to CCL for a change of director and ensure that a qualified substitute director is present during the regular director's leave of absence.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(6) The director shall arrange for a designee who shall have authority to act on behalf of the director in the director's absence.

Rationale / Explanation
There should always be a qualified individual on-site who assumes responsibility for the management of the center and the protection of the children's health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have responsibility for compliance with licensing rules. *CFOC 3rd ed. Standard 9.1.0.2. p. 347.*

Compliance Guidelines
- The director designee may have caregiving duties. However, when the director is absent, the director designee must have sufficient freedom from other responsibilities to ensure that the health and safety of the children is maintained and to respond to any emergencies.
- Upon arrival at an on-site inspection, a licensor will ask to meet with the director to begin the inspection. If the director is not present, the licensor will ask to meet with the director designee.
- It is a rule violation if the child care program staff state that the center does not have a director designee or they do not know who the director designee is when the director is absent.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(7) The director designee shall:
(a) be at least 21 years of age;
(b) pass a CCL background check;
(c) receive at least 2.5 hours of preservice training before beginning job duties;
(d) have knowledge of and follow all applicable laws and rules; and
(e) complete at least 20 hours of child care training each year, based on the facility's license date.

Rationale / Explanation
Individuals who are qualified and trained are more likely to have appropriate interactions with the children and staff they associate with. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Compliance Guidelines
- The director designee must pass a background check in accordance with rules in "Section 8: Background Checks."
- Personnel records must verify that the director designee has completed all training as required by rule.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when the director designee:
- Is younger than 18 years old.
- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when the director designee:
- Is at least 18 years old but not yet 21 years old.
- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(8) The director or the director designee shall be present at the facility whenever the center is open for care.

Rationale / Explanation
The well-being of the children, the confidence of the parents, and the morale and professional actions of the staff depend largely upon the presence of a qualified individual who is able to respond to the immediate needs of those involved with the child care facility. *CFOC 3rd ed. Standard 1.3.1.1. pp. 10-11.*

Compliance Guidelines
It is a rule violation if the child care program staff state that the center does not have a director designee or they do not know who the director designee is when the director is absent.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) Caregivers shall:
(a) be at least 16 years old;
(b) pass a CCL background check;
(c) receive at least 2.5 hours of preservice training before caring for children;
(d) have knowledge of and follow all applicable laws and rules; and
(e) complete at least 20 hours of child care training each year, based on the facility's license date.

Rationale / Explanation
Many children attend child care programs every day. It is critical that they have the opportunity to grow and learn in a healthy and safe environment with caring and professional caregivers. The amount of education and child care experience impacts a caregiver's ability to respond appropriately to the needs of children. *CFOC 3rd ed. p. xvii; CFOC 3rd ed. Standard 1.3.2.2. p. 12.*

While caregivers can be as young as sixteen, age eighteen is the earliest age of legal consent and mature leadership is clearly preferable. *CFOC 3rd ed. Standard 1.3.2.3. p.13.*

Compliance Guidelines

- Individuals who are younger than 16 years old are not approved to be caregivers.
  - It is a lack of supervision if a child is left in the care of an individual younger than 16 years old.
- Each caregiver must pass a background check according to the rules found in "Section 8: Background Checks."
- Records must verify that each caregiver completed preservice and annual child care training as required by rule.
  - Any regular employee who cares for children (regardless of the number of hours) is required to have annual child care training.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when a caregiver:

- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when a caregiver:

- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(10) Substitutes shall:

(a) be at least 18 years old;
(b) pass a CCL background check;
(c) be capable of providing care, supervising children, and handling emergencies in the caregiver's absence;
(d) receive at least 2.5 hours of preservice training before caring for children; and
(e) complete at least 1.5 hours of child care training for each month they work 40 hours or more.

Rationale / Explanation

The purpose of this rule is to ensure that substitutes have the maturity and qualifications necessary to meet the responsibilities of independently caring for a group of children. Eighteen years is the age of legal consent. *CFOC 3rd ed. Standard 1.3.3.1. p.19.*

Compliance Guidelines

- Substitutes (including household members who substitute) must always be at least 18 years old.
- Each substitute must pass a background check according to the rules found in "Section 8: Background Checks."
- Records must verify that each substitute completed preservice and annual child care training as required by rule.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when a substitute:
- Is younger than 18 years old.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when a substitute:
- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when a substitute:
- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(11) All other employees such as drivers, cooks, and clerks shall:
(a) pass a CCL background check,
(b) receive at least 2.5 hours of preservice training before beginning job duties, and
(c) have knowledge of and follow all applicable laws and rules, and
(d) not have unsupervised contact with any child in care if the employee is younger than 16 years of age.

Rationale / Explanation
The purpose of this rule is to ensure that the interaction between all employees and children is appropriate and in accordance with licensing rules. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Compliance Guidelines
- Each employee must pass a background check according to the rules found in "Section 8: Background Checks."
- Personnel records must verify that each employee completed preservice training according to rule.
- Any employee who cares for children (regardless of their other job duties) must be at least 16 years old and receive annual child care training.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when an employee:
- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when an employee:
- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(12) Volunteers shall:

(a) pass a CCL background check, and

(b) not have unsupervised contact with any child in care if the volunteer is younger than 18 years of age.

Rationale / Explanation

The purpose of this rule is to ensure that the interaction between volunteers and children is appropriate and in accordance with licensing rules. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Compliance Guidelines

- Each individual who volunteers at the child care facility at any time a child is in care (except the parent of an enrolled child) is required to have a background check in accordance with rules in "Section 8: Background Checks."
- If an individual volunteers only when there are no children in care, for example, they only volunteer after child care hours, they will not be required to have a background check.
- Licensing statute defines child care as care for children through age 12 years and for children with disabilities through age 18 years. Thirteen- to fifteen-year-olds are not considered children in care. If they help care for younger children (and are not paid), they are considered volunteers and must meet the requirements of a volunteer.
- It is a rule violation if a child is left in the care of a volunteer who is younger than 18 years old.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

(13) Guests:

(a) shall not have unsupervised contact with any child in care,

(b) shall wear a guest nametag, and

(c) are not required to pass a CCL background check.

Rationale / Explanation

The purpose of this rule is to ensure that the interaction between guests and children is appropriate and in accordance with licensing rules. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Compliance Guidelines

- A guest may not be alone in a room or area with any child in care. A caregiver or other employee who is at least 18 years old and has passed a CCL background check must be in the same room or area.
- The required nametag must have the word "Guest" on it. Other information is optional.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- A guest has unsupervised contact with a child in care.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when:

- A guest does not wear a nametag.

(14) Student interns who are registered and participating in a high school or college child care course:

(a) are not required to pass a CCL background check,

(b) shall not have unsupervised contact with any child in care, and

(c) shall wear a guest nametag.

Rationale / Explanation

The purpose of this rule is to ensure that the interaction between student interns and children is appropriate and in accordance with licensing rules. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Compliance Guidelines

- A student intern may not be alone in a room or area with any child in care. A caregiver or other employee who is at least 18 years old and has passed a CCL background check must be in the same room or area.
- The required nametag must have the words “Student Intern” or “Guest” on it. Other information is optional.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A student intern has unsupervised contact with a child in care.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning when:

- A student intern does not wear a nametag.

(15) Parents of children in care:

(a) shall not have unsupervised contact with any child in care except their own, and

(b) do not need a CCL background check unless involved with child care in the center.

Rationale / Explanation

The purpose of this rule is to ensure that the interaction between the children and any individuals involved with them is appropriate and in accordance with licensing rules. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Compliance Guidelines

- If a parent is employed at the child care center, they must have a background check and meet other personnel requirements as stated in rule.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

(16) Household members who are:

(a) 12 to 17 years old shall pass a CCL background check;

(b) 18 years of age or older shall pass a CCL background check that includes fingerprints; and

(c) younger than 18 years of age shall not have unsupervised contact with any child in care including during offsite activities and transportation.

Rationale / Explanation

The purpose of this rule is to ensure that the interaction between household members and children is appropriate and in accordance with licensing rules. *CFOC 3rd ed. Guiding Principle 4. p. xix.*

Compliance Guidelines

- Each household member who is 12 years old or older must pass a background check according to the rules found in "Section 8: Background Checks."
- A household member who is younger than 18 years old may not be alone with any child in care in the facility, during transportation, or during offsite activities. A caregiver or other adult who is at least 18 years old and has passed a CCL background check must be present.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

(17) Individuals who provide IEP or IFSP services such as physical, occupational, or speech therapists:

(a) are not required to have a CCL background check as long as the child's parent has given permission for services to take place at the center, and

(b) shall provide proper identification before having access to the facility or a child at the facility.

Rationale / Explanation

Releasing a child into the care of an unauthorized person may put the child at risk. It is the child care program's responsibility to check the written authorization in the child's file and verify the identity of any person requesting access to the child. *CFOC 3rd ed. Standard 9.2.4.8. pp. 371-372.*

Compliance Guidelines

- If the parent of a child with an IEP or an IFSP has an agreement with a school or other agency for their child to receive services at the child care facility, the individual providing the services is not required to have a CCL background check.
- With proper authorization and identification, the child may be left alone with the individual providing IEP or IFSP services..
- While services are being offered, the child will be considered the responsibility of the school or other agency.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

(18) Members from law enforcement or from Child Protective Services:

(a) are not required to have a CCL background check, and

(b) shall provide proper identification before having access to the facility or a child at the facility.

Rationale / Explanation

It is the child care program's responsibility to verify the identity of any person requesting access to the child. *CFOC 3rd ed. Standard 9.2.4.8. pp. 371-372.*

Compliance Guidelines

- With proper identification, a child may be left alone with a law enforcement officer or a caseworker from Child Protective Services (CPS).

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(19) Preservice training shall include the following:

(a) job description and duties;
(b) current Department rule sections R381-100-7 through 24;
(c) the Department-approved health and safety plan that includes preparing for and responding to emergencies;
(d) prevention, signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
(e prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
(f) prevention of sudden infant death syndrome (SIDS) and the use of safe sleeping practices;
(g) recognizing the signs of homelessness and available assistance;
(h) a review of the information in each child's health assessment in the caregiver's assigned group; and
(i) an introduction and orientation to the children in care.

Rationale / Explanation

Preservice training ensures that all new staff members receive basic training for the work they will be doing and are informed about their duties and responsibilities. To ensure the health and safety of children in care, it is essential that new caregivers and volunteers never have unsupervised contact with children until they have completed the required preservice training. *CFOC 3rd ed. Standard 1.4.2.1. pp. 21-22.*

Compliance Guidelines

- Preservice records must confirm that all individuals who are new to the child care program have received preservice training in all of the required areas.
- An optional technical assistance form to document preservice training is available at: https://childcarelicensing.utah.gov/Forms.html.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(20) Documentation of each individual's preservice training shall be kept on-site for review by the Department and include the following:

(a) training topics,
(b) date of the training, and
(c) total hours or minutes of training.

Rationale / Explanation

Documentation of required preservice training serves as proof of compliance with this rule. The preservice records may also be useful to the provider if any personnel issues should arise. *CFOC 3rd ed. Standard 1.4.3.1. p. 24*

Compliance Guidelines

- The provider may use their own method of documenting each person's preservice training as long as the requirements of this rule are met.
- An optional technical assistance form to document preservice training is available at: childcarelicensing.utah.gov/Forms.html.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(21) Annual child care training shall include the following topics:

(a) current Department rule sections R381-100-7 through 24;
(b) the Department-approved health and safety plan that includes preparing for and responding to emergencies;
(c) the prevention, signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
(d) principles of child growth and development, including brain development;
(e) positive guidance and interactions with children;
(f) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
(g) prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices; and
(h) recognizing the signs of homelessness and available assistance.

Rationale / Explanation

The benefits of having well-trained individuals working with children include: 1) caregivers are better able to prevent, recognize, and correct health and safety problems; 2) staff training in child development is related to more positive outcomes for children; and 3) caregivers are more likely to avoid abusive interactions with children. *CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.*

Compliance Guidelines

- Annual training must include a review of each licensing rule in sections 100-7 through 100-24 and not just the general category of the rule section.
- Training records must verify that each individual received training on the topics listed in 100-7(21)(b)-(h) as well as licensing rules.
  - An optional technical assistance form to record each individual's annual training can be found at: https://childcarelicensing.utah.gov/Forms.html.
- Complete training records must be available for review at the annual Announced Inspection or submitted to CCL by the license expiration date.
  - To submit the documentation, the provider may mail, fax, or email it to CCL, or upload it on the provider's Child Care Licensing portal.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(22) At least 10 of the 20 hours of annual child care training shall be face-to-face instruction.

Rationale / Explanation

There are many benefits of having well-trained individuals care for the children. Face-to-face training is important because class members have an opportunity to discuss with one another and

ask the trainer questions about the class content. *CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.*

Compliance Guidelines

Examples of approved face-to-face training include:

- Training offered by CCL on licensing rules
- All classes offered by Care About Childcare (Refer to careaboutchildcare.utah.gov.)
- Classes and workshops at child care, early childhood, and parenting conferences
- Real-time, interactive webinars dealing with child care
- Online instruction that requires completing a test for understanding
- Training conducted at in-house staff meetings, but only the training portion (Business matters, such as assignments and work schedules, do not count toward training hours.)
- Any high school or college class in child development or related subject (Hours of attendance count as clock time if the student attends in person as opposed to working online or independent study. One semester credit equals 15 clock hours and one quarter credit equals 10 clock hours.)
- Attendance at a CCL Committee meeting
- Training by a child care association, if the certificate has “child care related” in the topic

Anyone may deliver face-to-face training including child care providers and staff. When this is the case:

- The individual delivering the training can count it as non-face-to-face training.
- The individual being trained can count it as face-to-face instruction.

Examples of approved non-face-to-face child care training may include:

- Researching and planning curriculum (but not the time spent preparing materials such as making copies and presenting curriculum to the children)
- Watching recordings of webinars on topics relating to child care
- Reading books and watching videos related to child care
- Doing homework for a high school or college child development class
- Using training packets or watching recordings offered by Care About Child Care
- Listening to the audio recording of the Advisory Committee Meeting

The following topics and classes do not count toward annual child care training:

- Self-help classes such as anger or stress management
- Time spent doing yoga or meditating
- Technical assistance from CCL staff
- ESL and other language classes
- Craft classes, such as origami, scrapbooking, sewing, etc.
- Attendance at a child’s classes or lessons, such as music or dance lessons
- Watching reality TV and talk shows
- Preparing (making copies, cutting, etc.) and presenting curriculum to children
- Volunteering in a classroom
- Obtaining and submitting fingerprints to CCL
- DWS policy-related webinars

Additional guidelines:

- To count as face-to-face training, there must be a certificate or other documentation from the trainer or sponsoring organization, such as CAC, workshops, or conferences. If there is no certificate or other documentation, the training may count toward the required training hours, but not as face-to-face instruction.
- In-house training, including training from a guest presenter, must be documented. Any

documentation format is acceptable as long as it includes the required information.

- Annual training for all individuals as required in rule must be completed by the end of the licensing year.
  - This includes volunteers and substitutes who work 40 hours or more per month, and new employees who are required to have annual child care training.
- For training to be considered complete, each person must have received training on the required rules and topics, and for the required number of hours.
- If training is not complete for all required individuals at the time of the annual Announced Inspection, the provider may (before their license expires):
  - Upload the documentation to the provider's Child Care Licensing portal, or
  - Mail, fax, or e-mail the documentation to CCL.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(23) Individuals who are required to receive annual child care training and who begin employment partway through the facility's license year shall complete a proportionate number of training hours including the face-to-face instruction.

Rationale / Explanation
All individuals who care for children need training and supervision to better meet the needs of the children and to ensure compliance with licensing rules. *CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.*

Compliance Guidelines

- When an individual begins work at the child care facility partway through the licensing year, they must complete an average of 1.5 hours of child care training for each month they work before the license expiration date. At least half of the training hours must be face-to-face instruction.
- Individuals who are hired within 60 calendar days before the license expires must complete the prorated number of training hours, but their review of all of the training topics is not required until the provider's next license year.
- If a staff member changes from a position that does not require annual training to a position that does, the total number of required training hours will be counted from the start date of their new position.
- When an individual is on approved leave of absence for more than one month, such as maternity leave, 1.5 hours for every full month of absence can be deducted from the total required annual training hours.

The table below may be used in calculating the required number of annual child care training hours for a new employee. (This is in addition to the required 2.5 hours of preservice training.) In the first column, find the month that the employee started work at the facility. Move horizontally across that row to the month that the provider's child care license expires. For example, if an employee began work in May and the provider's license expires in October, the new employee would need 7.5 hours of training before the end of October.

Annual Training Time Required for Employees Hired Partway Through Licensing Year												
Month Person Started	**Month Child Care License Ends**											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Jan	0	1.5 hr	3 hr	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr
Feb	16.5 hr	0	1.5 hr	3 h	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr	15 hr
Mar	15 hr	16.5 hr	0	1.5 hr	3 hr	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr
Apr	13.5 hr	15 hr	16.5 hr	0	1.5 hr	3 hr	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr	12 hr
May	12 hr	13.5 hr	15 hr	16.5 hr	0	1.5 hr	3 hr	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr
June	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr	0	1.5 hr	3 hr	4.5 hr	6 hr	7.5 hr	9 hr
July	9 hr	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr	0	1.5 hr	3 hr	4.5 hr	6 hr	7.5 hr
Aug	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr	0	1.5 hr	3 hr	4.5 hr	6 hr
Sept	6 hr	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr	0	1.5 hr	3 hr	4.5 hr
Oct	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr	0	1.5 hr	3 hr
Nov	3 hr	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr	0	1.5 hr
Dec	1.5 hr	3 hr	4.5 hr	6 hr	7.5 hr	9 hr	10.5 hr	12 hr	13.5 hr	15 hr	16.5 hr	0

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- An individual who began employment partway through the licensing year did not complete the required number of annual training hours by the license expiration date.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when:

- An individual who began employment partway through the licensing year completed the required number of annual training hours, but did not complete the required hours of face-to-face instruction by the license expiration date.

(24) Documentation of each individual's annual child care training shall be kept on-site for review by the Department and include the following:

(a) training topic,
(b) date of the training,
(c) whether the training was face-to-face or non-face-to-face instruction,
(d) name of the person or organization that presented the training, and
(e) total hours or minutes of training.

Rationale / Explanation

The annual training record should be used to assess each employee's need for additional training and to provide the Department with a tool to monitor compliance. *CFOC 3rd ed. Standard 9.4.3.3. p. 393.*

Compliance Guidelines

- There must be a training record for each individual as required by rule.
- Each training record must include the information listed in rule.
  - An optional technical assistance form may be used to record annual training. The form is available at: https://childcarelicensing.utah.gov/Forms.html.
- Complete training records must be available for review at the annual Announced Inspection or submitted to CCL by the license expiration date.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

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

Rationale / Explanation

Caregivers need at least basic English literacy skills in order to perform essential functions in protecting children's health and safety, such as reading warning labels on chemicals, instructions on medications and medication authorization forms, emergency information on child enrollment forms, information on a child's health assessment, and instructions on a fire extinguisher. English literacy skills are also important in communicating during an emergency, such as contacting poison control or calling 911.

Compliance Guidelines

- This rule will be considered out of compliance if a child's health or safety has been jeopardized due to a violation of this rule, and
- There is no other licensing rule that specifically addresses the situation.

Risk and Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule violation.

(26) At least one staff member with a current Red Cross, American Heart Association, or equivalent first aid and infant/child CPR certification shall be present when children are in care:
(a) at the facility,
(b) in each vehicle transporting children, and
(c) at each offsite activity.

Rationale / Explanation

Someone who is qualified to respond to emergencies must be present at all times when any child is in care, including during transportation and offsite activities. Injuries are more likely to occur when a child's surroundings or routine changes, so activities outside the facility may pose increased risk for injury. A person trained in first aid and CPR can lessen the severity 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. Standards 1.4.3.1-1.4.3.2. pp. 24-25.*

Compliance Guidelines

- At least one staff member who is certified in first aid and CPR must be present whenever a child is in care.

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

- CPR training must be Red Cross or American Heart Association certified or be equivalent. A first-aid certification from any source is acceptable.
  - Current certification for RNs, LPNs, or First Responders will be accepted for both CPR and first aid.
  - Due to differences in training courses, a CNA certificate is not an approved CPR certification.
- CPR certification must include pediatric CPR training.
  - Training that includes basic life support (BLS) meets this requirement. (The card or certificate may not have the words "infant and child" written on them.)
  - Although child CPR training is required, training on infant CPR is optional if the provider does not enroll infants or toddlers.
- The CPR and first aid certification must be current.
  - The expiration date on the first-aid and CPR card determines whether the certification is current.
  - When there is no expiration date on the card, and the issue date is less than a year old, the certification is considered current.
  - When the expiration date on the card has been added or altered, the trainer will need to verify that the certification is current.
- First-aid and CPR documentation for those individuals who may be alone with the children at any given time must be available for CCL review.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(27) CPR certification shall include hands-on testing.

Rationale / Explanation
Pediatric CPR skills should be taught by demonstration and practice to ensure the technique can be performed in an emergency. *CFOC 3rd ed. Standard 1.4.3.1. p. 24.*

Compliance Guidelines
- Online CPR training does not meet the requirement of this rule, unless there is a hands-on training component in addition to the online part of the training.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(28) The following records for each covered individual shall be kept on-site for review by the Department:
(a) the date of initial employment or association with the program;
(b) a current first aid and CPR certification, if required in rule; and
(c) a six-week record of the times worked each day.

Rationale / Explanation
Maintaining complete records on each staff person is a sound administrative practice. Employment history, a daily record of days worked, performance evaluations, and who to notify in case of emergency provide important information for the employer. The signature of the employee confirms the employee's notification of responsibilities that might otherwise be overlooked by the

employee. *CFOC 3rd ed. Standard 9.4.3.1. pp. 392-393.*

Documentation of current first aid and CPR certification assists in implementing and in monitoring for proof of compliance. *CFOC 3rd ed. Standard 1.4.3.1. p. 24.*

Compliance Guidelines

- A six-week record of the times worked each day is only required for covered individuals who count in the caregiver-to-child ratio.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning

R381-100-8: BACKGROUND CHECKS

The rules in this section explain the provider's and other covered individuals' responsibilities regarding background checks. The rules regulate how to obtain a background check, when it is required, and what criteria are used in determining if an individual passes or fails a background check.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having rules about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the child care facility against possible future legal challenges. *CFOC, 3rd ed. Standard 1.2.0.2 p. 10; Standards 10.3.3.1 - 10.3.3.2 pp. 400-401.*

Covered Individuals

Covered individuals are those who are involved with a child care program and are required to have a background check as explained below. An individual with a failed background check must not be involved with a child care program and will be required to leave if found at a facility during child care hours.

Owners and Members of the Governing Body

- An owner, whether a sole owner or if the child care center's legal structure is a corporation, a state or local government, or a private nonprofit agency, is considered an owner or member of the governing body if they perform one or more of the following functions.
  - They have unsupervised access to the children in care.
  - They are at the center during hours of operation.
  - They make decisions regarding the day-to-day operations of the child care center.
  - They participate in hiring or firing the child care program staff.
  - The child care program staff report to them and/or they conduct personnel evaluations of any of the child care program staff.
  - They are involved in writing the child care program's policies and procedures.

Directors

- These background check rules pertain to the director and director designee of a center. Refer to "Section 7: Personnel and Training Requirements" for other rules that apply to directors.

Caregivers and Other Staff

- Individuals who care for the children are required to pass background checks.
- Any individual who is hired to work for the child care center, including a substitute, is an employee who must have a current background check.
- Some child care centers are in buildings that also house other programs or activities such as a city or county recreation center, a community center, a church, or a school. These organizations may have employees who have no direct involvement with the children in care. These employees are not required to have background checks on condition that they never have unsupervised contact with any child in care including when in a bathroom. The child care provider must submit a written statement to CCL explaining how they prevent these other organizations' employees from having unsupervised contact with the children in care.

Volunteers, Guests, and Others Who May Have Access to Children

- There are several types of volunteers and guests including parents of enrolled children, individuals who are providing a service at the center, family members, student interns, and children age 13 years and older who help in a classroom. Refer to "Section 7: Personnel and Training Requirements" for the rules and information about background check requirements for these individuals.
- An individual who rents space in the center will be required to have a background check unless exempt under certain conditions. Refer to "Section 9: Facility" for more information.
- Any individual 12 years or older who resides or moves into a child care facility is considered a covered individual and is required to have a background check. This applies whether or not the individual directly participates in the child care program.

CCL Background Check Process

All prospective covered individuals must pass a CCL background check before becoming involved with a child care program. Background checks from other organizations do not meet the requirements of this rule.

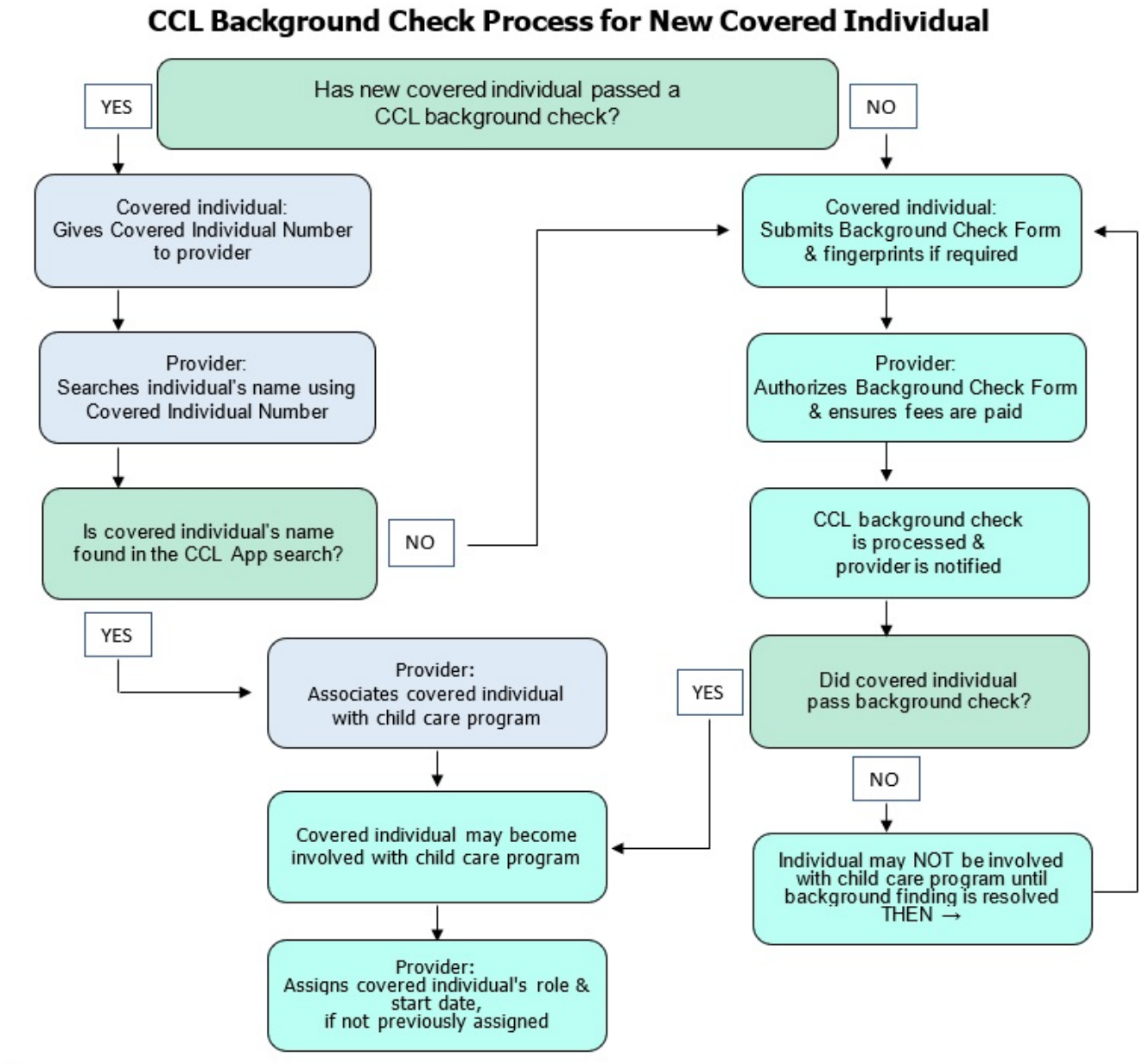
For Child Care Licensing, a background check includes examining a covered individual's background through the following eight sources which encompass three in-state checks, two national checks, and three interstate checks. CCL also checks the Utah sex offender registry for the names of any registered sex offenders who reside in the vicinity of the child care facility.

Utah	National	Interstate
1. Criminal registry or repository • Uses fingerprints • Includes juvenile records • Fingerprints not required for minors, except 16- or 17-year-old caregivers working for a DWS-approved facility	**4. FBI Next Generation Identification** • Uses fingerprints • Retains fingerprints for a real-time criminal report from FBI (Rap Back service) • For individuals 18 years old and older	**6. Criminal registry or repository** • In any other state where the individual has resided in the past 5 years • For individuals 18 years old and older
2. Sex offender registry or repository • For individuals 12 years old and older • Checks all facility addresses for names of registered sex offenders living in vicinity of child care facility	**5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)** • For individuals 18 years old and older	**7. Sex offender registry or repository** • In any other state where the individual has resided in the past 5 years • For individuals 18 years old and older
3. Child abuse and neglect registry and database • For individuals 12 years old and older		**8. Child abuse and neglect registry and database** • In any other state where the individual has resided in the past 5 years • For individuals 18 years old and older

CCL participates in the FBI Next Generation Identification (NGI) system. The NGI process uses fingerprint identification to identify individuals arrested and prosecuted for crimes. With this system, authorized government agencies will receive an individual's criminal history record reported to the FBI and State.

It usually takes 3 full days for CCL to complete a background check after the request (including fingerprints if required) has been submitted, authorized, and paid for. However, the background check may take longer when the individual has resided outside of Utah within the past five years.

The diagram below summarizes the steps that the covered individual, the provider, and CCL must complete in the background check process. A detailed explanation of the process is described in the Compliance Guidelines sections below.



(1) Before a new covered individual becomes involved with child care in the program, the provider shall:
(a) have the individual submit an online background check form,
(b) authorize the individual's background check form,
(c) pay all required fees, and
(d) receive written notice from CCL that the individual passed the background check.

Proposed Rule Change

(1) Before a new covered individual becomes involved with child care in the program, the provider shall use the CCL provider portal search to:
(a) verify that the individual has a current CCL background check, and
(b) associate that individual with their facility.

(2) Before a new covered individual who does not show in the CCL provider portal search becomes involved with child care in the program, the provider shall:
(a) have the individual submit an online background check form and, for individuals age 18 years old and older, fingerprints;
(b) authorize the individual's background check through the CCL provider's portal;
(c) pay all required fees; and
(d) receive written notice from CCL that the individual passed the background check.

(3) A covered individual without a current background check will not show in the CCL provider portal search. The Department may not consider a covered individual's background check current when the covered individual has:
(a) failed a CCL background check;
(b) moved outside of Utah; or
(c) not been associated with an active, CCL approved child care facility for the past 180 days.

Compliance Guidelines

- This rule applies to covered individuals who have never had a CCL background check, and individuals who have passed a CCL background check, but are new to a child care facility.
- This rule does not apply to children who reside in the facility and are turning 12 years old. For information about their background check requirements, refer to 100-8(2).

For a new covered individual who has never had a CCL background check

- The covered individual must submit a background check request form and fingerprints if required.
  - Instructions for requesting a CCL background check and the background check form are found at: https://childcarelicensing.utah.gov under “Background Checks.”
  - Instructions for submitting fingerprints, if required, are found at: https://childcarelicensing.utah.gov/BgsHowTo.html.
  - Fingerprints are not required for individuals younger than 18 years of age unless they are 16- or 17-year-old caregivers working for a child care facility approved by the Department of Workforce Services (DWS).

- The provider must authorize the form through their CCL portal and ensure that all fees are paid.
  - For instructions on paying fees, go to: https://childcarelicensing.utah.gov/Payments.html.
- CCL will begin checking the individual's background when:
  - The individual has submitted a complete background request form,
  - The provider has authorized the background check to be run,
  - Required fingerprints have been submitted, and
  - All fees have been paid.
- CCL will cancel the background check request if required fingerprints are not submitted and/or fees are not paid within 10 working days of the provider's authorization.
- If the covered individual passes the background check:
  - CCL will notify the provider and the individual of the background check results.
  - A background check card (with a Covered Individual Number) will be issued and sent to the individual.
  - CCL will associate the individual with the child care facility.
  - "Cleared," "Passed," or "Temporary Passed" will be displayed as the status on the CCL provider portal.
  - The individual may then be involved with the facility.
- As soon as a prospective employee has passed either the FBI or Utah criminal registry fingerprint check, CCL will allow the individual to become involved with the child care facility on a provisional basis.
  - This is allowed on condition that the individual never has unsupervised contact with any child. The individual must be supervised at all times by an adult who has passed the CCL background check.
  - The background status on the provider's CCL portal will display as "Temporary Passed."
  - The individual's involvement with the child care program is considered provisional until they pass the entire CCL background check from all sources.
- If the covered individual does not pass the background check:
  - They may not be involved with a child care facility.
  - "Denied" will be displayed as the status; and both the provider and the covered individual will be notified in writing as well.
  - Previously denied individuals who may now be eligible to pass the background check will be required to resubmit a background check request, including fingerprints and fees, in order to be associated with child care.

For a covered individual who has passed a CCL background check, but is new to the child care facility

- The covered individual must give their Covered Individual Number (on their background check card) to the provider. The card verifies that the individual has submitted a CCL background check and is in the CCL system, but is not proof that their background check is active. This card is portable and can be used at any child care facility in the state.
  - If the card or the number is unavailable, the provider or the covered individual may contact CCL to get the information.
  - The covered individual's full name and date of birth will be required in order for CCL to provide the Covered Individual Number.

- The provider must determine whether the covered individual's background check is active as required by rule.
  - On the provider's CCL portal, the provider can search the individual's background check status by using the Covered Individual Number.
  - If the individual's background check is active, their name will show up in the search.
- If the individual's background check is active and they have passed the FBI fingerprint check:
  - They are not required to submit a new background check and associated fee.
  - The provider is required to associate the individual with their child care facility.
  - The covered individual may then become involved with the child care facility.
- If the individual's background check is active, but they have not passed the FBI fingerprint check as required by rule, they must submit a new CCL background check request form, fingerprints, and all associated fees.
- If the individual's name does not show up in the search (indicating that they do not have an active CCL background check), they must submit a CCL background check request form, fingerprints (if required), and all associated fees.
- Individuals who have not been associated with any CCL facility in Utah for the past 180 days (6 months) will not show up in the search and will be required to resubmit a background check request, including fingerprints and fees, in order to be associated with child care again.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- A new covered individual was involved with the child care program without passing a CCL background check.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- A temporarily cleared individual (one who passed only part of the CCL background check) had unsupervised contact with the children.
- A new covered individual with an active background check was not associated with the child care facility before being involved with the program.

(2) The provider shall ensure that an online background check form is submitted and authorized, and that background check fees are paid within 10 working days from when a child who resides in the facility turns 12 years old.

Proposed Rule Change

(2) Within 10 working days from when a child who resides in the facility turns 12 years old, the provider shall:
(a) ensure that an online background check form is submitted,
(b) authorize the child's background check through the CCL provider's portal, and
(c) pay all required fees.

Compliance Guidelines

- When a child who resides in the facility turns 12 years old, they are considered a new covered individual.
- The child's parent has 10 working days from their child's 12th birthday to submit a background

check request form. CCL will not accept background check requests for individuals younger than 12 years old.

- The provider must ensure that all associated fees are paid and authorize the background check through their CCL portal. The submission of fingerprints is not required.
- CCL will begin checking the child's background when:
  - A complete background request form has been submitted,
  - The provider has authorized the background check to be run, and
  - All fees have been paid.
- CCL will cancel the background check request if fees are not paid within 10 working days of the provider's authorization.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(3) The provider shall ensure that a CCL background check for each individual age 18 years or older includes fingerprints and fingerprints fees.

Proposed Rule Change
~~(3) The provider shall ensure that a CCL background check for each individual age 18 years or older includes fingerprints and fingerprints fees~~.
---

(4) The fingerprints shall be prepared by a local law enforcement agency or an agency approved by local law enforcement.

(5) If fingerprints are submitted through Live Scan (electronically), the agency taking the fingerprints shall follow the Department's guidelines.

(6) Fingerprints are not required if the covered individual has:
(a) previously submitted fingerprints to CCL for a Next Generation, national criminal history check;
(b) resided in Utah continuously since the fingerprints were submitted; and
(c) kept their CCL background check current.

Proposed Rule Change
~~(6) Fingerprints are not required if the covered individual has:~~
~~(a) previously submitted fingerprints to CCL for a Next Generation, national criminal history check;~~
~~(b) resided in Utah continuously since the fingerprints were submitted; and~~
~~(c) kept their CCL background check current.~~
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(7) Background checks are valid for 1 year and shall be renewed before the last day of the month listed on the covered individual's background check card.

Proposed Rule Change

~~(7) Background checks are valid for 1 year and shall be renewed before the last day of the month listed on the covered individual's background check card.~~

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(8) At least 2 weeks before the end of the renewal month that is written on a covered individual's background check card, the provider shall:

(a) have the individual submit an online CCL background check form and fingerprints if not previously submitted,

(b) authorize the individual's background check form through the provider portal, and

(c) pay all required fees.

Proposed Rule Change

~~(8) At least 2 weeks before the end of the renewal month that is written on a covered individual's background check card, the provider shall:~~

~~(a) have the individual submit an online CCL background check form and fingerprints if not previously submitted,~~

~~(b) authorize the individual's background check form through the provider portal, and~~

~~(c) pay all required fees.~~

(9) The following background findings may deny a covered individual from being involved with child care:

(a) LIS supported findings,

(b) the individual's name appears on the Utah or national sex offender registry,

(c) any felony convictions,

(d) any Misdemeanor A convictions, or

(e) Misdemeanor B and C convictions for the reasons listed in R381-100-8(10).

Proposed Rule Change

(9) The following background findings may deny a covered individual from being involved with child care:

(a) LIS supported findings,

(b) the individual's name appears on the Utah or national sex offender registry,

(c) any felony convictions, or

~~(d) any Misdemeanor A convictions, or~~

~~(e) Misdemeanor B and C convictions~~ for any of the reasons listed ~~in~~ under R381-100-8(10).

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(10) The following convictions, regardless of severity, may result in a background check denial:

(a) unlawful sale or furnishing alcohol to minors;

(b) sexual enticing of a minor;

(c) cruelty to animals, including dogfighting;

(d) bestiality;

(e) lewdness, including lewdness involving a child;

(f) voyeurism;

(g) providing dangerous weapons to a minor;

(h) a parent providing a firearm to a violent minor;

(i) a parent knowing of a minor's possession of a dangerous weapon;
(j) sales of firearms to juveniles;
(k) pornographic material or performance;
(l) sexual solicitation;
(m) prostitution and related crimes;
(n) contributing to the delinquency of a minor;
(o) any crime against a person;
(p) a sexual exploitation act;
(q) leaving a child unattended in a vehicle; and
(r) driving under the influence (DUI) while a child is present in the vehicle.

(11) A covered individual with a Class A misdemeanor background finding not listed in R381-100-8(10) may be involved with child care when:
(a) 10 or more years have passed since the Class A misdemeanor offense, and
(b) there is no other conviction for the individual in the past 10 years.

Proposed Rule Change

~~(11) A covered individual with a Class A misdemeanor background finding not listed in R381-100-8(10) may be involved with child care when:~~
~~(a) 10 or more years have passed since the Class A misdemeanor offense, and~~
~~(b) there is no other conviction for the individual in the past 10 years.~~

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(12) A covered individual with a Class A misdemeanor background finding not listed in R381-100-8(10) may be involved with child care for up to 6 months if:
(a) 5 to 9 years have passed since the offense,
(b) there is no other conviction since the Class A misdemeanor offense,
(c) the individual provides to the Department documentation of an active petition for expungement, and
(d) the provider ensures that the individual does not have unsupervised contact with any child in care.

Proposed Rule Change

~~(12) A covered individual with a Class A misdemeanor background finding not listed in R381-100-8(10) may be involved with child care for up to 6 months if:~~
~~(a) 5 to 9 years have passed since the offense,~~
~~(b) there is no other conviction since the Class A misdemeanor offense,~~
~~(c) the individual provides to the Department documentation of an active petition for expungement, and~~
~~(d) the provider ensures that the individual does not have unsupervised contact with any child in care.~~

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(13) If a petition for expungement is denied, the covered individual shall no longer be involved with child care.

Proposed Rule Change

~~(13) If a petition for expungement is denied, the covered individual shall no longer be involved with child care~~.

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(14) A covered individual shall not be denied if the only background finding is a conviction or plea of no contest to a nonviolent drug offense that occurred 10 or more years before the CCL background check was conducted.

(15) The Department may rely on the criminal background check findings as conclusive evidence of the arrest warrant, arrest, charge, or conviction; and the Department may revoke, or deny a license or employment based on that evidence.

Compliance Guidelines

To suspend a license means that the license is temporarily revoked.

(16) If the provider has a background check denial, the Department may suspend or deny their license until the reason for the denial is resolved.

(17) If a covered individual fails to pass a CCL background check, including that the individual has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor, the provider shall prohibit that individual from being employed by the child care program or residing at the facility until the reason for the denial is resolved.

Compliance Guidelines

- It is a rule violation if a covered individual who failed the background check is involved with a child care facility, and consequently, the individual must leave the facility.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

(18) If a covered individual is denied a license or employment based upon the criminal background check and disagrees with the information provided by the Department of Public Safety, the covered individual may appeal the information as provided in Utah Code, Sections 77-18-10 through 77-18-14 and 77-18a-1.

(19) If a covered individual disagrees with a supported finding on the Department of Human Services Licensing Information System (LIS):
(a) the individual cannot appeal the supported finding to the Department of Health, and
(b) the covered individual may appeal the finding to the Department of Human Services and follow the process established by the Department of Human Services.

(20) Within 48 hours of becoming aware of a covered individual's arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding, the provider and the covered individual shall notify the Department. Failure to notify the Department within 48 hours may result in disciplinary action, including revocation of the license.

Compliance Guidelines

- It is important that both the covered individual and the provider each report to CCL within 48 hours of having knowledge of any of the situations described above.

- An arrest does not automatically disqualify a covered individual from being involved with child care. CCL will use this information to verify if the nature of the arrest or charges will result in a denial.
- If an individual receives a ticket for a driving offense or other infraction of the law, it is not required to report the ticket to CCL unless it becomes an arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(21) The Executive Director of the Department of Health may overturn a background check denial when the Executive Director determines that the nature of the background finding or mitigating circumstances do not pose a risk to children.

Compliance Guidelines
Any request to the Executive Director for a decision on a background check denial must be made through the CCL program appeal process. Please refer to "Section 5: Rule Violations and Penalties" for information about the appeal process.

R381-100-9: FACILITY

This section provides rules and information that apply to the space requirements, structure, layout, and maintenance of the child care facility, both inside and outside.

Studies have shown that the quality of a child care facility's environment is related to children's cognitive, social, and emotional development. A quality environment involves elements such as the indoor space available to the children, well-defined activity settings, available privacy, and the quality of the outdoor play space. *CFOC 3rd ed. Standard 5.1.2.1. p. 203.*

Proper maintenance is a key factor in ensuring 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 can reduce the risk of potential injury. *CFOC 3rd ed. Standard 5.3.1.1. pp. 237-238; Standard 5.7.0.2. pp. 259-260; Standard 6.2.5.1 p. 277.*

(1) There shall be at least 35 square feet of indoor space for each child in care, including the provider's and employees' children.

Rationale / Explanation

There has been growing research into how the physical design of a child care setting affects a child's development. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that a child care facility has at least forty-two to fifty square feet of usable floor space per child. *CFOC 3rd ed. Standard 5.1.2.1. p. 203.*

A minimum square footage of indoor space per child is required because:

- Crowding has been shown to be associated with an increased risk of sickness.
- Children's behavior tends to be more constructive when they have sufficient space to move and play.
- Having sufficient space reduces the risk of injury from children involved in simultaneous activities. *CFOC 3rd ed. Standard 5.1.2.1. p. 203.*

Compliance Guidelines

- Square footage is used as a factor in determining the maximum capacity of the facility.
- After the facility is measured at the Pre-License Inspection, generally rooms are not remeasured at subsequent inspections except when:
  - A room or area in the facility has been remodeled.
  - A provider requests a change to their capacity.
  - A room or area appears overcrowded with children or with items unrelated to child care.
- The provider may temporarily have children in an area with less than 35 square feet of space per child while in a group activity that requires less movement, such as eating, napping, listening to a story, watching a puppet show, working on an art project, or doing homework.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:
(a) by children,
(b) for the care of children, or
(c) to store classroom materials.

(3) The following areas are not included when measuring indoor space for children's use:
(a) bathrooms,
(b) closets and staff lockers,
(c) hallways,
(d) lobbies and entryways,
(e) kitchens, and
(f) staff offices.

(4) The maximum allowed capacity for a child care facility may be limited by local ordinances.

Rationale / Explanation

Some city ordinances limit the capacity of child care facilities. CCL will not issue a license with a greater capacity than allowed by the city where the facility is located.

When a maximum capacity is stated on a city's business license, or on a fire or kitchen inspection report, it may result in a reduced capacity when the child care license is renewed.

(5) The number of children in care at any given time shall not exceed the capacity identified on the license.

Rationale / Explanation

Research reveals that there are negative effects on children when a child care facility is overcapacity. These may include increased noise level, overcrowding, more injuries, and lower quality of caregiver interactions with the children. *Evans, G.W. (2006). Child development and the physical environment. Annual Review of Psychology, 57, 423-451.*

Compliance Guidelines

- "Children in care" refers to the children who are present at the facility, being transported, and at any offsite activity.
- A physical head count of the children who are present combined with the provider's enrollment and attendance policies, and the sign-in and sign-out system may help ensure compliance with this rule.
- The provider may be over capacity for short periods of time during special events, such as parties where all enrolled children are invited, as long as supervision and ratios are maintained.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(6) The provider shall ensure that any building or play structure on the premises constructed before 1978 that has peeling, flaking, chalking, or failing paint is tested for lead. If lead-based paint is found, the provider shall contact their local health department within 5 working days and follow required procedures for remediation of the lead hazard.

Rationale / Explanation

Lead is highly toxic. Exposure to it can be dangerous, especially for young children. Lead exposure can affect a child's ability to learn, succeed in school, and function later in life. It can cause serious health problems including permanent brain damage. Damage caused by overexposure to lead can be irreversible. *CFOC 3rd ed. Standard 5.2.9.13. pp. 235-236.*

Lead-based paint and lead-contaminated dust are the most hazardous sources of lead poisoning in children and may be found in:

- House paints and paint used on outdoor play equipment made before 1978
- Some imported vinyl mini-blinds made before 1997
- Some imported toys

Compliance Guidelines

- Providers must regularly inspect inside and outside walls and play surfaces that are accessible to children for damaged (peeling, flaking, or chalking) paint.
- Any area with damaged paint should be tested for lead. If there are four areas with damaged paint, then there must be four tests for lead.
- If lead-based paint is found and the building or structure was built before 1978, the local health department or the Utah Department of Environmental Quality (DEQ) should be contacted for how to remove or repair the lead-based paint.
- According to DEQ regulations, if there is an area with 6 square feet or more of damaged paint indoors or an area with 20 square feet or more of damaged paint outdoors, then correction must be done by a certified individual.
- There must be documentation that paint was tested and it contains no lead, or that paint containing lead was repaired according to DEQ or local health department instructions.
- More information can be found at: https://www.epa.gov/sites/production/files/documents/steps.pdf.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- A building or play structure constructed before 1978 has untested failing paint in an area accessible to children.
- Any area has tested paint that contains lead and it has not been appropriately remediated.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- A building or play structure constructed before 1978 has untested failing paint in an area inaccessible to children.

(7) Each room and indoor area that is used by children shall be ventilated by mechanical ventilation, or by windows that open and have screens.

Rationale / Explanation

Mechanical ventilation is a way to move air in and out of a room. When windows cannot be kept open, air should be circulated by a heating, ventilation, air conditioning, and cooling system as well as by using fans.

Air quality significantly impacts people's health. Lack of adequate air filtration or ventilation results in contaminated air that is sometimes more polluted than the outdoor air. Children who spend long hours inside breathing contaminated 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. Standard 5.2.1.1. p. 211.*

The American Academy of Pediatrics recommends that as much fresh air as possible be circulated into rooms used by children. Windows with screens (to prevent the entry of insects) should be opened whenever weather and the outdoor air quality permit, and windows in areas used by children under age 5 years should not open more than 4 inches, or should be protected with guards that prevent children from exiting or falling out. *CFOC 3rd ed. Standard 5.2.1.1. p. 211; Standard 5.1.3.2. pp. 204-205.*

Compliance Guidelines

- Areas used by children must be free of signs of inadequate ventilation such as 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.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- A room or area used by the children does not have either mechanical ventilation or a window to open.
- There are signs of inadequate ventilation in a room used by children.
- The ventilation is provided by an open, unscreened window that is accessible to children, and the room or area is above the facility's ground-floor level.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when:

- The ventilation is provided by an open, unscreened window that is accessible to children, and the room or area is on the facility's ground floor or basement level.

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

Rationale / Explanation

The purpose of this rule is to prevent children from accidentally breaking and being cut by a glass window or door. Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from the broken glass. *CFOC 3rd ed. Standard 5.1.3.4. p. 205.*

Compliance Guidelines

- This rule applies to windows and glass doors that are accessible to children in care, both inside the facility and in the outdoor areas used by children.
- If a window has a double pane (such as a storm window) and both sides of the window are accessible to children, both panes must be made of safety glass or have a protective guard.
- All windows and glass surfaces that are within 36 inches of the floor or ground, and are in areas that are accessible to children will be inspected by CCL.
- The height of the window or glass surface will be measured from the floor or ground to the glass, and will include the width of any ledge, window sill, or frame of the window.

- CCL will document when the glass has been inspected and is in compliance with rule.
- If the glass in a window or door has been replaced or the protective guard has changed, the glass will be reinspected at a subsequent inspection.
- The following will not be inspected:
  - Fish tanks
  - Mirrors
  - Windows and glass surfaces in staff offices or lounges unless the areas are used by the children
  - Glass surfaces in lobbies where children are never without adult supervision
  - Glass block walls or windows because they will not shatter when broken
- Acceptable protective guards or barriers include:
  - Screens that cover windows at least 36 inches up from the floor or ground
  - Furniture of any height that blocks the glass surface within four inches of its bottom and sides
  - A child safety gate that is secured in the window sill or in front of the window
  - A sheet of acrylic attached over the glass
  - Bushes when the combined height and depth of the branches is at least 36 inches
  - Solid window shutters
  - A planter box with a combined height and depth of 36 inches that blocks the glass within four inches of its bottom and sides
- If protective film is applied, it needs to be on only one side of single pane windows and both sides of double pane windows when both sides are accessible to children. The safety film must be able to prevent glass from falling should the glass be broken. More information about this kind of film can be found at:
  - www.shatterguard.com
  - www.llumar.com
  - www.solarsecurity.com
- This rule is in compliance when:
  - The glass is marked as safety or tempered glass by the manufacturer,
  - There is documentation that verifies that the glass is safety or tempered glass,
  - Protective film is applied to the window or door to prevent it from shattering into loose shards if it breaks, or
  - The window or door has a protective guard or barrier that prevents children from contacting the glass.
- This rule is out of compliance if:
  - An accessible window has window blinds (in any position) as a replacement for a protective guard.
  - A fence in front of or around a window is not at least 36 inches high or has an opening in which children can pass through.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) All rooms and areas shall have adequate light intensity for the safety of the children and the type of activity being conducted.

Rationale / Explanation

In *Caring for Our Children* it is advised that natural lighting be provided in rooms where children work and play for more than two hours at a time. It is also recommended that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the facility's activities. *CFOC 3rd ed. Standard 5.2.2.1. p. 217.*

Appropriate illumination facilitates comfort, cleanliness, and most importantly the health and safety of children and adults. Inadequate artificial lighting has been linked to eyestrain, headache, and nonspecific symptoms of illness. *CFOC 3rd ed. Standard 5.2.2.1. p. 217.*

Lighting levels may be reduced during nap times to promote resting. However, rooms should be lighted enough to allow caregivers to see children's facial features for signs of distress or sickness. *CFOC 3rd ed. Standard 5.2.2.1. p. 217.*

Compliance Guidelines

- It is a rule violation if an area being used by children is so dark that it is unsafe to go in or out due to inadequate lighting.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- There is inadequate lighting in a diapering or food preparation area, or if it is completely dark in a sleeping room.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when:

- There is inadequate lighting in any other area used by the children.

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

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that a draft-free indoor temperature between 68 and 75 degrees Fahrenheit be maintained during the winter months. A temperature between 74 and 82 degrees Fahrenheit should be maintained during the summer months. *CFOC 3rd ed. Standard 5.2.1.2. p. 212.*

For comfort and health, all rooms that children use should be heated and cooled to maintain required temperatures. *CFOC 3rd ed. Standard 5.2.1.2. p. 212.*

According to the National Institutes of Health, there may be an association between sleeping room temperatures and increased risk of SIDS. It is recommended that sleeping rooms be kept at a temperature comfortable for a lightly-clothed adult, and infants should not be overly bundled or should not feel hot to the touch when sleeping.

Compliance Guidelines

- A thermometer may be used to check the air temperature in each infant and toddler room or area.
- The air temperature may be measured at the height at which the infants and toddlers sleep.
- In rooms other than the infant/toddler rooms, the air temperature may be measured when an area seems to be too hot or too cold.
- In rooms used only for preschool and school-age children, the air temperature may be measured at table height when a room seems to be too hot or cold.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- The temperature is out of range in a room for infants or toddlers.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when:

- The temperature is out of range in any rooms other than infant/toddler rooms.

(11) There shall be a working telephone at the facility, in each vehicle while transporting children, and during offsite activities.

Rationale / Explanation

Wherever children are in care, there should always be a telephone available for communication between the child care staff and parents, and for emergency use. *CFOC 3rd ed. Standard 5.3.1.12. p. 243*.

Compliance Guidelines

- A cell phone meets the requirements of this rule as long as there is a phone in the facility, each vehicle, and at offsite activities whenever children are present.
- A long range two-way communication device also meets the requirements of this rule.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(12) There shall be a working handwashing sink in each classroom or next to each classroom in buildings constructed after 1 July 1997.

Rationale / Explanation

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

Compliance Guidelines

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

- Rooms that are not required to have handwashing sinks include gyms, lounge rooms, libraries, rooms that are used only for sleeping, and lunchrooms.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(13) Each area where infants or toddlers are cared for shall meet one of the following criteria:
(a) There shall be 2 working sinks in the room. One sink shall be used exclusively for the preparation of food and bottles and handwashing before food preparation, and the other sink shall be used only for handwashing after diapering and nonfood activities.
(b) There shall be 1 working sink that is used only for handwashing in the room, and all bottle and food preparation shall be done in the kitchen and brought to the infant and toddler area by a non-diapering staff member.

Rationale / Explanation
Sinks must be close to where diapering takes place to avoid the transfer of contaminants to other surfaces on the way to washing hands. *CFOC 3rd ed. Standard 5.4.2.2. p. 248.*

Separation of sinks used for handwashing or other potentially contaminating activities from those used for food preparation prevents contamination of food. *CFOC 3rd ed. Standard 4.8.0.5. p. 187.*

Compliance Guidelines
- For the purposes of this rule, two sinks means there are two different faucets, each going into a separate basin.
- Rooms that are not required to have sinks include:
  - A room where infants and toddlers are taken for a short activity, such as a gym, on condition that the infants or toddlers are in the room for no longer than 30 minutes and they are taken to a room with required sinks for diapering and handwashing.
  - Rooms that are used only for sleeping infants or toddlers.
  - Rooms sharing a handwashing sink if the sink is adjacent to both rooms or in a room that is entered directly from each of the infant/toddler rooms.
- Children's hands must not be washed in the food preparation sink.
- If a bottle is prepared in the kitchen, and brought to the room by a nondiapering staff member, it can be heated up in the infant or toddler room.
- The provider must be in compliance with this rule in any room used by infants or toddlers, including when the infants or toddlers are in mixed-age groups.
- If diapering takes place in an adjacent room that has a handwashing sink, the infant/toddler room is not required to have two sinks.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(14) For preschoolers and toddlers who are toilet trained, there shall be 1 working toilet and 1 working sink for every fifteen children in the center. For school-age children, there shall be 1 working toilet and 1 working sink for every 25 children in the center.

Rationale / Explanation

Children use the bathroom often and cannot wait long when they have to use the toilet. Sinks should be nearby to facilitate handwashing. In *Caring for Our Children*, it is recommended that there be one sink and toilet for every ten toddlers and preschool-age children, and one sink and toilet for every fifteen school-age children. *CFOC 3rd ed. Standard 5.4.1.6. p. 246.*

A large bathroom with many toilets used by several groups is less desirable than several small toilet rooms assigned to specific groups. This is because large shared rooms provide more opportunities for transmitting infectious diseases. *CFOC 3rd ed. Standard 5.4.1.6. p. 246.*

Compliance Guidelines

- The required number of working toilets and working sinks must be available for the children to use. The number of toilets and sinks is used as a factor in determining the maximum capacity of the facility.
  - A urinal may be counted as a toilet for up to 50% of the required number of toilets.
  - For large sinks that have two or more faucets in them, each separate faucet counts as one sink.
- It is out of compliance with 100-9(24) if there is only one toilet at the facility and it is not in working condition. In this case, the repair must be made immediately (within one hour) in order to provide child care services.
- The following are not acceptable toilets or sinks:
  - Indoor and outdoor portable toilets, such as chemical toilets, composting toilets, and bucket toilets
  - A portable sink with no water in it

(15) A bathroom that provides privacy shall be available for use by school-age children.

Rationale / Explanation

Children should be allowed the opportunity to practice modesty when independent toileting behavior is well established. *CFOC 3rd ed. Standard 5.4.1.2. p.245.*

Compliance Guidelines

- A bathroom that provides privacy has a full-length door or curtain that closes, and only one child at a time uses the bathroom.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(16) There shall be an outdoor area that is safely accessible to children.

Rationale / Explanation

A safely accessible outdoor area is important to prevent injury to children or to keep a child from escaping on the way to the area. An outdoor area is considered safely accessible when the way to reach it is free of potential hazards. Children should not be able to access streets, parking lots, ditches, etc. when going outside to play. *CFOC 3rd ed. Standard 6.1.0.1. p. 265.*

Compliance Guidelines

- In order to be licensed, there must be an outdoor area on the provider's premises that can be safely reached and used by the children. Facilities that do not have outdoor areas on site cannot ensure that children in their care are playing on equipment or in a space that is safe. Because open air is vital for children, indoor space cannot replace outdoor space.
- The route from the building to the outdoor area must be safe. For example, an outdoor area is not safely accessible if children must walk across an unsafe deck (such as one with broken boards or holes in it) or cross a driveway where cars or other motor vehicles come and go.
- The following examples of outdoor areas that are safely accessible include:
  - An outdoor area that is directly adjacent to the building, so that children exit the facility straight into the play area.
  - A large, open-air deck that children access directly from the building as long as the deck has the required space per child and meets other licensing requirements.
  - An outdoor area on the premises that is reached by way of a fenced walkway.
  - When the building and entire outdoor area are surrounded by fencing, as long as the area inside the fence does not have motor vehicles or other hazards.
  - An outdoor area on the premises that can be accessed by a sidewalk, as long as the sidewalk is not near a busy street, a water or other hazard, or does not pass through a parking lot.
  - An outdoor area on the premises that is accessed by blocking off a portion of a parking lot with traffic cones to create a walkway.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

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

Rationale / Explanation
Children benefit from being outside as much as possible and it is important that there is enough space to allow children safe freedom of movement during active outdoor play. Providing more square feet per child may correspond to a decrease in the number of injuries associated with gross motor play *CFOC 3rd ed. Standard 6.1.0.1. p. 265.*

Compliance Guidelines

- The outdoor space that will be used by the children ages 0-12 years (including the provider's and employees' own children who will attend the program):
  - Must meet the square footage requirements of this rule.
  - Is a factor in determining the maximum capacity of the facility.
- After the outdoor area is measured at the Pre-License Inspection, generally the space is not remeasured on subsequent inspections except when:
  - The facility's outdoor area has been renovated or changed.
  - A provider requests a change to their capacity.
  - The outdoor play area appears overcrowded during an inspection.
- A facility may have more than one outdoor area, as long as each area is safely accessible, fenced as required, meets the square footage requirements for the number of children using the area, and is in compliance with other licensing rules.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(18) The total square footage of the outdoor area shall accommodate at least one-third of the approved capacity at one time or shall be at least 1600 square feet.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(19) The outdoor area shall be enclosed within a fence, wall, or solid natural barrier that is at least 4 feet high.

Rationale / Explanation
Enclosing the outdoor area helps to ensure proper supervision and protection, prevention of injuries, and control of the outdoor area. A fence or other barrier prevents children from leaving the outdoor area and accessing streets and other hazards. It also serves to keep unwanted people and animals out of the outdoor area. *CFOC 3rd ed. Standard 6.1.0.8. p. 268.*

Compliance Guidelines
- The entire perimeter of the fence must be at least 4 feet (48 inches) high.
- The fence must be measured on each side at its lowest point, from the side the children play on, and includes measuring a gate.
- If a fence or wall was previously approved by CCL, then the barrier's height is considered in compliance as long as:
  - The barrier has not been replaced, repaired, or altered; and
  - All areas of the barrier measure within 5 inches of the required 4-foot height. This 5-inch allowance only applies to a previously-approved barrier that has not changed since the approval; it does not apply to barriers formed by bushes or shrubs, etc. If the fence or wall was replaced, repaired, adjusted, or it has changed since the last CCL inspection, it must meet the 4-foot height requirement.
- It is not a rule violation if a fence is lower than 48 inches in height due to temporary weather conditions, such as snow on the ground at the base of the fence.
- Bushes will be considered a natural barrier when there are no gaps 5 by 5 inches or greater.
- When a ramp (leading to the outdoor area) is separated from the area with a 4-foot-high gate that is closed, the height of a fence on the ramp does not need to be assessed. If there is no gate, the gate is open, or is less than 4 feet high, then the fence on the perimeter of the ramp (that encloses the ramp and outdoor area) must be at least 4 feet high. The interior fencing on the ramp does not need to be assessed.
- Interior fences within the 4-foot perimeter fence do not need to be 48 inches high, unless otherwise required in rule.
- Any temporary fencing that is used to comply with this rule must:
  - Always be set up when children are in the outdoor area.
  - Meet the fencing height requirements as described above.
  - Not have gaps. Refer to 100-9(21).
  - Enclose the required amount of space. Refer to 100-9(17) and (18).

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:
- There is no fence or barrier enclosing the outdoor area, or an area of the fence or barrier is less than 36 inches high.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
- An area of the fence or barrier is less than 48 inches high (or is less than 43 inches high as previously described).

(20) When children are outdoors, they shall be in the enclosed area except during offsite activities.

Rationale / Explanation
Enclosing the outdoor area helps to ensure proper supervision and protection, prevention of injuries, and control of the outdoor area. A fence or other barrier prevents children from leaving the outdoor area and accessing streets and other hazards. It also serves to keep unwanted people and animals out of the outdoor area. *CFOC 3rd ed. Standard 6.1.0.8. p. 268.*

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(21) There shall be no gap 5 by 5 inches or greater in or under the fence or barrier.

Rationale / Explanation
An effective fence prevents a child from getting over, under, or through it, and keeps children from leaving the outdoor play area without adult supervision. Any openings or gaps in the fence should be small (no larger than three and a half inches) to prevent entrapment and discourage climbing. *CFOC 3rd ed. Standard 6.1.0.8. p. 268.*

Compliance Guidelines
- The entire perimeter of all required fences and barriers must be checked for gaps, including fences enclosing the outdoor area and any interior fences required to separate children from hazards even if previously approved.
- The size of any gap in or under the fence should be measured without pushing on the fence. (Licensors will use a gap-measure tool.)
- It is a violation of rule 100-9(19) for not having a fence if any gap is 3 feet or greater in size.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:
- Any required fence or barrier has a 5 by 5 inch gap or greater that is lower than 36 inches.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
- Any required fence or barrier has a 5 by 5 inch gap or greater that is 36 inches or higher.

(22) Whenever there are children in the outdoor area, there shall be shade available to protect them from excessive sun and heat.

Rationale / Explanation

Exposure to sun is needed, but children must be protected from excessive exposure. Individuals who suffer severe childhood sunburns are at increased risk for skin cancer. It is important that shade be available to prevent both sunburn and heat exhaustion. Practicing sun-safe behavior during childhood is the first step in reducing the chances of getting skin cancer later in life. *CFOC 3rd ed. Standard 6.1.0.7. p. 267.*

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. Standard 3.1.3.2. p. 93.*

Compliance Guidelines

- There must be a provision for shade whenever the children are in the outdoor area, and it must be provided year-round.
- Shade can come from a tree, awning, patio roof, or other structure such as the side of the building. A canopy or umbrella may be used as long as it can be set up and stand on its own.
- There is no rule about the time of day that children play outside as long as shade is available to the children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- Shade is not provided when children are in the outdoor area.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when:

- Shade is not provided when children are in the outdoor area, but it is cold weather.

(23) If there is a swimming pool on the premises that is not emptied after each use:

(a) the provider shall meet applicable state and local laws and ordinances related to the operation of a swimming pool and maintain the pool in a safe manner; and

(b) when not in use, the pool shall be enclosed within at least a 4-foot-high fence or solid barrier that is kept locked and that separates the pool from any other areas on the premises, or covered with an approved enclosure that meets the ASTM F1346 standard.

Rationale / Explanation

There may be state and local laws regulating the operation of a swimming pool. For example, electrical equipment that is at and around the pool should be installed and inspected as required by the regulatory electrical inspector. Because young children can lose or gain body heat more easily than adults, water temperature for swimming and wading should be warm enough to prevent excess loss of body heat and cool enough to prevent overheating. The pool should be cleaned and the water quality should be maintained to control bacteria and the spread of disease through ingestion of pool water. *CFOC 3rd ed. Standard 6.3.3.3; Standard 6.3.3.4; Standard 6.3.4.1. pp. 281-283.*

In some instances, children have drowned as a result of their body or hair being entrapped or seriously injured by sitting on drain grates. When drain covers are broken or missing, the body can be entrapped by the resulting suction. All covers for the main drain and other suction ports of swimming and wading pools should be listed by a nationally recognized testing laboratory. *CFOC 3rd ed. Standard 6.3.1.6. p. 280.*

Drowning accounts for the highest rate of unintentional injury-related death in children younger than 5 years old. Most children drown within a few feet of safety and in the presence of a supervising adult. It is essential that any pool not emptied after use be inaccessible to children. *CFOC 3rd ed. Standards 6.3.1.1. - 6.3.4.1. pp. 278-283.*

Compliance Guidelines

- All locks or latches on the fence or safety cover must be properly locked.
  - A pool fence must be locked with a key or combination lock.
  - For a pool cover, every latch must be engaged and all sides must be secured.
- When the pool is covered with a safety cover, ASTM documentation must be available for review by CCL.
- If the law or rule from one agency is stricter than another, the provider must follow the stricter of the two regulations.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

(24) The provider shall maintain buildings and outdoor areas in good repair and safe condition including:

(a) ceilings, walls, and floor coverings;
(b) lighting, bathroom, and other fixtures;
(c) draperies, blinds, and other window coverings;
(d) indoor and outdoor play equipment;
(e) furniture, toys, and materials accessible to the children; and
(f) entrances, exits, steps, and walkways including keeping them free of ice, snow, and other hazards.

Rationale / Explanation

The physical structure where children spend each day can present health and safety concerns if the facility is not maintained in good repair and safe condition. Floors that are cracked or porous cannot be kept clean and sanitary, and flooring in disrepair can cause falls and other injuries. Damaged floors, walls, or ceilings can expose underlying hazardous structural elements and materials such as electrical wiring, fiberglass, asbestos, or peeling paint that can be ingested. *CFOC 3rd ed. Standard 5.3.1.6. pp. 240-241; Standard 5.7.0.7. p. 261.*

It is recommended that light fixtures contain shielded or shatterproof bulbs throughout a child care facility. This prevents injury to people and contamination of food if a light bulb breaks. Halogen lights burn at a high temperature and are a potential burn or fire hazard. Multi-vapor and mercury lamps can cause serious skin burns and eye inflammation if the bulb is broken. *CFOC 3rd ed. Standards 5.2.2.1 - 5.2.2.3. pp. 217-218*.

The maintenance of bathroom fixtures and surfaces impacts the transmission of infectious diseases in bathrooms. *CFOC 3rd ed. Standard 3.6.2.2. p.137.*

Window coverings should be in good repair because children could become entangled in torn draperies or broken blinds. Blinds and drapery cords should have tension or tie-down devices to hold the cords tight. Cords without these devices pose a strangulation hazard. 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 which is toxic. Deteriorating mini-blinds should be replaced. *CFOC 3rd ed. Standard 3.4.6.1. p. 129; Standard 5.2.9.13. pp. 235-236.*

Proper maintenance of indoor and outdoor play equipment is a key factor in ensuring a safe play environment for children. Each play area is unique and requires a routine maintenance check developed specifically for that play area. Equipment and furnishings should be closely inspected to determine whether they meet licensing standards. *CFOC 3rd ed. Standard 5.3.1.1. pp. 237-238; Standard 5.7.0.2. pp. 259-260.*

Furnishings, toys, and other materials that are not sturdy, safe, or in good repair may cause falls, entrap a child's head or limbs, cut or pinch skin, or cause other injuries. Staff should check on a regular basis to ensure that toys and other materials used by children have not been recalled. A list of recalls can be accessed at: www.cpsc.gov. *CFOC 3rd ed. Standard 5.3.1.1. pp. 237-238.*

All walking surfaces, such as walkways, ramps, and decks, should have a non-slip finish and be free of loose material (e.g. gravel or sand), water, and ice. To prevent injuries, including from falls, walking surfaces should be free of holes and abrupt irregularities in the surface. Entrances and exits should be free of hazards to allow safe and timely exit from the building in case of an emergency. *CFOC 3rd ed. Standard 5.1.6.4. p. 210*.

Compliance Guidelines

- All indoor and outdoor building areas and structures must be in good repair. This includes all indoor and outdoor play equipment and inside and outside entrances, exits, steps, and walkways used by children.
- The provider must ensure that no play equipment or equipment component could fail or otherwise cause injury from inadequate maintenance such as:
  - Missing, bent, broken, or worn out components
  - Loose hardware or missing nuts or bolts
  - Excessive wear on any part of the equipment
  - Rusted or corroded metal
  - Wood that is rough or splintery
- If equipment is in a state of disrepair and is no longer sturdy or safe, it should be made inaccessible to children until it can be fixed or discarded.
- When hooks, such as C hooks, are open to the point that equipment could come out of the gap, the equipment will be considered not to be maintained in good repair.
- During and immediately after a snowstorm, the provider will be allowed a reasonable amount of time to remove snow from outdoor exit areas, stairs, and walkways to prevent a buildup of snow and ice.
- In case of emergencies, all walkways, exits, and stairways must be free of ice and snow even if the children will not be going outside.
- Walkways must be cleared to a width of at least 3 feet and for a distance of at least 6 feet from the building.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- Children were exposed to asbestos.
- A child is unable to use a toilet or handwashing sink when necessary due to equipment failure or breakdown.
- The only toilet in the facility was broken while children were in care and the toilet was not repaired immediately (within one hour). Refer to 100-9(14).

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- The presence of asbestos was not immediately corrected, but children were not exposed.
- Lack of maintenance could cause equipment failure.
- There is a buildup of ice in entrances, exits, steps, and walkways used by children.
- There is a missing step or unstable stairs that must be used to enter the facility or access the outdoor area.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning for other hazards that require maintenance including:

- Exposed fiberglass insulation
- Heat vents that are missing covers
- Cracked or damaged flooring that could cause tripping
- Leaking plumbing (with the exception of a leaking faucet)
- An exposed fluorescent light tube with no covering on the fixture
- Draperies, blinds, or other window coverings that require maintenance including torn draperies or broken blinds that a child could become entangled in
- Wooden equipment that is rough or has splinters
- Cracks in equipment that could pinch a child's skin

(25) Accessible raised decks or balconies that are 5 feet or higher, and open basement stairwells that are 5 feet or deeper shall have protective barriers that are at least 3 feet high.

Rationale / Explanation

Children falling from elevated areas may suffer fatal head injuries. Protective barriers are designed to protect against falls from elevated surfaces. *CFOC 3rd ed. Standard 6.1.0.4. pp. 266-267.*

Compliance Guidelines

- When there is a lip on the edge of the stairwell, the depth is measured from the top of the lip down to the bottom of the stairs.
- Barriers need to be at least 3 feet (36 inches) high measured from the surface where a person could fall from.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- A deck or balcony that is 5 feet or higher or an open basement stairwell that is 5 feet or deeper has no protective barrier.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- A required protective barrier has a gap that is 5 by 5 inches or greater in diameter.
- A required protective barrier is less than 36 inches high.

(26) If the facility is subdivided, any part of the building is rented out, or any area of the facility is shared including the outdoor area, the entire facility shall be inspected and covered individuals in the facility shall comply with all rules, except when all of the following conditions are met:

(a) there is a separate entrance for the child care program;

(b) there are no connecting interior doorways that can be used by unauthorized individuals; and

(c) there is no shared access to the outdoor area used for child care, or a qualified caregiver is present when children are using a shared outdoor area of the facility.

Rationale / Explanation

It is essential that any area on the provider's premises must be a safe and healthy environment when accessible to children. This includes rooms, offices, and other areas that are occupied by others, but can be accessed by children in care.

It is also critical to limit who has access to the children in order to ensure the children's safety, and their physical and mental health, and to protect them from any risk of abuse or neglect. *CFOC 3rd ed. Standard 10.3.3.1. p. 41.*

Compliance Guidelines

- CCL is not required to inspect the parts of the facility that are subdivided and/or rented out when 1) all of the requirements of this rule are met, and 2) the occupants in the subdivided, rented, or shared part of the facility are not required to have background checks.
- If any of the above requirements are not met, CCL will:
  - Inspect the entire facility including areas that may be subdivided, rented out, or shared.
  - Verify in the CCL App that all covered individuals in the facility have passed a background check.

Risk and Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule violation.

R381-100-10: RATIOS AND GROUP SIZE

The rules in this section regulate the caregiver-to-child ratio which is the maximum number of children each caregiver may be responsible for. The rules also limit group size meaning the number of children being cared for in one group at the same time. These rules are based on what children need for quality nurturing care.

Rules regarding the caregiver-to-child ratio and group size apply any time there are children in care, including when children are being transported and during offsite activities. The rules also apply during special activities when child care is provided at the center, such as Parents' Night Out.

Rule	Child's Age	Unrelated Child	Provider's Own Child	Caregiver's Own Child	Other Related Child
Does the child count in the caregiver-to-child ratio?	0-3 Years	Yes	Yes	Yes	Yes
	4 years & older	Yes	No[1]	No[1]	Yes
Does the child count in maximum group size?	0-3 Years	Yes	Yes	Yes	Yes
	4 years & older	Yes	Yes	Yes	Yes

[1] The provider's and caregivers' children who are 4 years old and older do not count in the caregiver-to-child ratio as long as the provider or caregiver is working at the facility or performing work-related duties.

Refer to the following guidelines:

- The rules are assessed according to the number of children present in each group and not by the number of enrolled children.
- Multiple groups can be in gyms and outdoor areas at the same time as long as there is adequate square footage per child and caregiver-to-child ratios are maintained. This excludes infant and toddler groups unless they are in a separate area defined by furniture, other partitions, or fences.
- For an individual to count in the caregiver-to-child ratio, they must:
  - Meet personnel requirements as specified in rule,
  - Be on the premises or in the area where the children are being cared for, and
  - Be performing caregiving duties.
- A group with more than one caregiver may be out of ratio for a very brief period of time when:
  - One caregiver must leave the room (but not the premises) in order to meet the immediate needs of the children in their group.
    - Meeting the immediate needs of the children includes tasks such as helping a child who is injured or sick, getting food for the children, giving medication to a child, helping a child in the bathroom, or helping a child change soiled clothing.
    - Tasks that are not considered meeting the immediate needs of children include doing laundry or other housekeeping duties, making personal phone calls, or taking a work break.
  - A staff person needs to use the bathroom and there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.
- The option to leave the children with one caregiver does not apply to leaving children with a 16- or 17-year-old since individuals younger than 18 may never have unsupervised contact with any child in care, even for brief periods of time.

- Preschoolers and school-age children may temporarily, no more than 2 hours, be in groups that exceed maximum group sizes for outdoor play, meal times, nap times, or if there is a special activity such as a puppet show, provided the required caregiver-to-child ratios are maintained.
- When a staff member does not count in the caregiver-to-child ratio and is caring for their own child, the staff member's child does not count in the ratio, capacity, or group size. That parent is the only person responsible for the care of their child.
- An individual can bring an additional child to the infant room to change their diaper without altering the ratio as long as the individual is fully responsible for that child and not helping care for other children in the room.

45 Minute Allowance

For unforeseen circumstances, the caregiver-to-child ratio may be out of compliance for up to 45 minutes. Examples of unforeseen circumstances include:

- A caregiver does not arrive at their scheduled time.
- Children arrive earlier or depart later than their normal time without advance notification from their parent.
- A caregiver needs to leave due to an emergency.
- A caregiver leaves their employment without advance notice or is dismissed for immediate cause.

To remain in compliance with ratios during unforseen circumstances, refer to the following guidelines:

- The provider must address the situation as soon as it is known that ratios will be out of compliance due to an unforseen circumstance. The intent of the 45 minutes is to allow enough time for an approved individual to arrive and place the facility back into ratio.
- Children must not be left unsupervised.
- Sign-in and sign-out records must be up-to-date and available for review by CCL.
- If licensing staff arrive when ratios are out of compliance, but the ratio is brought into compliance within the 45 minute allowance, it will not be considered a rule violation. Instead:
  - Two Focus Inspections will be conducted to confirm that it was an unforeseen circumstance.
  - If ratios are out of compliance at the first Focus Inspection, a corrective action will be issued and the second Focus Inspection will not be conducted. Instead, a Followup Inspection will be conducted to verify correction is maintained. (When following up on a ratio violation, all classrooms and areas will be assessed, not just the classroom or areas that were found out of compliance.)
  - If ratios are in compliance at the first and second Focus Inspections, no corrective actions will be issued, but the situation will be documented in the CCL App.
- It is a rule violation if the ratio is not brought into compliance within the 45 minutes.

Emergency Ratio Variance

When unforseen circumstances occur and the provider cannot meet the required staff-to-child ratio, CCL may grant an emergency variance to the ratio rule for up to ten working days. Examples of long-term, unforeseen circumstances include:

- A staff member leaves their employment without advance notice or is dismissed for immediate cause.

To obtain this variance, the provider must:

- Contact their licensor within 24 hours (or contact other CCL staff if the licensor is unavailable), and
- Inform their licensor of the number of staff who left employment or took an unexpected leave of absence, the staff's' names and/or their Covered Individual Numbers.

Refer to the following guidelines:

- This variance is not granted for planned or scheduled leave of absence.
- The required caregiver-to-child ratio for children younger than 2 years old must be maintained. A ratio variance will not be approved for this age group.
- The number of children (2 years old and older) per caregiver may not be more than 1½ times the number stated in rule.
- The provider must maintain compliance with supervision rules. A variance for supervision will not be granted.
- A Focus Inspection will be conducted to verify compliance with ratios after the variance expires.

(1) As listed in Table 1 for single-age groups of children, the provider shall:
(a) maintain at least the number of caregivers and not exceed the number of children in the caregiver-to-child ratio, and
(b) not exceed the group sizes.

Table 1
Caregiver-to-Child Ratios and Group Sizes

Ages of Children	# of Caregivers	# of Children	Group Size (with 2 caregivers)
Birth - 23 months	1	4	8
2 years old	1	7	14
3 years old	1	12	24
4 years old	1	15	30
School-age	1	20	40

Rationale / Explanation

There are many reasons for regulating the caregiver-to-child ratio and group size. These rules ensure that there are enough caregivers to actively supervise children, ensure children's safety, and meet their needs. Direct, warm social interaction between adults and children is more common and more likely with lower child-to-staff ratios. Maintaining a smaller group size allows older children to have needed adult support and guidance while encouraging independent, self-initiated play and other activities. *CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

It is also important to maintain appropriate caregiver-to-child ratios because caring for too many children increases the possibility of stress for caregivers, and may result in their loss of self-control. *CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

The American Academy of Pediatrics and the American Public Health Association recommend that there always be one caregiver for every two infants and toddlers who are cared for. It is also recommended that even if all children are older than two years, the maximum number of children being cared for by one caregiver should not exceed six children. *CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when a group of:

- Infants or toddlers is over ratio or group size by any number of children.
- 2-year-olds is over ratio or group size by 2 or more children.
- 3- or 4-year-olds is over ratio or group size by 4 or more children.
- School-age children is over ratio or group size by 6 or more children.
- Children of any age is over ratio or group size during transportation or offsite activities.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning when a group of:

- 2-year-olds is over ratio or group size by 1 child.
- 3- or 4-year-olds is over ratio or group size by 3 children.
- School-age children is over ratio or group size by 4 to 5 children.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning when:

- A group of 3- or 4-year-olds is over ratio or group size by 1 to 2 children.
- A group of school-age children is over ratio or group size by 1 to 3 children.
- There are a sufficient number of staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios.

(2) As listed in Tables 2-13 for mixed-age groups of children, the provider shall:

(a) maintain at least the number of caregivers and not exceed the number of children in the caregiver-to-child ratio, and

(b) not exceed the group sizes.

Table 2 Older Toddlers and Two-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	18-23 Mos.	1-3
	2	1-6
Total Children: up to 7 children		
2	18-23 Mos.	1-6
	2	1-13
Total Children: up to 14 children (Group size)		

Table 3 Two-Year-Olds and Three-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	2	1-6
	3	1-9
Total Children: up to 10 children		
2	2	1-13
	3	1-19
Total Children: up to 20 children (Group size)		

Table 4 Two-Year-Olds and Four-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	2	1-6
	4	1-10
Total Children: up to 11 children		
2	2	1-13
	4	1-21
Total Children: up to 22 children (Group size)		

Table 5 Two-Year-Olds and Five-to-Twelve-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	2	1-6
	5-12	1-13
Total Children: up to 14 children		
2	2	1-13
	5-12	1-27
Total Children: up to 28 children (Group size)		

Table 6 Three-Year-Olds and Four-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	3	1-11
	4	1-13
Total Children: up to 14 children		
2	3	1-23
	4	1-27
Total Children: up to 28 children (Group size)		

Table 7 Three-Year-Olds and Five-to-Twelve-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	3	1-11
	5-12	1-15
Total Children: up to 16 children		
2	3	1-23
	5-12	1-31
Total Children: up to 32 children (Group size)		

Table 8 Four-Year-Olds and Five-to-Twelve-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	4	1-14
	5-12	1-17
Total Children: up to 18 children		
2	4	1-29
	5-12	1-35
Total Children: up to 36 children (Group size)		

Table 9 Two-Year-Olds, Three-Year-Olds and Four-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	2	1-6
	3	1-9
	4	1-9
Total Children: up to 11 children		
2	2	1-13
	3	1-20
	4	1-20
Total Children: up to 22 children (Group size)		

Table 10 Two-Year-Olds, Three-Year-Olds and Five-to-Twelve-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	2	1-6
	3	1-11
	5-12	1-11
Total Children: up to 13		
2	2	1-13
	3	1-24
	5-12	1-24
Total Children: up to 26 (Group size)		

Table 11 Two-Year-Olds, Four-Year-Olds and Five-to-Twelve-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	2	1-6
	4	1-12
	5-12	1-12
Total Children: up to 14		
2	2	1-13
	4	1-26
	5-12	1-26
Total Children: up to 28 (Group size)		

Table 12 Three-Year-Olds, Four-Year-Olds and Five-to-Twelve-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	3	1-11
	4	1-14
	5-12	1-14
Total Children: up to 16 children		
2	3	1-23
	4	1-30
	5-12	1-30
Total Children: up to 32 children (Group size)		

Table 13 Two-Year-Olds, Three-Year-Olds, Four-Year-Olds and Five-to-Twelve-Year-Olds		
# Caregivers Required	**Age**	**# Children Present**
1	2	1-6
	3	1-11
	4	1-11
	5-12	1-11
Total Children: up to 14 children		
2	2	1-13
	3	1-25
	4	1-25
	5-12	1-25
Total Children: up to 28 children (Group size)		

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:
- The group has any infants or toddlers and is over ratio or group size by any number of children.
- The youngest child is 2 years old and the group is over ratio by 4 or more children.
- The youngest child is 3 years old or older and the group is over ratio by 5 or more children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
- The youngest child is 2 years old and the group is over ratio by 3 children.
- The youngest child is 3 years old or older and the group is over ratio by 4 children.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when:
- The youngest child is 2 years old and the group is over ratio by 1 to 2 children.
- The youngest child is 3 years old or older and the group is over ratio by 1 to 3 children.

(3) Infants and toddlers may be included in mixed-age groups only when 8 or fewer children are present in the group.

Rationale / Explanation
Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being bumped, knocked down, stepped on, or otherwise hurt by the older children. *CFOC 3rd ed. Standard 2.1.2.4 p. 59.*

Compliance Assessment
- Refer to R381-10(2) Table 2 when the group is a mix of older toddlers and two-year-olds.
- This rule applies to the provider's and caregivers' own children as well as other children in care.
- Any room or area where infants and/or toddlers are being cared for (even in a group with older children) must meet the requirements for an infant/toddler room.
- Infants and toddlers may be with older children for occasional special visitors and programs but not for regularly scheduled activities.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(4) If more than 2 children who are younger than 24 months old are included in a mixed-age group, and the group has more than 4 children, there shall be at least 2 caregivers with the group.

Rationale / Explanation

In small groups with the appropriate number of caregivers, very young children are able to make connections, form caring relationships, and learn to understand other children. Infants' and toddlers' social and emotional development is more positive in a setting that offers security, protection, and intimacy. High quality care must be in small groups with the appropriate ratios. *Lally, J. R., Torres, Y.L., & Phelps, P.C. (2010). How to care for infants and toddlers in groups: Developmentally appropriate practice. From www.zerotothree.org/resources.*

The size of groups with infants or toddlers present should be limited, so that in the event of an emergency, there will be enough adults present to safely evacuate the children, including infants and toddlers who would need to be carried. *CFOC 3rd ed. Standard 1.1.1.2. pp. 4-6.*

Compliance Assessment

- Refer to R381-10(2) Table 2 if the group is a mix of older toddlers and two-year-olds.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

(5) During nap time only, the caregiver-to-child ratio may double if:

(a) all children in the group are at least 18 months old,

(b) all children in the group are in a restful and nonactive state, and

(c) the caregiver supervising the napping children is able to contact another on-site caregiver without leaving the children unattended.

Rationale / Explanation

Napping children require less supervision than awake children. However, there must always be an adequate number of caregivers available nearby in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. Napping children should never be left unattended. *CFOC 3rd ed. Standard 1.1.1.2. pp. 4-6. Standard 2.2.0.1. pp. 64-66.*

Compliance Assessment

- This rule applies only to nap times. A rest time planned for quiet activities, such as reading, watching TV or movies, coloring, using play dough, or doing homework, is not considered a nap time and ratios may not be doubled during these activities.
- Doubling of the ratio applies only to the maximum two-hour nap time period.
- Doubling the ratio for infants and toddlers younger than 18 months old is not allowed at any time.
- If center staff have school-age children nap, then ratios in those school-age rooms may be doubled during nap time.
- As children begin to wake up from napping, the nap time ratio is still allowed while less than half of the children are awake and engaged in a quiet activity However, when half or more of the children are awake and off their mats or cots, the non-nap time ratio must again be maintained.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A group with any older toddlers is over the group size or nap time ratio by any number of children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning otherwise.

(6) There shall be at least 2 caregivers present when there is only one group of children on the premises and that group has more than 8 children, or more than 2 infants or toddlers.

Rationale / Explanation
The purpose of this rule is to ensure that there are enough caregivers present to always care for and supervise the children including in the event of an emergency. *CFOC 3rd ed. Standard 1.1.1.2. pp. 4-6.*

Compliance Assessment
- If the caregiver-to-child ratio is in compliance with one caregiver and there are not more than 2 infants or toddlers in the group of children, the second caregiver may be any place in the facility and does not need to be with the group of children.
- Any room or area where infants and/or toddlers are being cared for (even in a group with older children) must meet the requirements for an infant/toddler room.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(7) The provider's or an employee's child age 4 years or older is not counted in the caregiver-to-child ratio when the parent of the child is working at the facility, but the child shall be counted in the group size.

Rationale / Explanation
This rule applies when determining compliance to capacity, ratios, and maximum group sizes.

Compliance Guidelines
- A child's parent is considered to be working at the facility if they are "on the clock" and on the premises or have left to perform a work-related duty (for example, a bus run or buying program supplies).

(8) Caregivers who are 16 or 17 years old may be included in the caregiver-to-child ratio, but shall not have unsupervised contact with any child in care.

Rationale / Explanation
The American Academy of Pediatrics and the American Public Health Association recommend that caregivers be at least 18 years of age, and those individuals who are younger than 18 years old should never be left alone with children. *CFOC 3rd ed. Standard 1.3.2.3. p. 13.*

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 about this research, see:
- www.nimh.nih.gov/Publicat/teenbrain.cfm
- www.pbs.org/wgbh/pages/frontline/shows/teenbrain/

Compliance Assessment
- A 16- or 17-year-old caregiver may never have unsupervised contact with a child in care at any time.

- A caregiver or other employee who is at least 18 years old and has passed a CCL background check must always be present in the room or area when a 16- or 17-year-old is caring for children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) Volunteers may be included in the caregiver-to-child ratio if they:
(a) are at least 16 years old,
(b) receive at least 2.5 hours of preservice training before counting in the caregiver-to-child ratio, and
(c) complete at least 1.5 hours of child care training for each month they volunteer 40 hours or more.

Rationale / Explanation
Preservice training ensures that all those who work with the children in care receive specific and basic training for the work they will be doing and are informed about their new responsibilities. Preservice and ongoing training are especially important for those who may have limited education qualifications or experience working with children. *CFOC 3rd ed. Standard 1.4.2.1. p. 21.*

Compliance Assessment
- The provider's personnel records should verify that the volunteer has completed preservice training and if required, annual training.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when a volunteer:
- Counted in the caregiver-to-child ratio and is younger than 16 years old.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when a volunteer:
- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before receiving or completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

(10) Student interns who are registered in a high school or college child care course may count in the caregiver-to-child ratio when requirements in R381-100-7(14)(a)-(c) are met.

Compliance Assessment
- When a student intern counts in the caregiver-to-child ratio, they:
  - May not have unsupervised contact with any child in care, and
  - Must wear a guest nametag.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(11) Guests shall not count in caregiver-to-child ratios.

Rationale / Explanation

The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. Guests are not required to be background screened or receive training and therefore may not be responsible for any child in care.
CFOC 3rd ed. Guiding Principle 4. p. xix.

Risk and Corrective Action for 1st Instance

Refer to 100-7(9) and/or 100-8(1) for noncompliance with this rule.

(12) A center that has been constructed, licensed, and continuously operated since 1 January 2004 is exempt from maximum group size requirements if:
(a) the caregiver-to-child ratio is maintained, and
(b) the required square footage for each group of children is maintained.

R381-100-11: CHILD SUPERVISION AND SECURITY

This section explains the rules regarding the supervision and security of the children.

Supervision is basic to maintaining the health and safety of children and providing quality child care. Children must be supervised not only to protect them from physical injury, but from harm that can occur from topics discussed by children or by inappropriate behavior. It is the responsibility of caregivers to monitor what children are doing and talking about, and intervene when necessary. *CFOC 3rd ed. Standard 2.2.0.1. p. 65.*

Supervision rules apply to all children in care. This includes the provider's and employees' children younger than 4 years old when those children are with other qualifying children while on the premises, being transported, or participating in offsite activities.

Rule	Child's Age	Unrelated Child	Provider's Own Child	Caregiver's Own Child	Other Related Child
Do supervision rules apply to the child?	0-3 Years	Yes	Yes	Yes	Yes
	4 Years & older	Yes	No[1]	No[1]	Yes
[1] The supervision rules do not apply to the provider's and caregivers' children who are 4 years old and older as long as the provider or caregiver is working at the facility or performing work-related duties.					

Refer to the following guidelines:

- Supervision means having awareness of and responsibility for each child, and being near enough to intervene as needed.
- Any individual who counts in the caregiver-to-child ratio is responsible for the supervision and security of the children.
- It is a lack of supervision if any child is left in the care of an individual younger than 16 years old. Individuals who are 16 or 17 years old may be caregivers, but may not be left alone with a child in care on the premises, in vehicles, or during offsite activities
- All supervision rules apply to the provider's and caregivers' qualifying children while in care at the facility, during transportation, and during offsite activities.
- It is not a lack of supervision if the provider or caregiver gives permission for their own children to leave the premises in the company of another person (including a sibling).

(1) The provider shall ensure that caregivers provide and maintain active supervision of each child at all times.

Rationale / Explanation

Supervision of children is essential in the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be aware of each child at all times. *CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.*

Children like to test their skills and abilities. This is particularly noticeable around playground equipment. Serious injuries can happen if children are left unsupervised when children are outdoors. *CFOC 3rd ed. Standard 2.2.0.1. p. 65.*

Young children and those with special needs require the constant and close presence, guidance, and protection of a caregiver. Children who are engaged in a quiet activity, including those who are napping or resting, still require active supervision.

Compliance Guidelines

These compliance guidelines apply to both R381-100(11)(1) and R381-100(11)(2)(a)-(f) since R381-100(11)(2)(a)-(f) is an explanation of R381-100(11)(1).

Actively supervising children requires that caregivers:

- Supervise children both inside the facility and in the outdoor area.
- Are physically present in a room or area with infants, toddlers and preschoolers. Being physically present means being able to see and hear each child, and being near enough to intervene when necessary.
- Can hear school-age children and are close enough to intervene.
- Know how many children are in care. (Constantly counting the number of children in care and checking attendance logs will help caregivers to verify how many children are being cared for.)
- Focus their attention on the children rather than on a personal task such as visiting with another adult, talking on a cell phone, text messaging, reading, lesson planning, napping (even when children are napping), or performing tasks unrelated to child care. It is a rule violation, if a personal task, such as texting or talking on a cell phone, interferes with a caregiver's active supervision of the children.
- Are positioned to be aware of and actively supervise each child in the group.
    - A caregiver may sit between two classrooms during nap time and supervise napping children age 18 months and older in each classroom as long as the appropriate caregiver-to-child ratio is maintained. Refer to 100-10(5)(a)-(c) for more information about caregiver-to-child ratios during nap time.

Inside Supervision

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

When a large room is divided into smaller rooms/areas with barriers such as furniture or with half walls, the room/area will be considered:

- One room, when the room is divided by a solid barrier that is 24 inches or less, whether the barrier is movable or immovable.
- One room, when the room is divided by a solid barrier that is between 25 and 40 inches in height and there is an opening in the barrier through which caregivers and children can move freely.
- Two rooms, when the room is divided by a solid barrier that is between 25 and 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. This applies to a diaper changing station that is located behind a closed gate.
- Two rooms, when the room is divided by a solid barrier that is over 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. If there is an opening through which caregivers and children can move freely and it the opening is not blocked, refer to the instructions for a large opening, archway, or doorway.

When two rooms/areas are connected by a large opening, archway, or doorway, the rooms/areas will be considered:

- One room, when the width of the opening or archway is equal to or greater than the combined width of the walls on each side of the opening or archway (in the larger of the two rooms/areas), and there is no furniture or other dividers blocking the opening or archway. Otherwise this will be considered two rooms.
- Two rooms, when the width of the opening or archway is smaller than the combined width of the walls on each side of the opening or archway (in the larger of the two rooms/areas).
    - If one of the two rooms is a bathroom for children or a room in which children's diapers are changed, one caregiver (or more, depending on the number of children present) may supervise both rooms.

Outside Supervision

For supervision to be in compliance, there must be a staff member (or more, depending on the number of children) in each outdoor area. Staff may not supervise children from outside of a fence.

When determining the number of caregivers required for supervision in outdoor areas separated by interior fences, consider it:

- One area – when the interior fence is 24 inches or lower in height, whether or not the fence has an opening.
- One area – when the interior fence is 40 inches or lower in height with an opening through which caregivers and children can move freely.
- Two areas – when the interior fence is higher than 24 inches and there is no opening.
- Two areas – when the interior fence is higher than 40 inches whether or not the fence has an opening.

OUTDOOR AREA SEPARATED BY INTERIOR FENCE IS CONSIDERED ONE AREA

Interior fence is 24" or lower

Interior fence is 40" or lower

OUTDOOR AREA SEPARATED BY INTERIOR FENCE IS CONSIDERED TWO AREAS

Interior fence is higher than 24"

Interior fence is higher than 40"

The following guidelines apply to the assessment of this rule both indoors and outdoors.

- Children age 3 years and older may be allowed to leave the room or playground by themselves to use the bathroom or get a drink from an indoor drinking fountain, except when the bathroom is shared by the public (such as a bathroom in a gym, rec center, or park). This practice is allowed as long as the provider has and follows a written policy that includes the following:
  - Only one child at a time from each group may be allowed to go to the bathroom or to get a drink from an indoor drinking fountain. Another child cannot be allowed to leave until the previous child has returned.
  - The caregiver must track the time each child is gone, to make sure each child returns in a reasonable amount of time.
  - Building exits must be effectively monitored to ensure that children who are sent inside to use the bathroom or get a drink do not leave the building from another exit.

It is not out of compliance if:

- An infant or toddler is in a playpen or play yard and a caregiver is in the same room/area, can see and hear the child, is near enough to intervene when necessary, and can reach each child without having to open a gate.
- There is a caregiver in the room but their back is turned to the children.
- Caregivers send a school-age child on a brief errand out of the classroom (for example, to take something to the office or to get a drink from an indoor drinking fountain).
- For children age 2 years and older, caregivers are positioned in an open doorway, opening, or archway between two rooms and can see and hear all the children in both rooms as long as ratios are maintained.
- During an inspection, the licensor takes the caregiver to show or explain a rule violation.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- There is no qualified caregiver in the room or area with children younger than 5 years of age (including if the only caregiver in the room or area is napping).
- Lack of supervision results in:
  - A lost child
  - A child being left on an offsite activity
  - A child being left unattended in a vehicle
  - A child is left unsupervised at a pool
  - A child being left at the center after closing hours
- An exterior door is left open without a caregiver in the room allowing children to exit the facility without supervision.
- A caregiver was unable to accurately account for all of the children, including in an emergency evacuation.
- Any child is left in the care of an individual younger than 16 years old. (Individuals who are 16 or 17 years old may be caregivers, but may not be left alone with a child in care on the premises, in vehicles, or during offsite activities).

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- A caregiver can see the children, but the caregiver is not in the same room with the children.
- School-age children are unsupervised (any lack of supervision that is not listed as high risk).
- A caregiver leaves the children unsupervised to open the front door if the children are on the same floor and the room is in close proximity to the door.
- Children are in adjacent rooms with an open door or archway between the rooms, however, there is a caregiver in only one of the rooms.
- The caregiver's attention is not on the children but on the caregiver's personal interests.

(2) Active supervision shall include:

(a) for children younger than 5 years of age, the caregiver shall be physically present in the room or area with the children;

(b) for school-age children, the caregiver shall be able to hear the children and be close enough to intervene;

(c) caregivers shall know the number of children in their care at all times;

(d) caregivers' attention shall be focused on the children and not on caregivers' personal interests;

(e) caregivers shall be aware of the entire group of children even when interacting with a smaller group or an individual child; and

(f) caregivers shall position themselves so all children in their assigned group are actively supervised.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Adults who are involved, aware, and responsive to children's behaviors are in the best position to safeguard their well-being. *CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.*

To confirm the safe whereabouts of every child at all times, there should be a system in place where caregivers regularly account for each child. For example, caregivers should count children (name to face) at every transition, whenever leaving one area and arriving at another, and when going indoors or outdoors. *CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.*

Compliance Guidelines

- Refer to R381-100(11)(1) above for compliance guidelines and corrective actions.

(3) When video cameras and mirrors are used to supervise napping children:

(a) the napping room shall be adjacent to a non-napping room;

(b) there shall be a staff member in the non-napping room;

(c) cameras or mirrors shall be positioned so that every child can be seen;

(d) the staff member shall be able to see and hear each child;

(e) there shall be an open door without a barrier, such as a gate, between the napping room and the non-napping room; and

(f) children who wake up shall be moved to the non-napping room.

Rationale / Explanation

The requirement that resting or sleeping children should be appropriately supervised is not only to ensure safety, but also to prevent inappropriate behavior from taking place that may go undetected if a caregiver is not present. It is recommended that a caregiver always remain in the napping room. *CFOC 3rd ed. Standard 1.1.1.2. pp. 4-5.*

Supervision using video cameras and mirrors does not replace the benefit of personally observing children in close proximity. However, these devices can help with active supervision as long as the caregivers are alert, can see each child, and remain close enough to intervene whenever needed.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(4) A blanket or other item shall not be placed over sleeping equipment in such a way that prevents the caregiver from seeing the sleeping child.

Rationale / Explanation
It is crucial for a caregiver to have a clear view of each child they supervise, even during naptime. A caregiver must be able to see that a child is breathing and healthy, is not overheated, is in a safe sleep position, and that there are no hazards. Also, children who are thought to be sleeping could be awake and in need of attention. *CFOC 3rd ed. Standard 1.1.1.1. p.3; Standard 2.2.0.1. p. 64.*

Compliance Guidelines
- A provider may use an enclosed porta-crib as long as the porta-crib window and top remain open so that the child can be visually checked.
- If a blanket or other item is draped over sleeping equipment and a child in the equipment cannot be seen without moving the item, the child in the equipment is not being supervised.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(5) Whenever a child is in care, the child's parent shall have access to their child and the areas used to care for their child.

Rationale / Explanation
Allowing parents unrestricted access to their children and all areas of the facility that are used for child care is one of the most important methods of preventing abuse and maltreatment of children in care. When access is restricted, areas observable by parents may not reflect the care that children actually receive. *CFOC 3rd ed. Standard 2.3.1.2. p. 78; Standard 9.4.1.6. pp. 380-381.*

Compliance Guidelines
- If the facility's doors are locked for security reasons, the provider must have a way to allow authorized parents to enter in a timely manner.
- Although not required by CCL, three common ways of securing a child care facility while allowing immediate access to parents include:
  - Using a keypad system in which parents can enter a code or use a fingerprint.
  - Monitoring an entrance visually or with audio and using a wi-fi enabled lock to buzz parents in.
  - Leaving one door unlocked and having a buzzer or doorbell that rings each time someone enters the facility.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(6) To maintain security and supervision of children, the provider shall ensure that:
(a) each child is signed in and out;
(b) only parents or persons with written authorization from the parent may sign out a child;
(c) photo identification is required if the individual signing the child in or out is unknown to the provider;
(d) persons signing children in and out use identifiers, such as a signature, initials, or electronic code;
(e) the sign-in and sign-out records include the date and time each child arrives and leaves; and
(f) there is written permission from their parents if school-age children sign themselves in and out.

Rationale / Explanation

The provider should have a sign-in and out system to track who enters and exits the facility. This helps maintain a secure environment for children and staff, helps caregivers know which children are in care, and helps ensure that all individuals in the building are evacuated in case of an emergency. *CFOC 3rd ed. Standard 9.2.4.7. p. 371.*

Releasing a child into the care of an unauthorized person may put the child at risk. Proper release procedures should be followed to maintain the safety and security of each child. *CFOC 3rd ed. Standard 9.2.4.8. pp. 371-372.*

Keeping accurate records of arrivals and departures is critical in establishing which children are in care at any given time including during an emergency. Knowing the number of children present also helps in making sure there are no missing children, maintaining the caregiver-to-child ratio, tracking the child care reimbursement that is owed, and provides documentation in the event of child abuse allegations or legal action involving the facility. *CFOC 3rd ed. Standard 9.2.4.10. pp. 372-373.*

Compliance Guidelines

- There must be a separate signature for each time a child is signed in and for each time a child is signed out.
- Rule requires that anyone signing a child out of child care has the parent's written authorization. This authorization is not required when signing a child into the child care facility.
- The person signing a child out must use their own signature or identifier, not the signature of the parent.
- The provider may accept an electronic permission statement (such as an email or text message) from the parent for an individual to sign out their child as long as the caregiver can confirm the sender's identity.
- An electronic computer system that uses an identification code to sign children in and out meets the intent of this rule.
- A caregiver may release a child to a person younger than 18 years old as long as the person has written authorization from the child's parent to sign the child out.
- Providers and employees must sign in and out their own qualifying children who are in care.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:

- An unauthorized person is allowed to take a child from the facility.
- The provider allows a school-age child to sign out of child care without having permission from the parent.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning otherwise.

(7) In an emergency, the caregiver shall accept the parent's verbal authorization to release a child when the caregiver can confirm the identity of:
(a) the person giving verbal authorization, and
(b) the person picking up the child.

Rationale / Explanation
In case of an emergency, it may be necessary for a caregiver to release a child based on the parent's verbal rather than written authorization. For the protection of the child and the provider, this should not be a routine practice.

Compliance Guidelines

- In an emergency, a parent may use an electronic means (such as an email or text message) as authorization to release their child as long as the caregiver can confirm the sender's identity.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(8) A six-week record of each child's daily attendance, including sign-in and sign-out records, shall be kept on-site for review by the Department.

Rationale / Explanation
Keeping accurate records of arrivals and departures is critical to establishing which children are in care at the facility at any given time, and how many caregivers are needed for appropriate supervision. *CFOC 3rd ed. Standard 9.2.4.10. pp. 372-373.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

R381-100-12: CHILD GUIDANCE AND INTERACTION

This section of rules deals with appropriate methods of guiding and interacting with children and explains the types of interactions that are not allowed. The relationships and interactions between the children and all those involved with them is of utmost importance.

Caregivers should guide children to manage their own behavior in a socially acceptable manner. Adults should help each child learn how to resolve conflicts, manage transitions, and express feelings, needs, and wants. The adult's guidance helps children respond to difficult situations in appropriate ways. Talking and listening to children, playing with them, and responding to their needs are effective ways in guiding and interacting with children. *CFOC 3rd ed. Standard 2.2.0.6. pp. 70-71.*

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

Rationale / Explanation

Child care facilities should have polices and procedures to identify and prevent physical, emotional, and sexual abuse from occurring while a child is in care. Caregivers and all others who are in direct contact with children should receive training on preventing abuse. *CFOC 3rd ed. Standard 3.4.4.3. p. 125.*

Physical and emotional abuse may occur when the caregiver is under high stress. Too much stress can affect the quality of the care that the adult is able to give. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they cannot continue to provide safe care. *CFOC 3rd ed. Standard 1.7.0.5. p. 42.*

The facility's physical layout should be arranged so that there is a high level of visibility in the inside and outside areas as well as in diaper changing and toileting areas used by children. The presence of multiple caregivers also reduces the risk of abuse to children. Abuse tends to occur in privacy and isolation, often in toileting areas. *CFOC 3rd ed. Standard 3.4.4.5. pp. 125-126.*

Compliance Guidelines

- CCL will investigate all allegations of child abuse and neglect in child care programs and report suspected abuse or neglect as required by law. A substantiated allegation of abuse or neglect will be on the provider's public record.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

(2) The provider shall inform parents, children, and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled.

Rationale / Explanation

It is important that all parties involved, including parents, children, and caregivers understand the program's expectations of children's behavior. The guidance and discipline of children should be based on children's developmental level with simple rules that children can understand, and be

proactive in teaching and supporting children in learning the rules. Children cannot be expected to conform to behavioral expectations if they do not know what those expectations are. *CFOC 3rd ed. Standard 2.2.0.6. pp. 70-72; Standard 9.2.1.3. pp. 349-350.*

Every child is different, but experts have a clear idea about the range of normal development and characteristics of children of different ages. Below are examples of typical behaviors of children of different ages.

Infants: Ages Birth through 11 Months

- Cry to communicate that they are hungry, tired, in distress, or have other needs.
- May cry or scream when left in child care due to separation anxiety.
- Put everything in their mouths because they explore through taste.
- Feel and touch everything because they learn and explore by using their five senses.
- Need physical exercise such as “tummy time.”

Toddlers: Ages 12 Months to 24 Months

- Put everything in their mouths because they explore through taste.
- Feel and touch everything because they learn and explore by using their five senses.
- May cry, hit, or bite to get their way or to communicate with others.
- May express their emotions through hugging, smiling, hitting, or biting because of their limited verbal skills.
- May show signs of anxiety by withdrawing, crying, clinging, or needing to be held especially during change.

Two-Year-Olds

- Like to assert their independence.
- Often say “no” and “mine” because of their limited vocabulary and social skills.
- Do not understand the concept of sharing.
- Exhibit bursts of emotion because they want to express themselves and do not know how.

Three- and Four-Year-Olds

- Have a great desire to please adults.
- Often cannot tell what is real and what is make-believe.
- May still have a difficult time sharing and taking turns or playing with others.
- May have outbursts of emotions.
- Like to be independent, have choices, and “do it themselves.”
- Need to win and be successful.
- Often tell on others to prove that they know the rules.

School-Age Children: Five- to-Twelve-Year-Olds

- Are sometimes demanding and sometimes cooperative.
- Want to please their friends.
- Like to play with others but want to be recognized as an individual.
- Like to make decisions and do well when they are part of group decisions.
- Will often stretch the truth to meet their social needs.

Compliance Guidelines

- The provider's expectations for children's behavior and how misbehavior is handled must be described in the provider's health and safety plan.
- The provider may inform staff, parents, and children of the program's behavioral expectations in a variety of ways, such as making the information part of the orientation for new enrolling parents, putting it in a parent handbook, or posting it on a parent bulletin board.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(3) Individuals who interact with the children shall guide children's behavior by using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.

Rationale / Explanation
Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural and logical consequences (for example, if a child breaks a toy, then the toy no longer works; or if a child throws sand, then they may not play in the sand box for a while). *CFOC 3rd ed. Standard 2.2.0.6. p. 70-72.*

Children's ability to manage their own behaviors is supported when caregivers:
- Have a positive relationship with the children,
- Use encouragement and descriptive praise to point out appropriate behaviors,
- Show children positive alternatives, and
- Set clear, direct, and simple limits. *CFOC 3rd ed. Standard 2.2.0.6. p. 70.*

(4) Caregivers shall use gentle, passive restraint with children only when it is needed to stop children from injuring themselves or others, or from destroying property.

Rationale / Explanation
It should never be necessary to physically restrain a typically developing child unless their safety, the safety of others, or property is at risk. If restraint becomes necessary, the most desirable method is holding the child as gently as possible. The child should not be physically restrained any longer than is necessary to control the situation. *CFOC 3rd ed. Standard 2.2.0.10. p. 76.*

(5) Interactions with the children shall not include:
(a) any form of corporal punishment or any action that produces physical pain or discomfort such as hitting, spanking, shaking, biting, or pinching;
(b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
(c) shouting at children;
(d) any form of emotional abuse;
(e) forcing or withholding food, rest, or toileting; or
(f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale / Explanation

Corporal (physical) punishment may be physically and emotionally abusive, or may easily become abusive. Physical abuse is prohibited by law, including when disciplining children. Research has found that corporal punishment has limited effectiveness and potentially harmful side effects. There is a link between corporal punishment, such as spanking and hitting, with negative effects such as later aggression, antisocial behavior, and learning impairments. *CFOC 3rd ed. Standard 2.2.0.9. pp. 75-76.*

A child could be harmed if not restrained properly. No bonds, ties, blankets, straps, car seats, or heavy weights (such as adult sitting on a child), or abusive words should be used. *CFOC 3rd ed. Standard 2.2.0.10. p. 76.*

The child care program should strongly encourage all staff members to model healthy and safe behaviors and attitudes in their interactions with children. Modeling is an effective way of confirming that a behavior is one to be imitated. Brief verbal expressions of disapproval help children use reasoning. Shouting at children or others is not an effective communication tool and can be emotionally abusive. *CFOC 3rd ed. Standard 2.2.0.9. p. 75; Standard 2.4.1.2. p. 82.*

Emotional abuse includes threatening, intimidating, humiliating, demeaning, criticizing, rejecting, using profane language, and/or using inappropriate physical restraint and is prohibited in child care programs, including when disciplining children. These prohibited methods of discipline are considered psychologically and emotionally harmful. *CFOC 3rd ed. Standard 2.2.0.9. pp. 75-76.*

While speaking to children relays information and facts, the social and emotional communication and the atmosphere of the exchange are equally important. Profanity should not be used at any time in a child care setting. *CFOC 3rd ed. Standard 2.1.1.9. p. 56.*

When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop food dislikes and unhealthy eating behaviors. Forcing or withholding rest and toileting is also harmful and is prohibited. *CFOC 3rd ed. Standard 4.5.0.11. p. 182.*

No child of any age should be confined in an enclosure or a locked room including for disciplinary measures. This includes placing a child in a crib or playpen for time-out. Confining a child in this way is an unsafe practice and emotionally harmful to the child.

It is best practice to use time-out infrequently and only for children who are at least two years old. The American Academy of Pediatrics and the American Public Health Association recommend these guidelines when using time-out:

- Time-outs should only be used for behaviors that are persistent and unacceptable.
- The caregiver should explain to the child how time-out works BEFORE it is used.
- When placing the child in time-out, the caregiver should stay calm.
- While the child is in time-out, the caregiver should not interact with the child, but should always keep the child in sight.
- Time-outs do not need to be long. The caregiver could use one minute of time-out for each year of the child's age.
- The caregiver should end the time-out on a positive note and allow the child to feel good again. *CFOC 3rd ed. Standard 2.2.0.6. p. 71.*

Compliance Guidelines

- Licensing staff will require that any inappropriate or abusive interactions with children be immediately stopped, if observed during an inspection.

Examples of inappropriate interactions include:

- 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.
- Squirting a child with water, or putting hot sauce or soap in a child's mouth.
- Placing a child in a harness or leash which is considered restraining a child's movements.
- A provider's use of profanity in the presence of a child.
- 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."
- A special treat or snack is withheld as a discipline measure.
- An awake child is forced to rest for more than 30 minutes with no other activity being provided for the child. For example, requiring an awake child to lie on a mat for more than 30 minutes with nothing else to do is considered out of compliance. However, having the child rest on a mat for more than 30 minutes may be appropriate if the child is provided with books or a similar quiet activity.
- Forcing a child to cover their head during rest or nap time.

The following are not rule violations:

- Refraining from offering dessert when a child does not finish their meal (although it is not best practice to use food as a reward for finishing other food).
- Offering treats when potty training a child.
- Swaddling a child unless it is used as a form of discipline.
- Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, and it is not done to humiliate or demean a child.
- Shouting to a child in an emergency situation where there is imminent danger of serious physical harm (for example, shouting to prevent a child from running into the street).

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

(6) Any person who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in Utah Code Section 62A-4a-403 and Section 62A-4a-411.

Rationale / Explanation

The reporting of suspected child abuse or neglect is required by law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services by the person who witnesses or suspects the abuse. *CFOC 3rd ed. Standard 3.4.4.1. pp. 123-124.*

For more information about preventing abuse and neglect, refer to:

- https://pcautah.org (Prevent Child Abuse Utah)
- CFOC 3rd ed. Appendix M. pp. 445-448 and Appendix N. pp. 449-450.
- http://preventchildabuse.org (Prevent Child Abuse America)

Compliance Guidelines

- If a person has reason to believe that abuse or neglect has occurred, it must be reported. If witnessed or suspected, abuse or neglect should be directly reported to the Division of Child and Family Services (DCFS) hotline at 1-855-323-3237, or to law enforcement. An individual is in violation of law and is out of compliance with this rule if they do not report, or if they only report to an attorney, owner, director, their supervisor, or only to CCL.
- It is acceptable if an employee discusses suspected abuse with the provider before reporting and together they determine that abuse is or is not suspected. For example, the provider may know that a child's injury was from a fall and not due to abuse, and gives that information to the employee. However, if abuse or neglect is suspected, reporting it to a supervisor does not replace the requirement to report to DCFS.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

R381-100-13: CHILD SAFETY AND INJURY PREVENTION

This section introduces the rules and information about preventing physical injury and other harm to children. These rules apply to both the indoor and outdoor areas of the facility including vehicles when they are accessible to the children.

To keep children safe, the provider is responsible to 1) ensure that the child care environment is free of hazards and/or that hazards are inaccessible to children, and 2) provide necessary supervision in preventing harm to children.

Refer to 100-2(29) for the definition of inaccessible and approved ways of making hazards inaccessible. For the rules and guidance regarding the supervision of children, refer to "Section 11: Child Supervision and Security."

(1) The building, outdoor area, toys, and equipment shall be used in a safe manner and as intended by the manufacturer to prevent injury to children.

Rationale / Explanation

The provider has a duty to protect everyone in their facility by complying with manufacturer safety guidelines. Manufacturer instructions contain important safety information that helps avoid injury and property damage. Additionally, not using a product according to manufacturer instructions can be used against the provider if an accident occurred and legal action was taken.

The intent of this rule is not to impede children from healthy risk-taking. Children's natural curiosity and predisposition for challenging activities is part of their normal development. Positive guidance and safe environments can minimize injury while encouraging safe exploration and decision-making. Offering well-planned or impromptu appropriate risk-taking activities can help minimize dangerous risk-taking behaviors. Caregivers should help children learn the difference between using toys and equipment safely and as intended by the manufacturer, and activities that may cause serious injury to themselves and others.

Constant active supervision is needed in order to ensure that children do not use toys, equipment, and other materials in unsafe ways. *CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.*

Compliance Guidelines

This rule will be considered out of compliance when a child or adult is allowed to use the building, a toy, equipment, or another item in an unsafe way (for example, a child goes down the slide head first and a caregiver does not immediately address the situation or children are near an adult who is using equipment, such as a chain saw or lawn edger, that requires safety protection).

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) Poisonous and harmful plants shall be inaccessible to children.

Rationale / Explanation

Plants are among the most common household substances that children ingest. Some plants are poisonous when eaten and others are harmful even when touched. For some plants, all parts of the plant are poisonous. For others, only certain parts of the plant are harmful. The danger can range from mild irritation to severe illness or death. Determining the toxicity of every commercially available household plant is difficult. A more reasonable approach is to keep any unknown plant out of the environment that children use. *CFOC 3rd ed. Standard 5.2.9.10. p. 234.*

For more information about safe and harmful plants, see:
CFOC 3rd ed. Appendix Y. pp. 470-471.

For an illustrated list of poisonous plants, refer to:
www.poison.org/articles/plant#poisonousplants

For a list of poisonous plants native to Utah, refer to the Utah Poison Control Center at:
https://poisoncontrol.utah.edu/plants/listNativePlants.html.

Compliance Guidelines

Although there are other poisonous and harmful plants that must be made inaccessible to children, CCL only inspects for the following plants:

- castor bean
- jimson weed
- mushrooms
- oleander
- poison ivy
- poison oak
- puncture weeds
- stinging nettle
- thistles
- toadstools

Without leaving children unsupervised or the group out of ratio, a staff member should check the outdoor area and remove any toadstools (or mushrooms) that might have grown overnight before children play outside.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(3) Sharp objects, edges, corners, or points that could cut or puncture skin shall be inaccessible to children.

Rationale / Explanation

The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. *CFOC 3rd ed. Standards 5.3.1.1. - 5.3.1.2. pp 237-238.*

Compliance Guidelines

- With active supervision, children may use woodworking tools, but sharp woodworking tools must be inaccessible when not in use.
- With active supervision, school-age children may use sewing needles, but they must be inaccessible when not in use.
- In rooms only used by school-age children, adult scissors may be accessible.

Consider an object to be sharp if:

- It is has an edge or point that is made for the purpose of cutting, slicing, piercing, or puncturing another object, such as a pair of adult scissors, a knife, razor (including electric with exposed blades), staple gun, thumb tack, sewing needle (including for a sewing machine), antler, quill, etc.
- It has an edge or point that could cut, slice, pierce, or puncture because it is broken, in disrepair, or improperly installed, such as toys or other objects with jagged or sharp edges, nails or screws with protruding points, etc.
- It has a rigid edge or point that is likely to cut or puncture when coming into contact with bare skin, such as a plugged-in fan or paper shredder without a finger guard that prevents a child's fingers from reaching the blades.

The following objects will not be considered sharp objects:

- Furniture edges (unless they are broken)
- Hammers and screw drivers
- Cheese graters, apple corers, and vegetable peelers
- Tape dispenser and staple removers
- Icicles
- Scissors with blunt or round blade ends

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(4) Choking hazards shall be inaccessible to children younger than 3 years of age.

Rationale / Explanation
Choking occurs when food or other object blocks the airway making it difficult or impossible to breathe. A blocked airway can quickly lead to severe complications, including brain damage and death. According to the American Academy of Pediatrics (AAP), young children are at higher risk of choking because they tend to put objects in their mouths and because their windpipes (tracheas) are narrow (about the size of a drinking straw's diameter). A child chokes to death approximately every five days; and 75% of choking deaths occur in children under the age of 3 years, making choking a leading cause of death in infants and toddlers.

According to federal standards, a choking hazard is a small object with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches. Injury or fatality from breathing in or swallowing small objects is well-documented. Eliminating these small items from a child care facility greatly reduces the risk of a child choking. *CFOC 3rd ed. Standard 6.4.1.2. pp. 284-285.*

In 2010, the American Academy of Pediatrics released guidelines for choking prevention for parents and health care providers. Knowing which objects most often cause choking can reduce risk, so common choking hazards (other than food) are listed below:

- Coins
- Buttons
- Toys with small parts
- Objects that can fit entirely in a child's mouth (blocks, small balls, marbles, small stones, etc.)
- Balloons
- Small hair bows, barrettes, rubber bands, jewelry
- Art and craft supplies (pen or marker caps, macaroni, beans, beads, craft eyes, chalk, etc.)

- Small batteries, magnets, etc.
- Pet food

First Aid for Families (PedFACTs) (Copyright © 2012 American Academy of Pediatrics)

Compliance Guidelines

- An object is considered a choking hazard if it fits completely in a choke tube without altering its natural shape.
- A choking hazard in any room or area of the facility (including bathrooms and outdoor areas) must be inaccessible if the area is being used or can be accessed by children younger than 3 years old.

Allow the following exceptions to rule:

- Children younger than 3 years old may use materials smaller than the approved size (e.g., game pieces or art materials such as crayons, uncooked pasta, etc.) only in a carefully supervised activity. This means a caregiver is within arm's reach of the children and providing constant, active supervision; and the caregiver does not leave until the materials are made inaccessible.
- If a crayon or other object breaks and becomes a choking hazard while in use, it will not be a rule violation if the caregiver immediately removes the hazard.
- Food that is smaller than the approved size will not be considered a choking hazard if:
  - The food quickly dissolves or crumbles in the mouth without chewing,
  - The children are eating the food at a supervised meal, or
  - For infants and toddlers, the food is cut into the appropriate size. Refer to "Section 24: Infant and Toddler Care."
- Attached caps (such as marker and bottle caps) and attached paper clips will not be considered choking hazards.
- Small items (such as pasta noodles) that are in the unopened original packaging will not be considered choking hazards.
- Elements of nature (items that are not manmade, such as rocks, shells, pine cones, acorns, sticks, etc.) and parts of protective cushioning (such as bark) that are smaller than the allowed size may be accessible to children in the outdoor area.
- Chalk will not be considered a choking hazard.
- An object smaller than ½ by ½ inch will not be considered a choking hazard.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(5) Strangulation hazards such as ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck shall be inaccessible to children.

Rationale / Explanation

Strings and cords (such as those that are parts of toys and those found on window coverings) that are long enough to encircle a child's neck should not be accessible to children in child care. Cords on window blinds and curtains 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 and cause strangulation. *CFOC 3rd ed. Standard 3.4.6.1. p. 129.*

The Food and Drug Administration (FDA) has alerted parents, caregivers, and health care professionals that necklaces, bracelets, and other jewelry marketed for relieving teething pain or

for providing sensory stimulation should not be used. Such use could lead to strangulation, choking, serious injuries, or death. For more information, refer to: www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm628900.htm.

The Consumer Product Safety Commission (CPSC) has reported deaths and injuries caused from strings on children's clothing, necklaces, and scarves that catch on playground equipment and strangle children. It is advisable that children avoid wearing necklaces and clothing with drawstrings that could cause entanglement on play equipment. Children's outerwear that has alternative closures (e.g., snaps, buttons, hook and loop, and elastic) is recommended. *CFOC 3rd ed. Standard 3.4.6.1. p. 129.*

Compliance Guidelines

Examples of noncompliance include:

- Window covering cords or chains that are accessible to children (hanging within 36 inches of the floor).
- Pacifier cords longer than 8 inches (not including the pacifier holder or clip).
- Ropes, cords, chains, or wires that are attached to structures, such as railings, fences, and decks, and are hanging within 36 inches of the floor or ground.
- Ropes, cords, chains, or wires that are longer than 12 inches and can make a loop 5 inches or greater in diameter and are attached to secure objects.

It is not out of compliance if:

- Children play with lacing cards, stringing beads, yarn, ribbon, boondoggle, scarves, string, shoelaces, jump ropes, dress-up clothing with ties, purses with straps, and hanging jewelry.
- Children are properly strapped into feeding tables or highchairs with nylon safety straps.
- Lanyards and necklaces are used.
- There are accessible loose jump ropes.
- An electrical cord is plugged in (even when the cord is longer than 12 inches).

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(6) Tripping hazards such as unsecured flooring, rugs with curled edges, or cords in walkways shall be inaccessible to children.

Rationale / Explanation

Tripping hazards are found by CPSC to be some of the most common causes of injury. Prevention of slipping and tripping hazards is key to preventing injuries from falls. *CFOC 3rd ed. Standard 5.1.6.2. pp. 209-210; Standard 5.3.1.1. pp. 237-238.*

Compliance Guidelines

- This rule will be assessed in all areas used by children.
- Tripping hazards include:
  - Defective flooring with uneven edges coming up more than 1/4 inch from the floor level.
  - Rugs with curled edges of more than 1/4 inch above the rug level.
  - Electrical and other cords that are in or across indoor and outdoor walkways.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(7) For children younger than 5 years of age, empty plastic bags large enough for a child's head to fit inside, latex gloves, and balloons shall be inaccessible to children.

Rationale / Explanation

Plastic bags pose a risk of suffocation for children. Of all children's products, balloons are the leading cause of suffocation deaths according to the Consumer Product Safety Commission. Balloons and latex gloves can cause choking if a piece is accidentally breathed in or swallowed. Exposure to latex can trigger an allergic reaction in some children and adults. *CFOC 3rd ed. Standard 5.5.0.7. p. 257; Standard 6.4.1.5. p. 285.*

Compliance Guidelines

- This rule applies to:
  - Any empty plastic bag that is 9 inches in diameter or bigger (including gallon-size storage bags).
  - Plastic bags in a roll that are in accessible drawers, cupboards, containers, open boxes, or dispensers.
  - Balloons and punch balls whether or not inflated.

- This rule does not apply to:
  - Bags smaller than 9 inches in diameter.
  - Plastic trash can liners inside of a trash can.
  - Plastic grocery bags being used in activities (such as making kites) with constant, active supervision.
  - A plastic bag that is tied in a knot.
  - Plastic bags, latex gloves, or balloons in a sealed box that has not yet been opened.
  - Latex gloves or empty bags on a changing table, if they are only within reach of the child on the changing table.
  - Multiple-use rubber gloves.
  - Mylar balloons.
  - Balloons encased in a nonlatex material (such as nylon or tulle), but the rule does apply to a balloon encased in a second balloon.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(8) Standing water that measures 2 inches or deeper and 5 by 5 inches or greater in diameter shall be inaccessible to children.

Rationale / Explanation

Drowning can happen in unlikely places, even when no swimming pool or natural body of water is nearby. According to statistics from the Centers for Disease Control, drowning occurs in various sources of standing water, such as bathtubs, water play tables, dog bowls, toilet bowls, simple buckets for cleaning, and coolers. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding ground for mosquitoes, which can spread disease. *CFOC 3rd ed. Standard 2.2.0.4. pp. 68-69. Standard 5.2.8.2. p. 228.*

Compliance Guidelines

The following is a list of common places standing water may be found:

- Buckets (including mop buckets) and other containers
- Coolers and ice chests
- Water features such as fountains, birdbaths, etc.
- Garbage cans or other similar containers
- Wheelbarrows
- Bathtubs

The following is not considered to be standing water:

- Water being used as part of a supervised project such as painting on the sidewalk with water
- Water in a water table
- Temporary puddles on the ground caused by weather or sprinklers
- Animal water bowls or enclosed water dispensers, unless the water is served in a bucket
- Toilets
- Fish bowls, fish tanks, and aquariums (except for fish ponds and similar water features)

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

(9) Toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials shall be:
(a) inaccessible to children,
(b) used according to manufacturer instructions, and
(c) stored in containers labeled with their contents.

Rationale / Explanation

Inaccessible

There are more than 2 million poison exposures reported to poison control centers every year. Young children account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are cosmetics and personal care products, cleaning substances, and medications. Chemical products must be inaccessible to children. *CFOC 3rd ed. Standard 5.2.9.1. pp. 228-229.*

Flammable materials such as chemicals and cleaners should be stored in an area inaccessible to children. They account for the majority of burns to the head and face of children, and are also involved in unintentional ingestion by children. *CFOC 3rd ed. Standard 5.5.0.5. p. 256.*

Used According to Instructions

Children must be protected from exposure to toxic products including insecticides and pesticides. To prevent contamination and poisoning, child care staff must be sure that chemicals are used and applied by individuals who fully understand how to avoid risk to children. These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas. *CFOC 3rd ed. Standard 5.2.8.1 pp. 226-227.*

Stored in Labeled Containers

Toxic or hazardous chemicals should be stored in the original containers or if transferred to a

container such as a spray bottle, must be labeled with the contents. This practice is to avoid mistaking a toxic chemical for a harmless one. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. *CFOC 3rd ed. Standard 5.2.9.1. pp. 228-229.*

Rubbing alcohol looks like water. Even small amounts are poisonous to children. It is also poisonous to adults, who sometimes substitute rubbing alcohol for drinking alcohol. Rubbing alcohol can also be toxic when inhaled. It should be used in a well-ventilated area. In addition, because it is flammable, it should always be kept away from open flame. *www.poison.org*.

Compliance Guidelines

- Toiletries (products used to clean and/or groom one's body, including hair dye) will not be considered chemicals or cleaners. This includes hand sanitizers, even those containing alcohol.
- Aerosol cans that contain flammable substances must be inaccessible.
- Nail polish remover, and contact lens cleaner solutions will be considered chemicals and have to be made inaccessible to children.
- Dish soap and laundry detergent are cleaners and must be inaccessible to children. However, dish soap and borax may be used for educational purposes only in a carefully supervised activity. This means a caregiver is within arm's reach of the children and providing constant, active supervision; and the caregiver does not leave until the materials are made inaccessible.
- A cleaning bucket that contains a chemical and is in use does not need to be labeled with its contents.
- A bucket does not need to be labeled if used to carry or store labeled containers of chemicals.
- Disinfecting wipes or another sanitizing solution that is accessible to a child on a changing table will not be considered out of compliance as long as it is inaccessible to all children who are not being changed.
- Gasoline and other similar products enclosed in a vehicle or equipment, such as a lawn mower, are not considered accessible.
- Paint and other substances in a sealed can are considered inaccessible if the lid is securely attached and can only be opened with a tool.
- A cleaner that is attached to the inside of a toilet bowl is not considered accessible.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(10) Items and substances that could burn a child or start a fire shall be inaccessible, such as:
(a) matches or cigarette lighters;
(b) open flames;
(c) hot wax or other substances; and
(d) when in use, portable space heaters, wood burning stoves, and fireplaces of all types.

Rationale / Explanation

The CPSC estimates that 150 deaths occur each year from fires started by children playing with lighters. Children younger than 5 years old account for most of these fatalities. Matches have also been the source of fire-related deaths. Children may hide in a closet or under a bed when faced with fire, leading to fatalities. *CFOC 3rd ed. Standard 5.5.0.6. p. 257.*

Because they could burn a child or start a fire, all types of lighters should be inaccessible to children, including long-reach lighters that are used to light fireplaces, grills, etc.

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle, flare, or lantern. *CFOC 3rd ed. Standard 5.5.0.6. p. 257.*

Hot liquids and substances such as hot wax and glue can burn children. The most common burn suffered by young children is scalding from hot liquids tipped over in the kitchen. The skin of young children is much thinner than that of adults and can burn at temperatures that adults find comfortable. In a recent study, 90.4% of scald injuries to children under age five were related to hot cooking or drinking hot liquids. *CFOC 3rd ed. Standard 4.5.0.9. p. 181.*

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. Standards 5.2.1.11.- 5.2.1.13. pp. 215-216.*

Compliance Guidelines

- Candles on a birthday cake or cupcake may be used as long as an adult is in constant arm's reach of the lit candles until the candles are blown out.
- A fireplace pilot light will not be considered a violation.
- A space heater is any heater that can be moved and is not permanently installed into the wall. This includes convection heaters, infrared heaters, patio heaters, and space heaters that are manufactured to look like fireplaces. This rule applies to all types of fireplaces including electric, gas, and infrared fireplaces.
- Space heaters, wood burning stoves, and fireplaces of any type are allowed when:
  - They are not used while children are in care.
  - They are inaccessible to children if used while children are in care. (A baby gate may make a piece of heating equipment inaccessible if the gate is attached to the wall on both sides and is at least 36 inches away from all sides of the heating equipment.)
  - The provider has documentation from the manufacturer that a specific piece of heating equipment is safe for children to touch, and therefore may be accessible and used while children are in care.

If accessible to children, items considered out of compliance include:

- A cigarette lighter, whether or not the lighter contains fluid.
- Plug-in warmers that contain melted wax or hot oil.
- Hot glue guns, irons, and hair styling irons that are plugged in.
- Hot liquids, foods, and substances in an appliance (such as a crock pot or coffee pot).
- Electrical cords from an appliance containing a hot substance that children could pull down.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- Open flames are accessible to children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning otherwise.

(11) Children shall be protected from items that cause electrical shock such as:
(a) live electrical wires; and
(b) for children younger than 5 years of age, electrical outlets and surge protectors without protective caps or safety devices when not in use.

Rationale / Explanation

Preventing children from touching electrical wires or placing objects or fingers 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 lifelong injuries. *CFOC 3rd ed. Standard 5.2.4.2. p. 219.*

Compliance Guidelines

- Exposed electrical wires (the metal is exposed) will be considered live. They will be treated as if electrical current is running through them and will not be tested to determine compliance.
- In areas used by children younger than 5 years old, electrical outlets and surge protectors must be inaccessible or have protective caps or safety devices when not in use. This includes areas within 36 inches from:
  - Any sleeping surface used by infants, toddlers, and preschoolers.
  - Any surface in a bathroom where a child could climb or stand, such as a bathtub, toilet or counter.

Refer to the following information about outlets and surge protectors that must be inaccessible to children younger than 5 years old.

- GFCI Protected outlets have “Test” and “Reset” buttons built into the outlets.
- A grounded outlet is one that has holes for three prongs and must be inaccessible or have a protective cover unless it is tamper resistant. However, the bottom grounding hole is not required to be covered or protected.
- All unused plugs in surge protectors must be covered. Some surge protectors pose a fire hazard if covered with individual safety caps. There are covers that encase the entire surge protector that may be safer to use.

Acceptable ways to protect or cover outlets (receptacles) include:

- Have tamper-resistant receptacles installed. They appear to have the slots filled in and are labeled “TR” between the two slots or with the words “tamper-resistant.”
- Use individual outlet caps to cover all openings in the outlet or surge protector.
- Install an electrical outlet cover (or safe plate) that sits on top of the existing outlet.
- Replace existing outlet covers with safe plate slide covers that have spring-loaded shutters that cover the outlet openings.
- Cover receptacle openings by using an item, such as a doorbell box or deodorizer, that plugs into one plug and covers the entire outlet.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- An exposed live electrical wire is accessible.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning when:

- An electrical outlet or surge protector is without a protective cap or safety device when not in use and is accessible to children younger than 5 years old.

(12) Unless used and stored in compliance with the Utah Concealed Weapons Act or as otherwise allowed by law, firearms such as guns, muzzles loaders, rifles, shotguns, hand guns, pistols, and automatic guns shall:
(a) be locked in a cabinet or area with a key, combination lock, or fingerprint lock; and
(b) stored unloaded and separate from ammunition.

Rationale / Explanation

Approximately 20,000 children are taken to emergency departments for firearm-related injuries every year and the majority of these injuries are accidental. Younger children are more likely to be unintentionally injured, and the majority of these accidental shootings occur in homes. It is critical that firearms be properly locked. “Pediatric Firearm-Related Injuries in the United States” (Parikh K, et al. Hosp Pediatr. May 23, 2017).

An informational news report about guns and gun safety can be found at:
http://abc.go.com/shows/2020/episode-guide/2014-01/31-2020-131-young-guns-a-diane-sawyer-special

Compliance Guidelines

- Guns that are dismantled and do not contain a trigger mechanism are not considered a firearm.
- Firearms must be stored unloaded. Ammunition may be stored in the same area as the firearm as long as the area is locked according to rule.
- When a gun that cannot be fired is used as decoration, the provider will need to apply for a variance that includes documentation from a gunsmith that the specific gun cannot be fired.
- Firearms must be locked according to rule. Using an alternate type of lock, such as a trigger lock or a lock that is controlled by swiping an app on a cell phone, is out of compliance.
- CCL staff will observe where each firearm on the property is stored, including firearms stored in outbuildings and vehicles.
- If a firearm is stored in a vehicle that is not used to transport children, the vehicle must be locked with a key or keypad.
- If a firearm is stored in a vehicle that is used to transport children, the firearm must be locked with a key, combination lock, or fingerprint lock within the vehicle.

Extreme Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP when:

- A firearm is accessible to children.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning otherwise.

(13) Weapons such as paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace shall be inaccessible to children.

Rationale / Explanation

The potential for injury to and death of children due to firearms and weapons is apparent. Children have a natural curiosity about firearms and other weapons, and they have seen their use glamorized on television. These items should not be accessible to children in a child care facility.

CFOC 3rd ed. Standard 5.5.0.8. p. 257; Standard 9.2.3.16. p .363.

Compliance Guidelines

- 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.
- CCL staff will observe where each weapon on the property is stored, including weapons stored in outbuildings and vehicles.
- Bows (if arrows are inaccessible) can be accessible.
- Crossbows (with or without arrows) must be inaccessible.
- Arrows must be inaccessible.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

(14) Alcohol, illegal substances, and sexually explicit material shall be inaccessible, and shall not be used on the premises, during offsite activities, or in center vehicles any time a child is in care.

Rationale / Explanation

Alcohol, illegal substances, and sexually explicit material must be inaccessible to prevent potential ingestion or exposure. The age, defenselessness, and lack of mature judgement of children in care make the prohibition of alcohol, illegal substances, and sexually explicit material an absolute requirement in child care programs. *CFOC 3rd ed. Standard 3.4.1.1. pp. 118-119; Standard 9.2.3.15. p. 363.*

Compliance Guidelines

- In addition to making sexually explicit materials inaccessible to children, the facility must be free of any depiction of nudity in a lascivious manner through pictures, posters, media, etc., while children are in care.
- The facility must be free of any illegal substances. Illegal substances are any items that by law are not allowed to be produced, consumed, sold, or present in the facility.
- Alcohol in a container that can only be opened with a tool (such as a cork screw) is considered inaccessible.
- Open bottles of alcohol, and alcohol or illegal substances that are being served or consumed are considered in use and are prohibited when a child is in care.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

(15) An outdoor source of drinking water, such as individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain shall be available to each child whenever the outside temperature is 75 degrees or higher.

Rationale / Explanation

To prevent dehydration, clean, sanitary drinking water should be readily available in indoor and outdoor areas throughout the day. Children need additional water as physical activity and/or hot temperatures cause their needs to increase. Water needs vary among young children and

increase during times in which dehydration is a risk (e.g., hot summer days, during exercise, and in dry days in winter). *CFOC 3rd ed. Standard 4.2.0.6. p. 157.*

Compliance Guidelines

- The outdoor temperature can be measured by any available electronic means including a cell phone.
- When the outdoor source of drinking water is an outside drinking fountain, the fountain must be in working order.
- Drinking water may 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).
- Water must be accessible to the children in their play area. If a drinking fountain is behind a closed gate, it is not considered available and is a rule violation.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- Children do not have an outdoor source of drinking water and the temperature is 90 degrees or higher.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning otherwise.

(16) Areas accessible to children shall be free of heavy or unstable objects that children could pull down on themselves, such as furniture, unsecured televisions, and standing ladders.

Rationale / Explanation

Children have suffered serious injuries and death due to unstable heavy equipment falling on them. The Consumer Product Safety Commission estimates that:

- Every 30 minutes a child in the U.S. is injured as a result of a TV or furniture tip-over incident.
- Two-thirds of TV and furniture tip-over fatalities involve toddlers.
- A TV can fall with the force of thousands of pounds. That is 10 times more powerful than being hit by a NFL lineman.
- On average, one child dies every two weeks from being crushed by a television set.

Even though televisions are heavy, they are not stable. Older, boxy TVs have most of their weight in front, which makes them easy to topple. New flat-screen TVs have their weight more evenly distributed but are often much larger, and can easily tip if not secured.

CPSC recommends the following to help prevent tip-over accidents:

- Anchor furniture (including entertainment units, TV stands, bookcases, shelving, and bureaus) to the floor or wall using appropriate hardware, such as brackets, screws, or toggle bolts.
- Place televisions on low, sturdy furniture or a base manufactured for that purpose.
- Place televisions on other furniture only if the furniture is anchored to the wall or floor, the TV is pushed as far back on the furniture as possible, and the TV is anchored to the wall or the anchored furniture.
- Keep remote controls, toys, and other items that might attract children off TV stands or furniture.
- Keep TV and/or cable cords out of reach of children.

- Make sure freestanding kitchen ranges and stoves are installed with anti-tip brackets.
- Never leave children alone in rooms where these safety tips have not been followed.

For more information, refer to:
- www.anchorit.gov/why-anchor-it/
- www.cpsc.gov/content/anchor-for-safety-tv-and-furniture-tip-over-related-deaths-and-injuries-not-slowing-down

Compliance Guidelines

- Heavy furniture or other objects that are higher than 3 feet must be stable, secured, or anchored. This includes:
  - Freestanding kitchen ranges and stoves, entertainment units, TV stands, bookcases, shelving, and bureaus that are higher than 3 feet.
  - Vehicles on jack stands or blocks, piles of wood, bales of straw, stacked cinder blocks or other solid objects that are stacked.
- Furniture or a heavy object that is noticeably unstable will be out of compliance.
  - Unstable furniture means that the furniture is compromised in some way (e.g missing or loose legs, leaning, etc.). A dresser with more than one fully open drawer will be considered unstable.
- If the stability of furniture or a heavy object is in question and cannot be verified solely through observation, the provider must be able to demonstrate that the object is stable. Otherwise, it will be considered unstable and a rule violation.
- It is out of compliance if there is a heavy object (such as a TV) on unstable furniture of any height.
- Only screens that are larger than 19 inches and accessible to children will be assessed.
  - Accessible means that the screen and/or attached cords are lower than 36 inches.
  - If necessary to determine the size of the screen, measure the screen diagonally from corner to corner on the inside of the frame. For more information, visit: www.wikihow.com/Measure-a-TV.
  - Even if the equipment screen is inaccessible, if the equipment cords are accessible so children could pull the screen down, the screen must be anchored.
- If the screen is larger than 19 inches and accessible, it must be securely anchored, mounted, or tied to a stable structure to be in compliance with rule. A television that is built into a stable cabinet or similar piece of furniture is considered anchored.
- A 19-inch or smaller screen or TV is not required to be anchored.
- A laptop screen is not required to be anchored.
- Any accessible stepstool or ladder that is taller than 5 feet and is leaning against a structure (such as a wall, shed, or tree) is considered unstable.
- Ladders permanently attached to a structure, stepstools and ladders measuring 5 feet or less, “Inverted V” ladders standing in an open position, and ladders lying down are not out of compliance.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(17) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.

Rationale / Explanation
Tap water that is too hot is a common cause of scald injuries in children. Children younger than 6

years old are the most frequent victims of non-fatal burns. Water heated to temperatures greater than 120 degrees Fahrenheit takes less than thirty seconds to burn the skin. If the water is heated to 120 degrees Fahrenheit it takes two minutes to burn the skin. That extra two minutes could provide enough time to remove the child from the hot water source and avoid a burn. *CFOC 3rd ed. Standard 5.2.1.14. p. 216.*

Compliance Guidelines

- When there is only one hot water heater in the building, the water temperature will be measured at only one handwashing sink used by the children.
- When there is more than one hot water heater in the building, the water temperature must be assessed in one handwashing sink connected to each hot water heater.
- Hot water will be measured by holding a thermometer in the running water until the temperature stops rising.
- In an effort to conserve water, there is no need to continue measuring once the temperature reaches 128 degrees Fahrenheit.
- Water temperature will be measured at each portable sink and each sink with a mixing valve that is used by children.
- If a hot water tank indicates the water temperature on a digital gauge, this measurement will be used as the assessment. In this case, there is no need to assess the water temperature at a handwashing sink connected to the water heater.
- Water faucets with motion detector shut-offs do not ensure compliance with this rule. When assessing the temperature of water from faucets with motion detector shut-offs, the licensor will restart the water flow as often as necessary until the temperature on the thermometer stops rising.
- Due to the variable accuracy of hot water thermometers, this rule is not considered out of compliance unless the temperature measures 123 degrees Fahrenheit or hotter.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- The water temperature is 128 degrees Fahrenheit or higher.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning when:

- The water temperature is between 123 and 127.9 degrees Fahrenheit.

(18) Highchairs shall have T-shaped safety straps or devices that are used whenever a child is in the chair.

Rationale / Explanation

Highchairs need a T-shaped safety strap or device to prevent children from sliding out of the highchair and falling to the ground, or sliding partway out and becoming entrapped and posing the risk of strangulation. *CFOC 3rd ed. Standard 5.3.1.8. pp. 241-242.*

Compliance Guidelines

- Booster seats are considered a highchair.
- If the chair is on or low to the floor so the child's feet touch the ground while sitting in the chair, a T-shaped strap or device is not required.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:
- The highchair does not have a T-shaped safety strap or device and is used by infants or toddlers.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
- The highchair does not have a T-shaped safety strap or device and is used by older children.

(19) Infant walkers with wheels shall be inaccessible to children.

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 such as stairs. The upright position also brings children closer to objects that they can pull down on themselves. *CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.*

Compliance Guidelines
- A walker is a piece of equipment that is designed for a child to sit in and use their legs to move from one place to another. A device that has a seat that rotates, but does not have wheels that move the child around the room is not considered an infant walker.
- A walker with wheels used by a child with a disability is not out of compliance.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(20) In compliance with the Utah Indoor Clean Air Act, tobacco, e-cigarettes, e-juice, e-liquids, and similar products shall be inaccessible and not used:
(a) in the facility or any other building when a child is 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 facility or other building occupied by a child in care, or
(d) in any outdoor area or within 25 feet of any outdoor area occupied by a child in care.

Proposed Rule Change:
[~~In compliance with the Utah Indoor Clean Air Act, tobacco, e-cigarettes, e-juice, e-liquids, and similar products shall be inaccessible and not used:~~]Tobacco, e-cigarettes, e-juice, e-liquids, and similar products shall be inaccessible and, in compliance with the Utah Indoor Clean Air Act, not used:
(a) in the facility or any other building when a child is 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 facility or other building occupied by a child in care, or
(d) in any outdoor area or within 25 feet of any outdoor area occupied by a child in care.

Rationale / Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. The age, defenselessness, and lack of mature judgment of children in care make the prohibition of tobacco and tobacco products an absolute requirement *CFOC 3rd ed. Standard 3.4.1.1. pp. 118-119. Standard 9.2.3.15. p. 363.*

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

Compliance Guidelines

Tobacco and similar products such as the following must be inaccessible and not used on the premises, in vehicles, or in the presence of any child in care:

- Ashtrays with cigarettes and cigarette butts
- Chewing tobacco
- Cigars
- Cigarettes and cigarette butts
- E-cigarettes and E-liquid (E-juice)
- Pipes
- Vaporizers (not to be mistaken for a humidifier or steam vaporizer)

These products may not contain tobacco, but do contain harmful ingredients and are treated as a tobacco product.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Tobacco or a similar product is used any place indoors, in a vehicle, or within 25 feet of the entrance or exit of the building, a window, the outdoor play area, or a child.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning when:

- Tobacco or a similar product is accessible to any child in care.

R381-100-14: EMERGENCY PREPAREDNESS AND RESPONSE

This section addresses the rules and guidance on preparing for and responding to an emergency.

No one expects an emergency – yet emergencies can strike anyone, anytime, and anywhere. The best preparedness is planning how to respond to an emergency before it happens. Few people can think clearly and logically in a crisis, so it is important to prepare in advance when there is time to be thorough.

(1) The provider shall post the center's street address and emergency numbers, including ambulance, fire, police, and poison control, near each telephone in the center or in an area clearly visible to anyone needing the information.

Rationale / Explanation

It is easy for people to panic in an emergency situation. Caregivers must have easy and immediate access to telephone numbers that they may need to use in an emergency. It is also important that caregivers or others present in the facility can give the center's street address to emergency personnel, such as the police or the fire department. *CFOC 3rd ed. Standard 9.4.1.6. pp. 380-381.*

Compliance Guidelines

- Posting 911 meets the requirement of posting emergency numbers for ambulance, fire, and police, but not the requirement for posting the poison control number and the center's street address.
- If a portable or cell phone is used in the facility, emergency numbers must 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. They cannot be posted behind a closet or cupboard door.
- If a classroom telephone is programed to only dial 911, only the center's street address needs to be posted near that phone. However, the poison control number has to be posted near another phone in the facility that is able to make outgoing phone calls.
- If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- Failure to post required information resulted in emergency personnel not being contacted in an emergency or being unable to respond in a timely manner.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- The required emergency information is not posted near a telephone or in a place clearly visible to anyone who may need the information.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when:
- Some but not all of the required emergency information is posted.

(2) The provider shall keep first-aid supplies in the center, including at least antiseptic, bandages, and tweezers.

Rationale / Explanation
Basic first aid supplies should be available as needed to ensure that children's minor injuries can be cared for. *CFOC 3rd ed. Standard 5.6.0.1. pp. 257-258.*

Compliance Guidelines
- The required first aid supplies must be in a location that is easily available and known to those who may need to use the supplies.
- The provider may keep either a topical antiseptic, such as alcohol wipes, or a topical antibacterial, such as Neosporin, available for use as needed.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(3) The provider shall conduct fire evacuation drills monthly. Drills shall include a complete exit of all children, staff, and volunteers from the building.

Rationale / Explanation
Conducting regular emergency and evacuation drills is an important safety practice. It helps adults and children understand necessary procedures and respond in a calm way in case of an actual emergency. It is necessary that caregivers practice how to care for and evacuate all children including nonmobile infants and children with physical or intellectual challenges. *CFOC 3rd ed. Standard 9.2.4.5. pp. 370-371.*

Compliance Guidelines
- The center must hold a fire drill for each full month the center is open.
- An evacuation due to an actual emergency situation counts as one of the monthly fire drills as long as it is documented as required by rule.
- The provider will receive credit for one drill each month even if more than one drill was conducted during the same month.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

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

Rationale / Explanation
Documenting fire drills helps ensure that drills are conducted, and helps the provider evaluate the effectiveness of the drill and make any needed adjustments to improve safety.

Compliance Guidelines
- The provider may use any form of documentation as long as it contains all required information and is available for review by CCL.
- This rule is out of compliance if a fire drill was conducted, but not documented.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(5) The provider shall conduct drills for disasters other than fires at least once every 6 months.

Rationale / Explanation
Facilities should consider how to prepare for and respond to different emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, flash floods, or storms) and disasters that could occur in any location including acts of violence, exposure to hazardous agents, a missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place. *CFOC 3rd ed. Standard 9.2.4.3. p. 366.*

Compliance Guidelines
- An evacuation or a lock-down due to an actual emergency situation counts as one of the disaster drills as long as it is documented as required by rule.
- If a center is open six months of the year or less (for example, a ski resort), only one disaster drill is required.
- Disasters other than fires include earthquakes, floods, prolonged power or water outage, tornados, chemical spills, an active shooter, etc.
- The provider may hold a separate fire and disaster drill on the same day, but they may not hold one drill and count it as both a fire drill and a disaster drill.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

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

Rationale / Explanation
Documenting disaster drills helps ensure that drills are conducted, and helps the provider evaluate the effectiveness of the drill and make any needed adjustments to improve safety.

Compliance Guidelines

- The provider may use any form of documentation as long as it contains all required information and is available for review by CCL.
- This rule is out of compliance if a disaster drill was conducted, but not documented.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(7) The provider shall vary the days and times on which fire and other disaster drills are held.

Rationale / Explanation

Drills should be conducted on different days and at different times so that all staff and children, including part-time staff and children, have opportunities to practice the emergency drills. This also ensures that drills are successful during different daily routines, such as meal times, nap times, etc. *CFOC 3rd ed. Standard 9.2.4.5. pp. 370-371.*

Compliance Guidelines

- Drills must be conducted on at least two different days of the week and two different times of the day.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(8) The provider shall keep documentation of the previous 12 months of fire and disaster drills on-site for review by the Department.

Rationale / Explanation

Documented drills help providers evaluate practices and implement improvements whenever needed. CCL is responsible to verify that these practices are in place. Documentation is factual information providers can use to demonstrate compliance with the requirements of this rule.

Compliance Guidelines

- The provider must have the last 12 months of documentation available for review by CCL. To comply with this requirement, the provider may need to keep records from the previous licensing year.
- This rule is out of compliance if drills were conducted and documented, but the documentation is unavailable for review by CCL.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(9) In case of an emergency or disaster, the provider and employees shall follow procedures as outlined in the center's health and safety plan unless otherwise instructed by emergency personnel.

Rationale / Explanation

Emergency situations are not conducive to calm and composed thinking. Developing a written plan and reviewing it often provides the opportunity to prepare and to prevent poor decisions

made under the stress of an emergency. *CFOC 3rd ed. Standard 9.2.4. pp. 364; CFOC 3rd ed. Standard 9.2.4.3. pp. 366-368.*

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.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(10) The provider shall give parents a written report of every incident, accident, or injury involving their child:
(a) the caregivers involved, the center director or director designee, and the person picking up the child shall sign the report on the day of occurrence; and
(b) if school-age children sign themselves out of the center, a copy of the report shall be sent to the parent on the day following the occurrence.

Rationale / Explanation
It is important that parents are informed in writing of every incident involving their child. This practice protects both the child and the provider. Without a report, parents may not know to watch their child for possible harm that was not immediately apparent at the time of an accident. For example, a child may seem fine after a fall, but may actually have a concussion. Additionally, documentation of incidents may help the provider recognize injury patterns and possible abuse of a child and can be used to prevent future problems. *CFOC 3rd ed. Standard 9.4.1.9. p. 382.*

Compliance Guidelines
Written incident reports are not required if the incident occurred before a child was signed in or after a child was signed out of the program.

The following are examples of incidents that must be documented and reported to parents if they occur while a child is in care:
- Any injury that requires first aid or medical attention
- A bite that breaks the skin and/or a child bites or is bitten frequently
- Falls, burns, broken limbs, tooth loss, other injury
- Blows to the head
- A reportable infectious disease (Refer to: health.utah.gov/epi/reporting/Rpt_Disease_List.pdf.)
- Reoccurring aggressive behavior or aggressive behavior that results in injury (For example, if children fight and one needs medical treatment, a report should be completed for each child.)
- Sudden and/or unusual behavior that is not typical for the child
- A child is neglected, abused, sexually assaulted, or inappropriately touched
- A caregiver forgets to pick up a child from school or other activity
- Ingestion of non-food substances
- A lost or missing child, and/or a child leaving the premises without a caregiver
- A motor vehicle accident when a child was being transported
- Death

When obtaining the signature of the parent or a person who picks up the child, the following guidelines apply:
- Occasionally, the provider may not immediately see the parent to obtain their signature. For example, the parent may pick their child up from school rather than from the facility, or due to a serious injury, the parent would immediately take their child for medical treatment. In these

cases, the provider has 5 working days to obtain the required signature.

- If the person picking up a child refuses to sign or accept the incident report, it will not be found out of compliance if the provider can demonstrate that they have an effective process in place to get same-day signatures on reports and have made a good-faith effort to follow that process.
- If the parent refuses to sign the report or does not bring the child back for care, the provider may write on the report "parent refused to sign" and/or "child is no longer enrolled."
- The director or director designee may sign the incident report as both the caregiver and the director or director designee if filling both roles at the time of the incident.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(11) If a child is injured and the injury appears serious but not life-threatening, the child's parent shall be contacted immediately.

Rationale / Explanation
It is important that parents are informed of any serious injury to their child so that they can make the necessary decisions about the care and medical treatment that their child receives.

Compliance Guidelines

- The provider must first try the most immediate means of contacting the parent.
- The provider may use the parent's preferred means of electronic contact, such as text, email, or instant messaging.
- The provider must contact the parents immediately after the child's critical needs are met and the other children are in a situation where their safety is not jeopardized.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:

- A parent was not notified of a serious injury.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:

- A parent was notified, but not immediately after a serious injury to their child.

(12) In the case of a life-threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb:
(a) emergency personnel shall be called immediately;
(b) after emergency personnel are called, then the parent shall be contacted; and
(c) if the parent cannot be reached, staff shall try 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 the reason emergency personnel must be contacted before anyone else when a child has a potentially life-threatening or disabling injury. *CFOC 3rd ed. Appendix P. p. 458.*

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(13) If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall:

(a) submit a completed accident report form to the Department within the next business day of the incident; or

(b) contact the Department within the next business day and submit a completed accident report form within 5 business days of the incident.

Rationale / Explanation
The purpose of this rule is so that the Department can work with the provider to correct unsafe or unhealthy conditions and to prevent additional or future harm to children. *CFOC 3rd ed. Standard 9.4.1.10. p. 383.*

Compliance Guidelines
- Receiving medical attention means the child is seen (either in person or online) by a health care professional or is assisted by any emergency personnel (police, ambulance, fire department, or EMS).
- An accident report must be submitted according to rule for any child in care who is injured and receives medical attention, including the provider's and caregivers' children younger than 4 years old.
- The provider may call CCL within 24 hours of a child's injury that required medical treatment, and then submit a report within 5 business days; or in place of the call, the provider may notify CCL within 24 hours by emailing, faxing, or submitting the accident report through the provider's Child Care Licensing portal.
- Occasionally, the provider may not know that a child who was injured while in care received medical attention. For example, a parent may have taken their child to the doctor after they left the child care facility, and the provider did not find out until a day or two after the injury occurred. In this case, after being informed that the child received medical attention, the provider must report the incident by the end of CCL's next business day.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:
- A fatality is not reported to CCL, or is not reported within the required time frame.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
- An injury requiring medical attention (not resulting in death) is not reported to CCL.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when:
- An injury requiring medical attention is reported, but not within the required time frame.

(14) The provider shall keep a six-week record of every incident, accident, and injury report on-site for review by the Department.

Rationale / Explanation

The health and safety of individual children requires that information regarding each child be kept at the facility and available to staff on a need-to-know basis. Records of children's injuries can be used to prevent future incidents, and to detect possible child abuse and neglect. Reports may provide necessary information for the child's parents and health care provider. *CFOC 3rd ed. Standard 9.4.1.11. p. 383-383.*

Compliance Guidelines

- CCL rules require that accident reports for serious incidents, accidents, or injuries be kept for at least 6 weeks. However, other agencies or insurance companies may require documentation to be kept for longer periods of times.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning

R381-100-15: HEALTH AND INFECTION CONTROL

The rules and information in this section are designed to ensure that the child care environment is a healthy one. Keeping the facility clean and sanitary, and washing hands are key factors in preventing and reducing the spread of illness.

Whenever children are together, there is a chance of spreading infection. This is especially true for young children who sneeze, cough, drool, use diapers, and are just learning to use the toilet. They hug, kiss, 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. *CFOC 3rd ed. Standard 3.3.0.1. pp. 116-117.*

Cleaning, Sanitizing, and Disinfecting

One of the most important steps in reducing the spread of illness in child care settings is cleaning and sanitizing toys, equipment, counter tops, and other surfaces in the environment.
CFOC 3rd ed. Appendix J. p. 440. However, there is a big difference between cleaning, sanitizing, and disinfecting.

- Cleaning means to physically remove all visible dirt, debris, and substances from areas and items that are accessible to children.

Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting.

The following are suggestions for the proper cleaning of a child care facility:
- Follow a cleaning schedule to ensure that the facility is cleaned on a regular basis.
- Clean up food and liquid spills promptly.
- Vacuum or sweep carpets and floors often.
- Remove garbage and rubbish from the premises on a daily basis and as needed. *CFOC 3rd ed. Appendix K. pp. 442-443.*

- Sanitizing means to reduce germs on objects to levels that are safe for children by using a sanitizing product or process.

Some items and surfaces require the additional step of sanitizing after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease. This procedure is appropriate for surfaces that have contact with food, such as dishes, utensils, cutting boards, and highchair trays; for toys that children may place in their mouths; and for pacifiers. *CFOC, 3rd ed. Appendix J. pp. 440-441.*

When used according to manufacturer instructions, approved methods of sanitizing include:
- Using a steam cleaner, dishwasher, and/or washing machine.
- Applying an approved sanitizing solution directly to a surface.

The following are approved sanitizers when used as specified by the manufacturer:
- Any product that comes with manufacturer instructions for use as a sanitizer.
- A homemade or other household product if documentation and sanitizing instructions exist from a

reputable source such as a university or government agency. For example, a solution of 5% white distilled vinegar is an effective sanitizer when heated to 150 degrees, sprayed on a surface while still warm, and allowed to sit for 1 minute.

- An essential oil, if the provider has and follows the manufacturer's instructions for sanitizing.
- A bleach and water solution of ½ tablespoon of chlorine bleach in 1 gallon of water, or a scant ½ teaspoon of chlorine bleach in 1 quart of water. *CFOC, 3rd ed. Appendix J. pp. 440-441.*

If bleach-water is used to sanitize:

- A fresh solution must be made at least every 24 hours. After 24 hours the bleach mixture loses its ability to sanitize. Bleach water may be kept longer than 24 hours if it is tested with a test strip and it registers at least 50 parts per million on the strip.
- The solution must be left on the surface for at least 2 minutes. *CFOC, 3rd ed. Appendix J. pp. 440-441.*

Bleach-water solution is poisonous and can be dangerous to children. Caregivers must keep children safe from accidental poisoning with these simple tips:

- Clean objects and surfaces when children are not around, or place them out of children's reach while they dry. Do not place a child on a changing table that is still wet.
- Bleach-water and other sanitizers should not be sprayed when children are near enough to inhale the sanitizer.
- Do not allow children to handle a bleach-water solution.
- Store a bleach-water solution in an inaccessible area.
- Be sure to label spray bottles so adults will know what is in them. *eXtension Alliance for Better Child Care. "Disinfect Child Care Surfaces with a Bleach and Water Solution." p. 25414. August 31, 2015.*

- Disinfecting means to kill most germs on objects by using a disinfecting product or process.

As per *Caring for our Children*, disinfecting is appropriate for use on non-porous surfaces such as diaper change tables, counter tops, door and cabinet handles, toilets, and sinks used for toileting routines including faucets, knobs, and basins.

Not all cleaning chemicals are safe and appropriate for use in a child care setting. The following are cautions to be aware of:

- Products that are "hospital grade" germicides (solutions that kill germs) often are promoted for use in child care. But many of these products are dangerous and potentially even toxic to children. It is important to read product labels carefully.
- Providers should be cautious about commercial or industrial products that are advertised as "disinfectants," or being able to "kill germs." If an EPA-approved industrial product is used as a sanitizer, the manufacturer's instructions must be followed exactly. *Alliance for Better Child Care. "Cleaning, Sanitizing, and Disinfecting in Child Care." p. 25770. (2016)*

The provider and caregivers should be aware of the following guidelines:

- Rubbing alcohol is not an approved sanitizer because it does not kill bacterial spores.
- Cracked or porous surfaces, and surfaces repaired with duct tape or similar materials, cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow.
- 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 the manufacturer of a disinfecting product, such as Quat, lists several times for a solution to be left on a surface for disinfecting, use the shortest time for sanitizing.
- CCL rules do not require the provider to use any type of disinfectant. However, there are certain spills and toileting surfaces that will need to be treated with a disinfectant to make sure all disease-

causing organisms are killed. When this is the case, disinfectants must only be used on surfaces and objects and never on children or when children are present.

(1) The building, furnishings, equipment, and outdoor area shall be kept clean and sanitary including:

(a) walls, and flooring shall be clean and free of spills, dirt, and grime;

(b) areas and equipment used for the storage, preparation, and service of food shall be clean and sanitary;

(c) surfaces used by children shall be free of rotting food or a build-up of food;

(d) the building and grounds shall be free of a build-up of litter, trash, and garbage; and

(e) the facility shall be free of animal feces.

Rationale / Explanation

Few young children practice good hygiene. Messy play is developmentally appropriate in all age groups, and especially among very young children, the same group that is most susceptible to infectious disease. These factors lead to soiling and contamination of equipment, furnishings, toys, and play materials. To avoid transmission of disease, the building, grounds, and materials must be cleaned and sanitized on a regular basis. *CFOC 3rd ed. Standard 5.3.1.4. p. 239.*

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

The removal of litter, trash, and garbage provides proper sanitation and protection of health, prevents infestations by rodents, insects, and other pests, and prevents odors and injuries. *CFOC 3rd ed. Standard 5.2.7.2. p. 225.*

The facility should be free of animal feces because it can spread infection and aggravate allergies. Animal waste and litter should be removed immediately from children's areas and be disposed of in a way where children cannot come in contact with the material, such as in a plastic bag or container with a well-fitted lid, or through the sewage waste system for feces. *CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.*

Compliance Guidelines

- There is a difference 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.
- Without leaving children unsupervised or the group out of ratio, the provider must ensure that any trash, animal feces, and other hazards are removed from the outdoor area before children play outside.

The following conditions will be considered out of compliance:

- A slippery spill on a floor
- Mold growing as a result of a buildup of food or other substance
- 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
- A buildup of litter, trash, or garbage in the building or on the grounds
- Dead animals
- Animal waste in accessible areas of the facility (including animal feces or a build-up of rodent

or bird droppings)
- A cleanliness or sanitation violation and there is no other licensing rule that specifically addresses the situation

The following conditions will not be considered out of compliance:
- Litter, trash, and garbage in a covered container and/or that is inaccessible
- Animal feces in a litter box, animal cage, or aquarium
- An animal's waste that is immediately cleaned up if an animal relieves itself in an area being used by children

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

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

Rationale / Explanation
Insects, rodents, and other pests carry disease and may also sting or bite children. Some insects and rodent feces can trigger asthma attacks in children. The purpose of this rule is to reduce these potential hazards to children. *CFOC 3rd ed. Standard 5.1.3.3. p. 105; Standard 5.2.8.1. pp. 226-227.*

The provider should take the following safe and effective measures to prevent and eliminate insects, rodents, and other pests:
- Ensure that the environment is clean and sanitary.
- Clean up food spills promptly.
- Eliminate breeding areas.
- Fill in cracks, crevices, and holes in walls.
- Use fly strips to control flying insects if the fly strips are inaccessible to children.
- Repair water damage.
- Remove wasp nests from the premises to prevent wasps from returning to inactive nests.
- Remove clutter and rubbish from premises. *CFOC 3rd ed. Standard 5.2.8.1. p. 227.*

If physical prevention and intervention methods fail, pesticides should only be used with extreme care. Children must be protected from exposure to these toxic chemicals. These chemicals are only to be applied by individuals who are licensed and certified to do so, and when children are not present. *CFOC 3rd ed. Standard 5.2.8.1. pp. 226-227.*

Compliance Guidelines
It is not out of compliance if:
- Children participate in science activities involving harmless insects.
- Fruit flies, grasshoppers, crickets, and tarantulas are on the premises since they are not a health risk to humans.
- There are spider webs on the premises, unless there is a build up of spider webs and the presence of a poisonous spider is reported or observed in a web. There are three spiders in Utah that are dangerous to humans - black widow, hobo, and brown recluse spiders.
- A child has bed bug bite marks, since bed bugs could be any other place where the child has been.

If insects, rodents, or other pests are on the premises, but the provider can show that they have 1) scheduled an exterminator, and 2) taken extra measures to ensure that the environment is as

clean as possible:

- A rule violation will not be issued at the first assessment.
- The provider will have no more than 30 days from the date of the inspection for the issue to be corrected.
- A focus inspection will be conducted to verify that the extermination took place by the scheduled date.
- If the extermination did not take place by the scheduled date or the pests are again on the premises, a rule violation will be issued at the focus inspection.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(3) All toys and materials including those used by infants and toddlers shall be cleaned:
(a) at least weekly or more often if needed,
(b) after being put in a child's mouth and before another child plays with the toy, and
(c) after being contaminated by a body fluid.

Rationale / Explanation
Contamination of toys and other items used by children plays a role in the transmission of disease in child care environments. All toys can spread disease when children put the toys in their mouths, touch the toys after putting their hands in their mouths during play or eating, or after toileting with inadequate handwashing. For this reason, toys that cannot be cleaned and sanitized should not be used. *CFOC 3rd ed. Standard 3.3.0.2. pp.117-118.*

Suggestions for cleaning and sanitizing toys include:

- Toys that children have placed in their mouths or that are otherwise contaminated by a body fluid should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried; or cleaned in a dishwasher.
- Small toys with hard surfaces can be set aside for cleaning by putting them into a dish pan labeled “soiled toys.” This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to bring the soiled toys to an area for cleaning later in the day.
- Using a mechanical dishwasher is an acceptable labor-saving approach for sanitizing plastic toys as long as the dishwasher can wash and sanitize the surfaces, and dishes and utensils are not washed at the same time as toys.

Compliance Guidelines

- Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(4) Fabric toys and items such as stuffed animals, cloth dolls, pillow covers, and dress-up clothes shall be machine washable and washed weekly, and as needed.

Rationale / Explanation
All contaminated toys and materials used by children (including fabric toys and materials) can spread disease. For this reason, toys that cannot be cleaned and sanitized should not be used. *CFOC 3rd ed. Standard 3.3.0.2. pp.117-118.*

Many children with allergies may be sensitive to dust mites that live in fabric. Dust mites are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Lice infestation, scabies, and ringworm are other common infectious diseases in child care facilities and may be spread by contact with infected fabric articles. It is important that all fabric articles that are used by the children be machine washable. *CFOC 3rd ed. Standard 5.3.1.4. p. 239; Standard 5.4.5.1. p. 252.*

It is recommended that cloth toys and other items made of fabric should be laundered in a washing machine and then dried in a heated dryer. If these fabric articles are laundered when soiled and at least weekly, the facility can achieve cleanliness and sanitation. *CFOC 3rd ed. Standard 3.3.0.2. pp. 117-118; Standard 5.3.1.4. p. 239.*

Compliance Guidelines

- Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.
- Large stuffed animals meant to be used as pillows need to be machine washable or have removable covers that are machine washable.
- Unless accessible to children, stuffed animals that are only used for teaching activities or for decoration are not required to be washed weekly.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(5) Highchair trays shall be cleaned and sanitized before each use.

Rationale / Explanation

According to the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA), food should not be placed directly on highchair trays, as studies have shown that highchair trays can be loaded with infectious microorganisms. If the highchair tray is made of plastic, is in good repair, and is free from cracks and crevices, it can be made safe if it is washed and sanitized before placing a child in the chair for feeding. Food should not be placed directly on highchair trays made of wood or metal, other than stainless steel, to prevent contamination by infectious microorganisms or toxicity from metals. *CFOC 3rd ed. Standard 4.5.0.2. p. 178.*

Compliance Guidelines

- The highchair tray should be cleaned and sanitized before a child is placed in the chair to eat or play.
- Even when a child has only played in the highchair and has not eaten, the tray should be cleaned and sanitized before it is used by another child.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(6) Water play tables or tubs shall be cleaned and sanitized daily, if used by the children.

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. Standard 6.2.4.2. p. 275.*

Compliance Guidelines

- This rule applies to water play tables or tubs, not to sensory tables with items, such as rice, beans, or sand in the them.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(7) Bathroom surfaces including toilets, sinks, faucets, and counters shall be cleaned and sanitized each day.

Rationale / Explanation

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. It is recommended that all bathroom surfaces be cleaned and disinfected daily. Bathroom surfaces include toilets, sinks, faucets, counters, floors, and walls. *CFOC 3rd ed. Standard 3.3.0.1. pp. 116-117; Appendix K. pp. 442-443.*

Compliance Guidelines

This rule will be considered out of compliance if:

- There is mold or mildew on any bathroom surface.
- Bathroom surfaces are not cleaned and sanitized at least once a day.
- Toilet seats are cracked, broken, or made of foam since they cannot be properly sanitized.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(8) Potty chairs shall be 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. Standard 5.4.1.7. pp. 246-247.*

Because of the difficulties in the sanitary handling of potty chairs, the Academy of Pediatrics and the American Public Health Association discourage their use. If potty chairs are used, it is recommended that they be constructed of plastic or similar nonporous synthetic products. Wooden potty chairs should not be used, even if the surface is coated with a finish. The finished surface of wooden potty chairs is not durable and, therefore, may become difficult to wash and disinfect effectively. *CFOC 3rd ed. Standard 5.4.1.7. pp. 246-247.*

Compliance Guidelines

- A toilet training seat is only considered a potty chair if it collects and holds urine or feces. Toddler toilet seats that are placed over a regular toilet are not considered to be potty chairs.
- Only the seat of the potty chair needs to be cleaned and sanitized when a child just sits on it, but does not go to the bathroom. The entire potty chair must be cleaned and sanitized if it has collected urine or feces.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) Toilet paper shall be accessible to children and kept in a dispenser.

Rationale / Explanation
If toilet paper is not in a dispenser, children may pick it up with hands that may be contaminated with fecal matter that remains on the roll and is transferred to the next child when they pick the roll up. *CFOC 3rd ed. Standard 5.6.0.3. pp. 258-259.*

Compliance Guidelines
- Toilet paper is only considered accessible if the child can reach it while sitting on the toilet.
- Toilet paper does not need to be within reach of a child sitting on a potty chair as long as a caregiver is present to hand sheets of toilet paper to the child.
- For young children, providers may hand sheets of toilet paper directly to the child rather than having the toilet paper on a dispenser. If that is the case, a caregiver must always be available to hand out the toilet paper when a young child is toileting.
- As long as children can get toilet paper without holding the toilet paper roll, any type of dispenser may be used.
- Disposable wipes may be used in place of toilet paper as long as they are in a covered dispenser and within reach of the child while on the toilet.
- A roll of toilet paper must be placed in the dispenser as soon as a caregiver discovers that the dispenser is out of paper.

It is a rule violation if:
- Toilet paper cannot be reached by a child who is using the toilet.
- Toilet paper is not kept in a dispenser.
- A toilet has no toilet paper and there are no spare rolls available to replace it.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(10) The provider shall post handwashing procedures that are readily visible from each handwashing sink and shall ensure that the procedures are followed.

Rationale / Explanation
The purpose of the rule is to promote increased handwashing through visual reminders. Pictures of the steps for proper handwashing remind children (especially those who cannot yet read) how to wash their hands thoroughly.

Compliance Guidelines
- This rule only applies to sinks that are used for handwashing.
- Any handwashing sign or list of handwashing procedures meets the requirements of this rule.
- If there are several handwashing sinks in the same area, one set of handwashing procedures that is visible from each sink is adequate.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(11) Staff and volunteers shall wash their hands thoroughly with liquid soap and running water at required times including:

(a) before handling or preparing food or bottles,
(b) before and after eating meals and snacks or feeding a child,
(c) after using the toilet or helping a child use the toilet,
(d) after contact with a body fluid,
(e) when coming in from outdoors, and
(f) after cleaning up or taking out garbage.

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. Improper handwashing has contributed to many outbreaks of diarrhea and other illnesses among children and caregivers in child care facilities. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*

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. Standard 3.2.2.1. pp. 110-111.*

Compliance Guidelines

If there is no visible dirt, grime, or body fluid on their hands, staff and volunteers may use a hand sanitizer instead of soap and water only in the following situations:

- When coming in from outdoors.
- If a snack is handed directly to a distressed child.
- Before administering medication to a child.
- When a caregiver who is in the bathroom supervising does not touch any child or bathroom surface. However, if the caregiver has given any hands-on help, such as lifting a child on or off the toilet, or turning the water on or off, then the caregiver must wash their hands.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(12) Caregivers shall teach children how to wash their hands thoroughly and shall oversee handwashing whenever possible.

Rationale / Explanation

Children need to be taught how to wash their hands thoroughly and then helped to practice these skills on a regular basis. Training programs may utilize some type of verbal cue such as singing the alphabet or birthday songs during handwashing. Staff training and monitoring of hand hygiene has been shown to reduce transmission of organisms that cause disease. *CFOC 3rd ed. Standard 3.2.2.4. p. 112.*

In facilities that have implemented a hand hygiene training program, the incidents of diarrheal illness have decreased by 50%. Several studies have found that handwashing helped to reduce colds when frequent and proper handwashing practices were part of a child care facility's curriculum. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*

The following hand hygiene procedures are suggested in *Caring for Our Children*:

- Use warm water because it is more comfortable and increases the likelihood that children and adults will adequately wash and rinse their hands.

- Run water over the hands to remove soil and before applying soap.
- Use liquid soap rather than bar soap because bar soaps have been shown to be heavily contaminated with bacteria, and children may not have the dexterity to handle a bar of soap.
- Rub hands together to create a soapy lather because the lather loosens soil and brings it to the surface of the skin.
- Rub hands for at least 20 seconds including the back of hands, between fingers, and under fingernails.
- Rinse the soapy lather completely off to remove the soil from the hands.
- Dry hands with a single-use paper or cloth towel and use the towel to turn off the faucet after handwashing to prevent recontamination of clean hands from touching any germs on the faucet. *CFOC 3rd ed. Standard 3.2.2.2. pp. 111-112.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(13) The provider shall ensure that children wash their hands thoroughly with liquid soap and running water at required times including:
(a) before and after eating meals and snacks,
(b) after using the toilet,
(c) after contact with a body fluid,
(d) before using a water play table or tub, and
(e) when coming in from outdoors.

Rationale / Explanation
According to the Centers for Disease Control and Prevention (CDC), handwashing helps prevent diarrhea and pneumonia, two of the leading causes of death in children around the world. Heavy amounts of diarrhea or intestinal parasites in young children have been linked to delays in development. However, proper handwashing before meals and after going to the toilet can lower exposure to germs. This can lessen illness and chronic inflammation – leading to better nutrition, more energy for growth and development, and better school attendance. In a CDC study, children who were taught about and practiced handwashing as part of their daily routine reached developmental milestones six months earlier and scored better in five areas of development than those children who did not practice regular handwashing. *"Improving Child Development: A New CDC Handwashing Study Shows Promising Results." CDC, 4 May 2015, www.cdc.gov/healthywater/hygiene/programs/child-development.html.*

Washing hands before and after eating is especially important for children who eat with their hands. Good handwashing after playing in sandboxes will help prevent the ingestion of parasites that can be present in contaminated sand and soil. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1.*

Compliance Guidelines
- If there is no visible dirt, grime or body fluid on the hands, children age 2 years and older may use a hand sanitizer if its use is actively supervised by a caregiver and only in the following situations:
  - If when distressed, a snack is handed directly to them.
  - After being diapered.
- During evacuation 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.
- It is not required to wash an infant's hands after a bottle feeding or diaper change unless the infant's hands come in contact with a body fluid. If this is the case, the caregiver may clean

the infant's hands with a baby wipe or soapy washcloth. If a soapy washcloth is used, the cloth must be washed after each use.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(14) Only single-use towels from a covered dispenser or an electric hand dryer may be used to dry hands.

Rationale / Explanation
The transmission of bacteria is more likely to occur from wet skin than from dry skin; therefore, the proper drying of hands is a key part of effective hand hygiene procedures. If hands are only shaken dry after washing, some bacteria are likely to remain. According to the Mayo Clinic, most studies suggest that paper towels can dry hands efficiently, remove bacteria effectively, and cause less contamination of the bathroom environment, and from a hygiene viewpoint, single-use towels are superior to electric air dryers. *Huang, C., Ma, W., & Stack, S. (2012). The Hygienic Efficacy of Different Hand-Drying Methods: A Review of the Evidence. Mayo Clinic Proceedings, 87(8), 791–798. http://doi.org/10.1016/j.mayocp.2012.02.019.*

The use of a cloth towel roller is not recommended in child care facilities because 1) children often use cloth roll dispensers improperly resulting in more than one child using the same section of towel, and 2) incidents of accidental strangulation in these devices have been reported. *CFOC 3rd ed. Standard 3.2.2.2. pp. 111-112.*

Compliance Guidelines
- This rule only applies to towels for drying hands and not to the types of towels used for other purposes such as cleaning up spills.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(15) Personal hygiene items, such as toothbrushes, combs, and hair accessories, shall not be shared and shall be stored so they do not touch each other, or they shall be sanitized between each use.

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 may be 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. Standard 3.1.5.2. pp. 102-103. Standard 3.6.1.5. p. 136.*

Compliance Guidelines
- If personal hygiene items are shared they must be sanitized before another child uses the shared item.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(16) Pacifiers, bottles, and nondisposable drinking cups shall:
(a) be labeled with each child's name or individually identified; and
(b) not shared, or washed and sanitized before being used 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. Standard 3.3.0.3. p. 118.*

Compliance Guidelines

Approved methods of identifying each child's pacifier, bottle, and cup include:

- Using the child's initials instead of the child's name.
- Using permanent marker or scratching the child's name or initials into the plastic of the pacifier, bottle, or cup.
- Attaching a pacifier to a child's clothing with a clip and short ribbon, and instead of labeling the pacifier, labeling the clip or ribbon with the child's name or initials.
- Using color-coded pacifiers, bottles, and cups instead of labeling with children's names, if each child is assigned a different color and their assigned color is shown on a chart.

Other guidelines that apply to this rule include:

- When a meal is served, if drinking cups are brought to the table for the meal and then removed immediately after the meal to clean and sanitize them, the cups do not need to be labeled with each child's name.
- One way that pacifiers and baby bottles can be effectively sanitized is by submerging them in boiling water for 5 minutes.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(17) A child's clothing shall be promptly changed if the child has a toileting accident.

Rationale / Explanation

Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas while wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. For these reasons, it is important to change wet or soiled clothing promptly. *CFOC 3rd ed. Standard 3.2.1.5. pp. 108-110.*

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Compliance Guidelines

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, and the child is discreetly separated from other children until their parent can bring the clothing.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(18) Children's clothing that is wet or soiled from a body fluid shall:
(a) not be rinsed or washed at the center,
(b) be placed in a leakproof container that is labeled with the child's name,
(c) be returned to the parent, ~~and~~ or (proposed rule change)
(d) thrown away with parent consent.

Rationale / Explanation

Disease caused by bacteria, viruses, and parasites are spread through fecal contamination of caregivers' and children's hands and objects in the environment. Procedures that reduce fecal contamination, such as the minimal handling of soiled clothing and the containment of fecal matter and articles containing fecal matter, control the spread of these diseases. Washing soiled clothing at the child care facility is discouraged because rinsing soiled clothing or putting stool into a toilet increases the likelihood that other surfaces will be contaminated. *CFOC 3rd ed. Standard 3.2.1.1. pp. 104-105.*

Compliance Guidelines

- Plastic grocery and other plastic bags may be used to contain wet or soiled clothing as long as they are leakproof. Grocery or other plastic bags with holes in the bottoms or sides cannot be used because they are not leakproof.
- Containers to store wet or soiled clothing must be inaccessible to children.
- The container does not need to be labeled if put into a child's labeled diaper bag or cubby as long as the diaper bag or cubby is inaccessible.
- If a provider only cares for children from one family, they are not required to label the leakproof container holding the contaminated clothing, but it must be inaccessible.
- If the center has access to a washing machine and dryer, then children's clothing can be washed at the center as long as the wet or soiled clothing is inaccessible to children.
- Fecal matter may be flushed down the toilet before the contaminated clothing is placed in leakproof container.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(19) Staff shall take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or vomit. Except for diaper changes and toileting accidents, staff shall:
(a) wear waterproof gloves;
(b) clean the surface using a detergent solution;
(c) rinse the surface with clean water;
(d) sanitize the surface;
(e) throw away in a leakproof plastic bag the disposable materials, such as paper towels, that were used to clean up the body fluid;
(f) wash and sanitize any nondisposable materials used to clean up the body fluid, such as cleaning cloths, mops, or reusable rubber gloves, before reusing them; and
(g) wash their hands after cleaning up the body fluid.

Rationale / Explanation

Children and adults may unknowingly have a contagious disease such as hepatitis B, HIV, or other infectious agent spread through contact with blood. Other infectious diseases, such as the common cold, influenza, strep throat, and cytomegalovirus (CMV) are spread through contact with saliva, vomit, urine, and feces. Also, some viruses can survive in a dried state for at least a week and perhaps even longer. For this reason, it is important to protect children and adults from

exposure to infection by following safe procedures whenever handling and cleaning up body fluids. *CFOC 3rd ed. Standard 1.4.5.3. pp. 30-31; Standard 3.2.3.4. pp. 114-116.*

For more information about cleaning up body fluids, refer to *CFOC 3rd ed. Appendix L. p. 444* and *Appendix D. p. 428* for information on using and removing disposable gloves when handling body fluids.

Compliance Guidelines

- All of the cleaning steps do not need to be followed when only droplets of a body fluid are present. However, if any body fluid pools on the floor or ground, the precautions as described in this rule must be taken.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(20) A child who is ill with an infectious disease may not be cared for at the center except when the child shows signs of illness after arriving at the center.

Rationale / Explanation

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help limit transmission of disease by preventing the development of new cases. *CFOC 3rd ed. Standard 3.6.1.1. pp. 131-134.*

Compliance Guidelines

Symptoms that may indicate an infectious disease include:

- A fever of 101 degrees Fahrenheit or higher for infants younger than 4 months of age, or a fever of 102 degrees Fahrenheit or higher for children age 4 months and older
- An unexplained rash
- Irritability
- Lethargy
- A persistent cough
- Vomiting
- Diarrhea
- Infected eyes with discharge

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(21) When a child becomes ill while in care:

(a) the provider shall contact the child's parent or, if the parent cannot be reached, an individual listed as the emergency contact to immediately pick up the child; and

(b) if the child is ill with an infectious disease, the child shall be made comfortable in a safe, supervised area that is separated from the other children until the parent arrives.

Rationale / Explanation

When a child becomes ill while in care, the provider should contact the child's parent as soon as possible. In *Caring for Our Children*, it is recommended that a child be sent home if they are too sick to participate in activities, require greater care than the provider can offer, or if they pose a risk of infecting others. *CFOC 3rd ed. Standard 3.6.1.1. pp. 131-135.*

Children who are ill must be separated from other children to prevent them from infecting others. In addition, ill children are often too sick to participate comfortably in regular program activities. *CFOC 3rd ed. Standard 3.6.1.4. p. 136.*

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(22) When any child or employee has an infectious disease, an unusual or serious illness, or a sudden onset of an illness, the provider shall notify the local health department on the day the illness is discovered.

Rationale / Explanation
Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. *CFOC 3rd ed. Standard 9.2.3.3. p. 355.*

Compliance Guidelines
- Utah Law requires that certain diseases and conditions must be reported to a local health department or the Utah Department of Health. For more information, refer to: http://health.utah.gov/epi/reporting/.

- Providers can check with their local county health department for specific reporting requirements. Some of the diseases that may be required to be reported to local health departments are listed below. For a complete list, refer to: http://health.utah.gov/epi/reporting/Rpt_Disease_List.pdf.

Chickenpox	HIV and AIDS	Rubella
Diarrheal diseases	Influenza	Sexually transmitted diseases
Diphtheria	Measles	Shigellosis
Giardiasis	Meningococcal infections	Viral Meningitis
Hepatitis A, B, and C	Mumps	Whooping Cough

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(23) The provider shall post a notice at the center when any staff member or child has an infectious disease or parasite. The notice shall:
(a) not disclose any personal identifiable information,
(b) be posted in a conspicuous place where it can be seen by all parents,
(c) be posted and dated on the same day that the disease or parasite is discovered, and
(d) remain posted for at least 5 days.

Rationale / Explanation
Notifying parents of any infectious disease at the facility allows them to closely observe their child for signs and symptoms of illness. Early identification and treatment of infectious diseases are important in reducing further transmission of the disease. *CFOC 3rd ed. Standard 3.6.4.2. p. 145.*

The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.

Compliance Guidelines

Posting the notice of illness on a computerized sign-in program used by all parents is considered posting in a conspicuous place.

A child with bed bug bites does not mean the child has an infectious disease or parasite. A notice does not have to be posted for a child with ed bug bite marks.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

(24) To prevent contamination of food, the spread of foodborne illnesses, and other diseases:

(a) individuals who prepare food in the kitchen shall not change diapers or help in toileting children;

(b) caregivers who care for diapered children shall only prepare food for the children in their care, and they shall not prepare food outside of the room used by the diapered children or prepare food for other children and adults in the facility; and

(c) individuals with an infectious disease or showing symptoms such as diarrhea, fever, and vomit shall not prepare or serve foods.

Rationale / Explanation

The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. *CFOC 3rd ed. Standard 4.9.0.2. pp. 188-189.*

Compliance Guidelines

- Caregivers cannot play a dual role of cook and caregiver for children outside of their group. When an individual's role clearly changes, the person may move from caregiver to cook if they wash their hands according to rule before beginning duties as the cook.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

R381-100-16: FOOD AND NUTRITION

This section of rules gives information about how to keep food and the serving of food clean, safe, and developmentally appropriate for infants and children in care.

One of the basic responsibilities of every caregiver is to provide nourishing food to the children each day. Food is essential in any child care setting to keep infants and children free from hunger. Food provides energy and nutrients needed by infants and children during the critical period of their growth and development. Children also need freely available, clean drinking water. *CFOC 3rd ed. Introduction 4.1. p. 151.*

(1) The provider shall ensure that each child age 2 years and older is offered a meal or snack at least once every 3 hours.

Rationale / Explanation

Children need to be fed often. To ensure that their daily nutritional needs are met, nourishing food should be offered to children several times over the course of a day. Snacks should be nutritious, as they are often a significant part of a child's daily intake of food. *CFOC 3rd ed. Standard 4.2.0.5. p.156.*

Compliance Guidelines

- According to R381-100-18(4)(a)-(b), the times meals and snacks occur must be posted on a daily schedule.
- The amount of time between meals will be counted from the ending time of one meal to the starting time of the next meal. If the daily schedule only lists the meal start times, the time between meals will be counted from start time to start time.
- If meal or snack time directly follows nap time, an extra 30 minutes may be allowed at the end of nap time to allow children time to wake up from their nap and get ready for a snack.
- If a center is open until 7:00 p.m., there may be up to but not more than four hours between the afternoon meal or snack and the center's closing time. If the center is open later than 7:00 p.m., a meal or snack must be offered at least every three hours.
- For children who are in late evening or overnight care, meals do not need to be served after children have gone to bed for the night.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) When food for children's meals and/or snacks is supplied by the provider:

(a) the meal service shall meet local health department food service regulations;

(b) the foods that are served shall meet the nutritional requirements of the USDA Child and Adult Care Food Program (CACFP) whether or not the provider participates in the CACFP;

(c) the provider shall use the CACFP menus, the standard Department-approved menus, or menus approved by a registered ~~dietician~~ dietitian (proposed rule change)**. Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years;**

(d) the current week's menu shall be posted for review by parents and the

(d) the current week's menu shall be posted for review by parents and the Department; and
(e) providers who are not participating or in good standing with the CACFP shall keep a six-week record of foods served at each meal and snack.

Rationale / Explanation

Outbreaks of foodborne illness have occurred in child care facilities. Young children are particularly susceptible to foodborne illness due to their body size and immature immune systems. Local health department food safety regulations are based on scientific data that demonstrate the required conditions necessary in preventing food contamination that causes foodborne illness. *CFOC 3rd ed. Standard 1.4.5.1. p. 30; Standard 4.9.0.1. p. 188.*

Nourishing food is the cornerstone for children's health, growth, and development. The amounts and kinds of food that are served at a child care facility must meet children's nutritional requirements. Following the guidance from CACFP (or a registered dietitian) for meals and snack patterns ensures that the nutritional needs of children are met based on current scientific knowledge. *CFOC 3rd ed. Standards 4.2.0.1-4.2.0.3. pp. 152-154.*

Posting menus in a place that is available to parents helps inform them about proper nutrition, identify possible food allergies or intolerance, and allows parents to plan meals at home that do not duplicate what the child ate while in care that day. *CFOC 3rd ed. Standard 4.2.0.9. pp. 159-160.*

Keeping a six-week record of foods served is to verify that the child care programs that do not participate in CACFP serve foods to children that meet their basic nutritional needs. *CFOC 3rd ed. Standards 4.2.0.1-4.2.0.3. pp. 152-154.*

Compliance Guidelines

Food Service Regulations

- Child care providers that supply, prepare, and/or serve food to children are required to 1) pass a kitchen inspection by the local county health department; and 2) ensure that all those who serve food to children in care obtain a food handler permit that is kept onsite for review by the local county health department.
- When any food for the children is prepared in the provider's kitchen, a kitchen inspection is required. For example, if a parent brings unprepared food (e.g. a box of macaroni and cheese) for the provider to prepare, the provider must be in compliance with this rule.
- If each parent brings already prepared food for their own child, and it is not prepared at the facility, a kitchen inspection from the local health department is not required. In this case, the facility is not considered to be providing food service.
- Kitchen inspection documentation must be current before a child care license will be issued and before the license renewal each year.

Nutritional Requirements and Menus

- This rule does not apply to food that is used only as a curriculum activity and is not part of the meal or snack.
- The provider must display the current week's menu in plain sight, or may post it electronically (to an app, website, etc.) as long as parents and CCL always have access to the menu.
- If only snacks are served at the facility, a snack menu must still be posted.
- If children receive food from a public school, the provider must have documentation that the school is in good standing with the CACFP.
- 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 involves children in preparing the menu: 1) it must be planned in advance so an entire week's menu is available for parent review, and 2) it must follow an approved menu plan as described in this rule.

Nonparticipants in CACFP

If not participating or not in good standing with CACFP:

- The provider must maintain a six-week record of snacks even when this is the only food that the provider offers.
- The required six-week record must be dated so the licensor can determine which foods were served on which dates.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(3) The person who serves food to children shall:
(a) be aware of the children in their assigned group who have food allergies or sensitivities, and
(b) ensure that the children are not served the food or drink they are allergic or sensitive to.

Rationale / Explanation
Food allergy is a growing public health concern. Nearly 6 million or 8% of children have food allergies with young children affected most. Research suggests that close to half of fatal food allergy reactions are triggered by food consumed outside the home. For more information, refer to Food Allergy Research and Education at www.foodallergy.org.

As a safety and health precaution, the staff should know in advance whether a child has a food sensitivity or allergy. Food sensitivities can result in minor irritations such as rashes or loose stools. A food allergic reaction can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions. Deaths from food allergies are being reported in increasing numbers. For these reasons, vigilant efforts to avoid exposure to the offending foods are necessary.
CFOC 3rd ed. Standard 4.2.0.10. pp. 160-161; Standard 9.4.2. pp. 386-391.

Compliance Guidelines
Refer to the following definitions as they apply to this rule:

- A food allergy is an immune system reaction that affects numerous organs in the body and occurs soon after eating a certain food.
- A food sensitivity or intolerance is generally a less serious condition that does not involve the immune system and is often limited to digestive problems.
- A child's dislike of a particular food without a negative physical reaction is a food preference, not a food sensitivity or allergy.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:

- A child is served a food that they are allergic or sensitive to.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:
- A person who serves food at the facility does not know which children have a food allergy or sensitivity.

(4) Children's food shall be served on dishes, napkins, or sanitary highchair trays, except an individual finger food, such as a cracker, that may be placed directly in a child's hand. Food shall not be placed on a bare table.

Rationale / Explanation
Using clean 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 a table because 1) even washed and sanitized tables are more likely to be contaminated than dishes, and 2) eating from dishes reduces contamination of the table surface when children put down their partially eaten food. *CFOC 3rd ed. Standard 4.5.0.2. p. 178.*

Ideally, food should not be placed directly on highchair trays, as studies have shown that highchair trays can be loaded with infectious microorganisms. However, if the highchair tray is made of plastic, is in good repair, and is free from cracks and crevices, it can be made safe if it is washed and sanitized before each use. *CFOC 3rd ed. Standard 4.5.0.2. p. 178.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(5) Food and drink brought in by parents for their child's use shall be:
(a) labeled with the child's name,
(b) refrigerated if needed, and
(c) consumed only by that child.

Rationale / Explanation
The purpose of this rule is to ensure that a child is not accidentally served food intended for another child, and that food brought by parents for their child is kept safe. *CFOC 3rd ed. Standard 4.6.0.1. p. 182.*

Restricting food sent to the facility to be consumed by the children reduces the risk of food poisoning from unknown procedures used in home preparation, storage, and transport. Foodborne illness and poisoning from food is a common occurrence when food has not been properly refrigerated and covered. The facility must ensure that any food offered to children at the facility or shared with other children is wholesome and safe as well as complying with food and nutrition rules and guidelines that the child care program should observe. *CFOC 3rd ed. Standard 4.6.0.1. p. 182.*

Compliance Guidelines
- The food and drink may be labeled with only the child's first name unless another child in the facility has that same first name. In this case, the food and drink may be labeled with the child's first name and last name initial unless another child has the same first name and last initial. If this is the case, the food and drink must be labeled with the child's full name.
- Instead of being refrigerated, the food and drink may be kept in a lunch container with a cold pack, as long as the cold pack stays at least cool to the touch.

- Food that is brought from home may be put in a cubby that is labeled with the child's first name as long as the food is kept cold as necessary.
- It is the provider's responsibility to determine by policy if on special occasions parents may bring food to share with children other than their own. If allowed, only commercially prepared and packaged foods may be shared since the provider usually does not know how parents prepare and store food.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

R381-100-17: MEDICATIONS

This section provides rules and information about storing and administering medication to children in care. The intent of these rules is to help providers avoid harm to children caused by an error in administering medication, and to prevent children from accessing and ingesting a medication without adult supervision. A provider's policies on administering medications should comply with the requirements of the American with Disabilities Act (ADA). For more information about this law, refer to: www.ada.gov.

Consider a substance (other than food and water) to be a medication if it is taken into or placed on the body in order to:

- Affect how the body functions,
- Treat or cure a medical condition,
- Relieve pain or symptoms of illness, and/or
- Prevent infection, illness, or disease.

With a few exceptions, CCL considers a substance that meets any of the above criteria to be a medication. In addition to all prescription medications and typical over-the-counter medications, the following are examples of products that are considered to be medications because they affect how the body functions.

- Prescription-strength antibiotic ointments
- Baby powder (that contains talc)
- Energy drinks
- Essential oils
- Herbal remedies
- Hydrogen peroxide (more than 3% strength)
- Ipecac syrup
- Relaxation drinks (e.g. Chillax)
- Rubbing alcohol
- Simethicone gas drops or pills
- Teething gels
- Vitamins
- Weight loss liquid drinks (when labeling implies product is used for weight loss)
- Witch hazel

(1) Nonrefrigerated medications shall be stored at least 48 inches above the floor or shall be locked.

Rationale / Explanation

An estimated 71,000 children are seen in emergency departments each year because of unintentional medication poisonings. Over 80% of these visits were because a child found and consumed a medication without adult supervision. Ensuring that medications are inaccessible to children is a key in preventing medication poisoning. *CFOC 3rd ed. Standard 3.6.3.1. pp.141-142.*

Some medications, such as eye drops or topical ointments, have a localized effect on the body and do not enter the blood stream. Other medications, such as pills, liquids, and some medicine patches, enter the blood stream and act on a specific organ or system of the body. The effects of a medication depend upon various factors – a person's age, weight, and fluid intake; interactions with food and other substances in the body; and the dosage and strength of the medication.

Compliance Guidelines

- All medications must be stored according to rule including:
  - Medications in first aid kits.
  - Employees' and household members' medications.
  - Medications in purses, backpacks, diaper bags, etc.
    - The purse, backpack, etc. must be inaccessible or the medication should be removed and made inaccessible.
    - A backpack, fanny pack, etc. being worn by an adult is considered inaccessible.
- A medication's child-resistant packaging, such as a safety cap, does not make the medication inaccessible to children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) Refrigerated medications shall be stored at least 36 inches above the floor or shall be locked, and if liquid, they shall be stored in a separate leakproof container.

Rationale / Explanation

Liquid medication in a refrigerator should be stored in a way that prevents accidental contact with food if the medication were to drip or spill. *CFOC 3rd ed. Standard 3.6.3.2. p. 143.*

Compliance Guidelines

- Each liquid medication in the refrigerator (even one that does not require refrigeration) must be stored in a separate leakproof container such as a:
  - Plastic container with a lid,
  - Closed ziplock bag, or
  - Refrigerator drawer if all sides of the drawer are taller than its surface and able to contain a spill, there are no openings or cracks in the drawer, and nothing else is stored in the drawer.

It is acceptable if:

- A vial of medication is not in a separate leakproof container if the medication can only be removed with a hypodermic needle.
- A refrigerated medication in pill or tablet form is not stored in a leakproof container.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

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

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. Standard 3.6.3.3. pp. 143-144.*

Compliance Guidelines

- The child's full name can be on the medication, on a bag containing the medication, or on a medication permission form attached to a bag containing the medication.
- Loose pills may not be stored in a ziplock bag and a liquid medication may not be mixed with another liquid in a bottle.
- If a medication is in the original container without a child-safety cap (such as eye drops or nasal spray) it must still have the original label and be labeled with the child's name.
- If a parent supplies an over-the-counter medication for several of their children, the medication needs to be labeled with the last name and the first name of each child who may be given the medication.
- A medication or medical device (such as an inhaler) that has the pharmacy label with the child's full name on it, does not need to be kept in the original box.

The following are suggestions for labeling a small container of medication, such as a small vial:

- Keep the container in the box that has the required information on it.
- Write the name on the bottom of the medication container.
- Use a clear address label.
- Attach a label to a twist tie or zip tie and attach the tie around the neck of the medication container.
- Keep the vial in a labeled container.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- A medication has been given to the wrong child due to noncompliance with this rule.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning otherwise.

(4) The provider shall have a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.

Rationale / Explanation

The purpose of this rule is to protect both the children and the provider by ensuring that medication is never given to a child without parental knowledge and permission. Dispensing medication to children affects their health and errors may have legal consequences for the provider. *CFOC 3rd ed. Standard 9.4.2.6. p. 391.*

Compliance Guidelines

- There must be a written permission form signed by the parent for each medication to be given to their child. This applies to both over-the-counter and prescription medications, whether they will be administered one time or on an ongoing basis.
- If the same medication will be administered on an going basis, only one completed permission form is required as long as the administration instructions do not change.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(5) The medication permission form shall include:
(a) the name of the child,
(b) the name of the medication,
(c) written instructions for administration, and
(d) the parent signature and the date signed.

Rationale / Explanation
The purpose of this rule is to avoid harm to children through errors in administering medications. *CFOC 3rd ed. Standard 3.6.3.3. pp. 143-144.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(6) The instructions for administering the medication shall include:
(a) the dosage,
(b) how the medication will be given,
(c) the times and dates to administer the medication, and
(d) the disease or condition being treated.

Rationale / Explanation
Before assuming responsibility for giving any medication to a child, the provider must have clear, accurate written instructions on how the medication should be administered and information about the child's disease or condition. *CFOC 3rd ed. Standard 9.4.2.6. p. 391.*

Compliance Guidelines
- The provider may use two separate forms or combine the medication permission form and the medication administration form into a single form as long as the combined form has all required information.
- A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nose).

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(7) If the provider supplies an over-the-counter medication for children's use, the medication shall not be administered to any child without previous parental consent for each instance it is given. The consent shall be:
(a) prior written consent; or
(b) verbal consent if the date and time of the consent is documented, and is signed by the parent upon picking up their child.

Rationale / Explanation
Over-the-counter medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness or even death when these products are misused or unintentional poisoning occurs. For the protection of the children and the provider, no medication should ever be given to a child without written parental permission. *CFOC 3rd ed. Standard 3.6.3.1. pp. 141-142.*

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(8) The caregiver administering the medication shall:
(a) wash their hands,
(b) check the medication label to confirm the child's name if the parent supplied the medication,
(c) check the medication label or the package to ensure that a child is not given a dosage larger than that recommended by the health care professional or manufacturer, and
(d) administer the medication.

Rationale / Explanation
Medications can be very dangerous if the wrong type or wrong amount is given to the wrong person or at the wrong time. Administering medications properly is crucial to the health and wellness of children. *CFOC 3rd ed. Standard 3.6.3.1. p. 141.*

Compliance Guidelines
The caregiver administering the medication may:
- Give a medication dosage different from the manufacturer recommendation if the parent provides a doctor's note confirming the dosage.
- Refer to a doctor's note if the medication does not have a dosage chart.
- Put the medication in a food source, such as crushing a pill and putting it in juice or applesauce, as instructed by the parent.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when any of the following occurs due to noncompliance with this rule:
- Medication is given to the wrong child.
- A child misses a dose of medication.
- A child receives more medication than what is recommended by the health care professional or manufacturer.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning otherwise.

(9) Immediately after administering a medication, the caregiver giving the medication shall record the following information:
(a) the date, time, and dosage of the medication given;
(b) any errors in administration or adverse reactions; and
(c) their signature or initials.

Compliance Guidelines
- If a provider cares for a child with diabetes who uses an insulin pump, the caregiver must document each time they deliver medication with the pump. If the pump keeps records of the dosage and time the dosage is given, the provider will not be required to document each time the insulin is administered.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:

- Failure to document the required information resulted in a child being given an extra dose or missing a needed dose of medication.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning otherwise.

(10) The provider shall report a child's adverse reaction to a medication or error in administration to the parent immediately upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening.

Rationale / Explanation
Occasionally, a child may have a negative reaction to medication that was given. Providers need to avoid additional harm to the child by immediately dealing with an adverse reaction or an error in administration, including by calling emergency personnel if necessary.
CFOC 3rd ed. Standard 3.6.3.3. p. 143.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(11) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication before the time the medication needs to be given.

Rationale / Explanation
The intent of this rule is to prevent miscommunication between the provider and parent that could jeopardize the child's health. For example, a parent could drop their child off at the facility thinking that their child will receive a needed medication while in care, but in fact the child will not be given the medication.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:

- The provider fails to inform the parent of their refusal to administer a medication before it needs to be given to the child, and the child's condition is life-threatening without the medication.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning otherwise.

(12) The provider shall keep a six-week record of medication permission and administration forms on-site for review by the Department.

Rationale / Explanation
For each child's health and safety, specific information should be kept at the facility and available to staff on a need-to-know basis. Information about each child's health status and needed medications ensures that the children's individual needs are met. On occasion, the child's health

care provider may use the records as an aid in diagnosing health conditions. *CFOC 3rd ed. Standards 9.4.2.1. pp. 386-387.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

R381-100-18: ACTIVITIES

This section provides the rules and information about daily activities and schedules. It also discusses the rules that the provider must follow if offsite activities are offered for the children.

(1) The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.

Rationale / Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities. Children's experiences in their earliest years affect how their brains work and during these years the brain undergoes its most dramatic growth. Language emerges, basic motor abilities form, thinking becomes more complex, and children begin to understand their own feelings and those of others. Children who do not receive appropriate nurturing or stimulation during these prime times are at heightened risk for developmental delays and impairments. *Rethinking the Brain*. Rima Shore (NY: Families and Work Institute, 1997); *What Do We Know About Social and Emotional Development* (The Urban Child Institute, 2017).

Physical Development Includes...	Social/Emotional Development Includes...	Cognitive Development Includes...	Language Development Includes...
crawling walking running dancing climbing balancing exercising writing drawing	feeling expressing succeeding sharing playing laughing pretending encouraging helping	thinking understanding guessing asking answering solving exploring learning evaluating	talking listening singing roleplaying reading writing rhyming reciting responding

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) Daily activities shall include outdoor play as weather and air quality allow.

Rationale / Explanation

Children should play outdoors each day when the conditions do not pose a safety risk. Outdoor play offers additional learning opportunities and many health benefits. Generally, outdoor air is healthier than indoor air because infectious disease organisms are less concentrated. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open space in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. *CFOC 3rd ed. Standard 3.1.3.2. p. 93.*

For information about air quality visit: www.airquality.utah.gov.

Compliance Guidelines

- It is not a requirement for children to have outside activities on days when air quality is rated as poor (or red).
- Taking children on walks (including in strollers) is considered outdoor play. However, going on a walk may not be the only outdoor activity that is ever offered; children of all ages must have opportunities to be physically active when outdoors.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(3) Physical development activities shall include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every 2 hours children spend in the program.

Rationale / Explanation

All children should participate in play, activities, and games that promote movement over the course of the day, both indoors and outdoors. Infants' and children's participation in physical activity is critical to their overall health, development of motor skills, social skills, and cognitive development. Daily physical activity is an important part of preventing excessive weight gain and childhood obesity. *CFOC 3rd ed. Standard 3.1.3.1. pp. 90-91.*

Light physical activity generally includes playing board games, puzzles, drawing, painting, etc.
Moderate physical activity generally includes yoga, indoor exercise, walking, shooting baskets, movement games, etc.
Vigorous physical activity generally includes running, climbing, jumping rope, playing sports, etc.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(4) For each preschool and school-age group, the provider shall post a daily schedule that includes:
(a) activities that support children's healthy development, and
(b) the times activities occur including at least meal, snack, nap or rest, and outdoor play times.

Rationale / Explanation

Child care facilities need a written plan for how they will support children's healthy development, and they need to communicate the plan to parents. Research has shown that children attending child care facilities that have a well-developed plan of activities achieve appropriate levels of development. *CFOC 3rd ed. Standard 2.1.1.1. pp. 49-50.*

A posted daily schedule will also help demonstrate the provider's compliance with providing daily outside play, offering meals or snacks at least every 3 hours, and scheduling nap or rest times for no more than 2 hours.

Compliance Guidelines

- The daily schedule(s) may be posted in a central area (such as a parent bulletin board) where all parents will see it as they come and go, or in each room where preschoolers and school-age children are cared for.
- If infants or toddlers are in a group of older children, there must be an activity schedule posted

for the older children even though the infants and toddlers follow their own pattern of eating and sleeping as required in rule.
- It is out of compliance if the schedule only includes a general list of activities.
- Words other than those used in rule may be used to describe activities as long as the intent of the rule is maintained. For example, "recess" may be used in place of "outdoor time" and "quiet time" may be used instead of "nap time."
- The daily schedule needs to account for the entire time children are in care, from the arrival time of the first child to the departure time of the last child. This includes having a schedule for school-age children who are in care only when their school is not in session.
- The schedule for preschool and school-age children does not need to include a nap time, but should have a scheduled time for more quiet or relaxing activities such as reading, listening to soft music, doing homework, or drawing.
- The provider may change the daily schedule of activities to better address the needs of the children and/or to accommodate life events as long as compliance with rules is maintained.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(5) Toys, materials, and equipment needed to support children's healthy development shall be available to the children.

Rationale / Explanation
Learning occurs in all areas of development as children play. Toys, materials, and equipment that enhance children's play are essential in a child care setting and should be available to children both indoors and outdoors. *CFOC 3rd ed. Standards 2.1.1.1. - 2.1.1.2. pp. 49-50.*

Good-quality toys, books, and equipment not only benefit children, they can make child care much easier to manage. A few tips for choosing toys and materials include:
- Choose toys that are durable and safe. Look at labels. Think big – no small parts for younger children.
- Have enough toys and materials to occupy all children in attendance.
- Select toys that can be used in a variety of ways.
- Promote healthy development by providing toys that encourage large-motor, small-motor and thinking skills, as well as social skills and self-awareness.

Compliance Guidelines
- There must be enough materials for each child in the group to be engaged in play with at least one toy or activity.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(6) Except for occasional special events, the children's primary screen time activity on media such as television, cell phones, tablets, and computers shall:
(a) not be allowed for children 0 to 17 months old;
(b) be limited for children 18 months to 4 years old to 1 hour per day, or 5 hours per week with a maximum screen time of 2 hours per activity; and
(c) be planned to address the needs of children 5 to 12 years old.

Rationale / Explanation

Children's brains and bodies are going through critical periods of growth and development. Screen time takes children away from more valuable social interactions and physical activities. It can have negative effects on cognitive development and there is a link between TV viewing and increased risk of obesity. Caregivers cannot determine the amount of screen time each child receives at home, so for this reason, the American Academy of Pediatrics (AAP) encourages caregivers to prohibit or strictly limit the screen time children receive while in care. *CFOC 3rd ed. Standard 2.2.0.3. pp. 66-68.*

The AAP and the White House Task Force on Childhood Obesity discourage any screen time for children under the age of two years, and less than two hours a day of quality programming for older children. This information can be found at: www.aap.org/.

According to the Mayo Clinic and the AAP, too much or poor quality screen time has been linked to these negative health effects:

- Lack of adequate sleep
- Obesity
- Substance Abuse
- Behavioral problems
- Decreased school performance
- Loss of social skills
- Less time for essential play
- Violence

For another excellent resource, go to:
www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/screen-time/art-20047952

Compliance Guidelines

- Children who are younger than 18 months old should never be placed in front of a screen to be entertained or occupied. Screen time should never be the primary activity for children this age.
- In mixed-age groups, older children may participate in screen time activities when children younger than 18 months old are present on condition that the primary activity of the young children is not screen time. For example, an infant may be fed or rocked to sleep, or a young child may be playing with toys in the room where older children participate in a screen activity, as long as watching the screen is not the infant's or younger child's primary activity.
- Although experts advise that screen time for school-age children be limited to 1 to 2 hours per day (including at home), licensing rule does not specify a maximum number of screen time hours for this age group. Instead, the provider should develop a plan for managing screen time such as allowing a certain amount of screen time for homework and for free play.

This rule does not pertain to screen time that:

- Involves children in physical activity, for example, when children watch television to exercise, dance, or do yoga.
- Is interactive and engages a group of children along with their caregivers, for example, watching an educational video that involves questions and answers or problem-solving with others.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(7) If swimming activities are offered or if wading pools are used:

(a) the provider shall obtain parental permission before each child in care uses the pool;

(b) caregivers shall stay at the pool supervising whenever a child is in the pool or has access to the pool, and whenever a wading pool has water in it;

(c) diapered children shall wear swim diapers whenever they are in the pool;

(d) wading pools shall be emptied and sanitized after use by each group of children;

(e) if the pool is over 4 feet deep, there shall be a lifeguard on duty who is certified by the Red Cross or other approved certification program any time children have access to the pool; and

(f) lifeguards and pool personnel shall not count toward the caregiver-to-child ratio.

Rationale / Explanation

Providers should notify parents and get their permission prior to any activity that is out of the ordinary or that may pose additional risk to the children, including before a child uses a swimming or wading pool. This gives a parent the opportunity to keep their child from participating, as they see fit. For example, a parent may not want their child to play in water if the child has just gotten over a cold.

According to the National Safety Council, drowning is the leading cause of injury-related death in children 1 to 4 years old, and is the second leading cause of injury-related death for 5- to-14-year-olds. Drowning can be quick and quiet when it occurs. In a comprehensive CPSC study, it was found that most drowning victims were out of sight for only 5 minutes or less, and splashing did not occur to alert anyone that the child was in trouble. Constant vigilant supervision of children near any body of water is essential. *CFOC 3rd ed. Standards 2.2.0.4.-2.2.0.5. pp. 68-69.*

It is important to minimize the risk of spreading cryptosporidiosis, a diarrheal disease caused by a microscopic parasite. Utah Department of Health rule states that “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.” *Utah Code R392-302-30(8)(c)*.

It is recommended that the provider check with their local health department before allowing children to use a wading pool because some health departments prohibit the use of wading pools in child care facilities. Licensing rule requires providers to comply with local laws and rules such as these.

Emptying and sanitizing a wading pool is a practice that controls the growth of bacteria and algae, and minimizes the risk of spreading disease through shared wading pool water. *CFOC 3rd ed. Standard 6.3.4.1. p. 282; Standard 6.3.5.4. p. 283.*

Most drownings are preventable through a variety of strategies, one of which is to have lifeguards in areas where children swim. Lifeguards are trained to watch for signs of drowning which are seldom obvious. Children and adults are rarely able to call out or wave their arms when they are in distress in the water, and they can submerge in 20 to 60 seconds. As well as rescue, lifeguards are able to provide immediate first aid if necessary. There is no doubt that trained, professional lifeguards have had a positive effect on drowning prevention in the United States. *Lifeguard Effectiveness: A Report of the Working Group.* Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2001.

A study of drowning deaths of children younger than five years of age concluded that the highest percentage of drowning was due to an adult losing contact or knowledge of the whereabouts of

the child. For this reason, lifeguards should never have other duties that would distract them from keeping a constant eye on the children in the pool. For example, if the lifeguard counted in the caregiver-to-child ratio and had to leave to take care of a child, the children left in the pool would be placed at risk. *CFOC 3rd ed. Standard 1.1.1.5. p. 7.*

Compliance Guidelines

- Whenever a wading pool contains water, a caregiver must stay at the pool. If the caregiver needs to leave, the pool must be enclosed within a 4-foot-high fence, or it must be emptied. The pool may never be left with water in it, even when there are no children in the outdoor area.
- If the pool is over 4 feet deep, a caregiver may not act as a lifeguard and count in the caregiver-to-child ratio at the same time.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning when:

- Children have unsupervised access to a pool or a wading pool with water in it.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning otherwise.

(8) If offsite activities are offered:

(a) the provider shall obtain written parental consent before each activity;
(b) the required caregiver-to-child ratio and supervision shall be maintained during the entire activity;
(c) first aid supplies, including at least antiseptic, band-aids, and tweezers shall be available;
(d) children shall wear or carry with them the name and phone number of the center;
(e) children's names shall not be used on nametags, t-shirts, or in other visible ways; and
(f) there shall be a way for caregivers and children to wash their hands with soap and water, or if there is no source of running water, caregivers and children shall clean their hands with wet wipes and hand sanitizer.

Rationale / Explanation

Providers should notify parents and get their permission before any activity that is out of the ordinary or that may pose additional risk to the children, including before a child participates in an offsite activity. Parents should know where their children will be, how the children will get there, and what they will be doing. Parents have the right to keep their child from participating in an offsite activity, as they deem appropriate. This rule helps protect both the child and the provider by ensuring that children are never taken offsite without parental permission. *CFOC 3rd ed. Standard 9.4.2.3. p. 388.*

Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside the facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures. The provider must ensure that the caregiver-to-child ratio and supervision are maintained at all times. *CFOC 3rd ed. Standard 6.5.1.1. p. 288.*

The facility should have first-aid and emergency supplies in each location where children are cared for. This ensures that caregivers have the supplies necessary to respond to minor injuries of children. *CFOC 3rd ed. Standard 5.6.0.1. pp. 257-258.*

Having the name and phone number of the facility will assist in a lost child being found.

During offsite activities children should not have their names on shirts, badges, or other visible ways. This practice prevents a stranger from calling a child by name to lure them into a dangerous situation. Children are more likely to respond to a stranger who calls them by name.

During an offsite activity, children and caregivers may touch an unsanitary surface or unknowingly have contact with an individual who has a contagious illness. The best protection from becoming infected is proper handwashing with soap and water. However, if running water is unavailable or impractical, the use of an alcohol-based sanitizer is a suitable alternative. *CFOC 3rd ed. Standard 3.2.2.2. p. 112: Standard 3.2.2.5. p. 113.*

For more information about when and how to use a hand sanitizer, refer to: www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html.

Compliance Guidelines

Parental Permission

- Parents may give a general permission on the admission form for their child to be transported on field trips, but this blanket statement does not meet the requirement of this rule.
- In advance of each offsite activity, the provider must inform parents 1) where the children will be going, including any alternative or backup locations, 2) the day and time they will be offsite, and 3) how the children will get there and back. The provider must receive parent's written consent before each activity.
- For reoccurring and regularly scheduled offsite activities, parents may sign one permission form for the activities as long as the parents are given all of the required information as stated above. For example, the provider may get permission to take the children to the library every Tuesday morning at 10:00 a.m.
- For occasional spontaneous walking field trips, prior written parental permission is not required if 1) the children are offsite for no longer than 60 minutes, 2) they are within ½ mile of the facility, and 3) a notice is posted that includes the times they left and will return, where they will be going, and the route they will take to and from that location.

Ratios and Supervision

- During offsite activities (including in a car or on a field trip), children must always be under the active supervision of a caregiver or volunteer who has passed a background check and meets the other personnel requirements as described in rule.
- Parent volunteers may not count in the ratio or have unsupervised contact with any children except their own unless the parent has passed a CCL background check.
- Children need to wear or carry with them the name and phone number of the center even during swimming activities.
- A stroller that is labeled with the center's name and phone number meets the intent of the rule as long as the children stay in the stroller. If at any time there are children not in the stroller, they would each need to wear a label with the required information.

Handwashing

- Caregivers and children should use soap and running water if available.
- Caregivers must closely supervise the children's use of hand sanitizer to prevent potential ingestion or accidental contact of the hand sanitizer with eyes, nose and mouth.
- Pre-moistened cleansing towlettes do not effectively clean hands and should not be used as a substitute for handwashing.
- For more information on handwashing, see "Section 15: Health and Infection Control."

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:
- The required caregiver-to-child ratio and/or supervision was not maintained.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning otherwise.

(9) On every offsite activity, caregivers shall take the written emergency information and releases for each child in the group. The information shall include:
(a) the child's name,
(b) the parent's name and phone number,
(c) the name and phone number of a person to notify in case of an emergency if the parent cannot be contacted,
(d) the names of people authorized by the parents to pick up the child, and
(e) current emergency medical treatment and emergency medical transportation releases.

Rationale / Explanation
Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside of the regular facility may pose increased risk for injury. In case of an emergency, both caregivers and emergency personnel must have access to children's emergency information.
CFOC 3rd ed. Standard 9.4.2.2. pp. 387-388.

Compliance Guidelines
- Caregivers must have children's emergency information and releases with them each time they take children offsite including on walks, and going to and from school.
- The emergency information must be complete in accordance with this rule.
- Caregivers must have a paper copy of each child's emergency information. Having only an electronic copy could result in critical information being inaccessible to emergency personnel and others who may need it.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

R381-100-19: PLAY EQUIPMENT

Although active play is critical for children's health, the active play areas of a child care facility are associated with frequent and severe injuries. The rules in this section are intended to prevent injuries related to indoor and outdoor play equipment. They are based on standards set by the Consumer Product Safety Commission (CPSC), the American Society for Testing and Materials (ASTM), the American Academy of Pediatrics (AAP), and the American Public Health Association (APHA).

These rules apply to indoor and outdoor stationary play equipment rather than moveable equipment (e.g. balls, riding toys, sensory table, sand/water toys, push/pull toys, hoops). Stationary play equipment has a base that is meant to keep the equipment fixed in one location when a child uses it. Examples of stationary play equipment include:

- Climbers (including plastic climbers and indoor vinyl-covered foam climbers)
- Slides
- Swings (except porch and patio swings)
- Spring rockers
- Inflatable bounce houses
- Raised tunnels and tunnels with handles children use for climbing
- Inner tube jumpers (they are not assessed as trampolines)
- Teeter-totters
- Roller coasters
- Climbing walls
- A merry-go-round (a revolving piece of equipment for children to ride on)
- A playhouse or treehouse that has an attached component such as a slide, swing, or climber unless the component is inaccessible
- A tree, if a component such as a rope or swing, is attached to the tree for the children to play on
- Multiple stumps, disks, boulders, or pillars that are installed in the ground and are intended for children to step on from one to the other

If a facility has stationary play equipment, the provider must ensure compliance with licensing rules or make the play equipment inaccessible to children in care. All accessible play equipment and the associated use zones will be inspected.

When measuring play equipment for compliance with rule, licensors will use a wood or metal measuring device and other measuring tools designed for assessing playground equipment.

The following items are not assessed as stationary play equipment:

- Slides that exit into swimming pools
- Carpeted ramps
- A tunnel that sits on the ground or floor and is used only as a tunnel and has no handles for climbing
- A tunnel with a height of 18 inches or lower even if it has handles or holes for climbing
- A natural structure unless it has attached play equipment such as a slide or climber
- Stumps or similar objects that are used only for seating
- Portable stumps that children can move around

Refer to "Section 9: Facility" to review the rules and guidelines about play equipment maintenance.

(1) The provider shall ensure that children using 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 around play equipment. Constant active supervision is needed in order to ensure that even well-maintained equipment is not used in unsafe ways. Serious injuries can happen if children are left unsupervised and use play equipment inappropriately. *CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.*

Caregivers should ensure that children are using equipment that is appropriate for their age. *CPSC. Public Playground Safety Handbook. Standard 2.2.6. p. 6.*

The intent of this rule is not to prevent children from healthy risk-taking activities. Reasonable risk-taking allows children to explore their limits, improve strength and skills, develop safety awareness, and gain confidence in their abilities. Caregivers should help children learn the difference between safe and healthy risk-taking, and activities that may cause serious injury to themselves and others.

Compliance Guidelines

Caregivers must prevent children from engaging in activities such as:

- Going down a slide head first
- Playing or being on parts of the equipment not intended for use, such as:
  - Climbing on or walking across the top of a swing set
  - Climbing up the outside of covered slides or other equipment
  - Playing on the roof of a composite structure
  - Climbing or playing on a tunnel not meant for climbing
  - Climbing or walking on top of protective barriers
- Using equipment that is inappropriate for their age

Additional guidelines:

- If a caregiver is actively preventing or immediately stopping children from using equipment in an inappropriate or unsafe manner, this rule is not out of compliance.
- It is a rule violation if children are allowed to use equipment unsafely or if a caregiver does not quickly stop an unsafe practice.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) The highest designated play surface on stationary play equipment used by infants or toddlers shall not exceed 3 feet in height.

Rationale / Explanation

Equipment that is sized for larger and more mature children poses challenges that younger, smaller, and less mature children may not be able to handle. *CFOC 3rd ed. Standard 6.2.1.1. p. 269.*

Compliance Guidelines

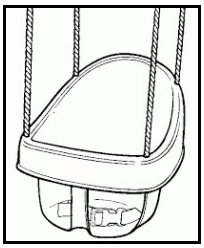
- The highest designated play surface is determined by measuring from the floor or ground to the equipment's highest designated play surface.

- A fully enclosed area on the play equipment, such as an elevated crawling tube, will not be considered the highest designated play surface.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(3) Swings used by infants or toddlers shall have enclosed seats.

Rationale / Explanation
This rule is based on guidelines from CPSC. Enclosed (or bucket) seats are recommended in order to provide support on all sides of an infant or toddler, and because they have a safety restraint system that fits between the legs to prevent the child from falling out. *CPSC. Public Playground Safety Handbook. Standard 5.3.8.3.2. p. 39.*



High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

Use Zones

(4) Stationary play equipment shall have a surrounding use zone that extends from the outermost edge of the equipment. With the exception of swings, stationary play equipment that is:
(a) used by infants or toddlers shall have at least a 3-foot use zone if any designated play surface is higher than 18 inches,
(b) used by preschoolers shall have at least a 6-foot use zone if any designated play surface is higher than 20 inches, and
(c) used by school-age children shall have at least a 6-foot use zone if any designated play surface is higher than 30 inches.

Rationale / Explanation
Use zones allow for unrestricted movement around the equipment. Prevention of accidents is highly increased when use zones are free of any hard surfaces or objects since children using the equipment may inadvertently fall or jump from the equipment.

The use zones around equipment for infants and toddlers are smaller than those around equipment for preschoolers and school-age children because infants and toddlers do not jump or fall as far as older children do.

Compliance Guidelines
- When the use zone for play equipment is measured:
  - Each piece of play equipment must be placed where it is normally used by the children.
  - Measurements will be taken from the play equipment's outermost edge extending in all directions around and above the equipment.
  - A ½ inch allowance will be given to account for any uneven ground surfaces.
- Mats that are a component of foam climbers are considered cushioning and part of the use zone.
- A third supporting leg that is used to help stabilize the play equipment and extends beyond the equipment frame is not considered when determining the required use zone.
- If preschoolers or school-age children play on infant/toddler play equipment, the equipment

must have a 6-foot use zone.

- Teeter-totters — To measure the height of a teeter-totter, push one end of the teeter-totter to the ground and then measure from the ground to the top of the teeter-totter seat that is raised to its highest position.
- Roller coasters – The height of a roller coaster is determined by moving the wheeled toy to the highest point on the track and then measuring from the ground to the top of the wheeled toy's seat.
- Tunnels — If a tunnel is used to climb on, then the tunnel must be in compliance with this rule. If the tunnel is used only as a tunnel to crawl through or if the tunnel is 18 inches high or lower, then a use zone and cushioning are not required.
- Stumps, disks, or pillars — If they are meant for stepping from one to the other, they are considered one piece of equipment even though they are installed individually. A use zone is required around the group of stumps, disks, or pillars, and not around each individual component.
- Other equipment — Examples of other stationary play equipment that may require a use zone are listed in the introduction of this section.

A use zone is not required for:

- Stumps, boulders, disks, or pillars that are only used as seating.
- Portable stumps that children can move around.
- Sand diggers.
- Areas above the roof of a piece of play equipment.
- The back or side of a piece of equipment that is flush against a wall.
- An embankment slide except at the bottom of the slide chute. This use zone must be at least as wide as the slide chute.
- Tetherball poles.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(5) The use zone in the front and rear of a single-axis, enclosed swing shall extend at least twice the distance of the swing pivot point to the swing seat.

Rationale / Explanation
A single-axis swing (sometimes called a to-fro swing) is intended to only swing back and forth and generally has a seat suspended by at least two chains or ropes, each being connected to a separate pivot on an overhead structure. *CPSC. Public Playground Safety Handbook. Standard 5.3.8. p. 37.*

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(6) The use zone in the front and rear of a single-axis swing shall extend at least twice the distance of the swing pivot point to the ground.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(7) The use zone for a multi-axis swing, such as a tire swing, shall extend:
(a) at least the measurement of the suspending rope or chain plus 3 feet, if the swing is used by infants or toddlers; or
(b) at least the measurement of the suspending rope or chain plus 6 feet, if the swing is used by preschoolers or school-age children.

Rationale / Explanation
A multi-axis swing consists of a seat (generally a tire or disk) that is suspended from a single pivot that permits it to swing in any direction.

Compliance Guidelines
- The use zone of a multi-axis swing is measured from the edges of the swing seat in all directions.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(8) The use zone for a merry-go-round shall extend:
(a) at least 3 feet in all directions from its outermost edge if the merry-go-round is used by infants or toddlers, or
(b) at least 6 feet in all directions from its outermost edge if the merry-go-round is used by preschoolers or school-age children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) The use zone for a spring rocker shall extend:
(a) at least 3 feet from the outermost edge of the rocker when at rest; or
(b) at least 6 feet from the outermost edge of the rocker when at rest if the seat is higher than 20 inches, and the rocker is used by preschoolers or school-age children.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(10) The following use zones shall not overlap the use zone of any other piece of play equipment:
(a) the use zone in front of a slide;
(b) the use zone in the front and rear of any single-axis swing, including a single-axis enclosed swing;
(c) the use zone of a multi-axis swing; and
(d) the use zone of a merry-go-round if the platform diameter measures 20 inches or more.

Rationale / Explanation
The use zones of some equipment may not overlap due to the added movement of the equipment and/or the children using the equipment. Collision and impact injuries are less likely to occur when equipment is appropriately positioned and there is adequate clearance. *CFOC 3rd ed. Standard 6.2.2.1. - 6.2.2.5. pp. 272-273.*

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(11) Unless prohibited in R381-100-19(10), the use zones of play equipment may overlap when:
(a) the equipment is used by infants or toddlers, and there is at least 3 feet between the pieces of equipment; or
(b) the equipment is used by preschoolers or school-age children and there is at least 6 feet between the pieces of equipment if the designated play surface is 30 inches or lower, or there is at least 9 feet between the pieces of equipment if the designated play surface is higher than 30 inches.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

Cushioning

(12) Stationary play equipment without moving parts children sit or stand on shall not be placed on concrete, asphalt, dirt, a bare floor, or any other hard surface, but may be placed on grass or other cushioning, if the highest designated play surface measures between:
(a) 6 to 18 inches if used by infants or toddlers,
(b) 6 to 20 inches if used by preschoolers, and
(c) 6 to 30 inches if used by school-age children.

Rationale / Explanation
Cushioning is material that is placed under and in the use zones of stationary play equipment in order to cushion a child's fall from the equipment. There are two main types of cushioning for playgrounds: unitary and loose-fill materials. Unitary materials are generally rubber mats and tiles or a combination of energy-absorbing materials held or poured in place. Loose-fill materials include such products as shredded rubber or wood mulch.

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 dirt or sand are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life-threatening. *CFOC 3rd ed. Standard 6.2.3.1. pp. 273-274.*

Compliance Guidelines
- A fully enclosed area on the play equipment, such as an elevated crawling tube, is not considered the highest designated play surface.
- Packed sand and/or dirt (it does not displace when walking on it) is considered a hard surface.
- Mats used for cushioning must be in place under and around play equipment when children use the equipment. If cushioning mats are removed when there are no children in the area, CCL staff may ask to see how the mats are placed before children use the play equipment.
- Cushioning material that is frozen is considered a hard surface. If the cushioning cannot be loosened due to weather conditions, children may not use the play equipment until the material can be loosened. Although the equipment does not need to be inaccessible, it is a rule violation if children use the equipment while the cushioning is frozen.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(13) Protective cushioning shall cover the entire surface of each required use zone and its depth or thickness shall be determined by the highest designated play surface of the equipment.

Rationale / Explanation
Head-impact and other injuries present a significant danger to children. Falls onto a shock-absorbing surface are less likely to cause serious injury because the surface is yielding, so the force of impact is reduced. Cushioning under and surrounding play equipment should receive careful attention. *CFOC 3rd ed. Standard 6.2.3.1. pp.273-274.*

Compliance Guidelines
- Cushioning must not have worn spots that are 5 by 5 inches or greater.
- Tile that is worn down ½ inch or more no longer provides cushioning. An area of 5 by 5 inches or greater of worn tile is out of compliance. However, if the cones underneath the tile are visible, the cushioning is out of compliance regardless of the size of the area.
- When there are various cushioning materials used in the same use zone, the material that requires the greatest depth will be assessed.
- A fully enclosed area on the play equipment, such as an elevated crawling tube, is not considered the highest designated play surface.
- If grass or weeds have grown into loose-fill cushioning in a use zone or the cushioning is no longer soft enough to displace, this rule is out of compliance.
- An embankment slide does not require cushioning except at the bottom of the slide chute where the cushioning must extend at least as wide as the slide chute.
- Tetherball poles do not need cushioning.
- Pillows are allowed to be in the use zone of stationary play equipment, but may not be a substitute for approved cushioning.

Acceptable cushioning materials include the following:
- Any material tested to ASTM F1292 standards
- Sand (as long as it is not packed)
- Gravel
- Shredded rubber mulch, such as recycled shredded tires
- Shredded wood products, such as wood mulch or chips
- Unitary cushioning material, such as mats or playground tiles that meet ASTM standards

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(14) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material shall meet the CPSC guidelines in Table 14.
(a) the provider shall ensure that the cushioning is periodically checked for compaction and loosened to the depth listed in Table 14 if compacted; and
(b) if the material cannot be loosened due to extreme weather conditions, the provider shall not allow children to play on the equipment until the material can be loosened to the required depth.

TABLE 14 Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires					
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Fine Sand	Course Sand	Fine Gravel	Medium Gravel	Shredded Tires
4' high or less	6"	6"	6"	6"	6"
Over 4' up to 5'	6"	6"	6"	6"	6"
Over 5' up to 6'	6"	9"	6"	9"	6"
Over 6' up to 7'	9"	Not Allowed	9"	Not Allowed	6"
Over 7' up to 8'	9"	Not Allowed	9"	Not Allowed	6"
Over 8' up to 9'	9"	Not Allowed	9"	Not Allowed	6"
Over 9' up to 10'	Not Allowed	Not Allowed	9"	Not Allowed	6"
Over 10' up to 11'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Over 11' up to 12'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"

Rationale / Explanation

Field and laboratory tests are used to determine the depth of cushioning that is required to prevent life-threatening head injuries due to falls from various equipment heights. Providers must ensure that protective cushioning meets these ASTM standards.

Cushioning that is compacted means that it is packed and hard causing it to lose its shock-absorbing properties. Loose-fill materials will compress at least 25% over time due to use and weathering. Loose-fill cushioning requires frequent maintenance to ensure that surfacing levels never drop below the minimum depth requirement. Areas under swings and at slide exits are more likely to displace so special attention must be paid to the cushioning in these areas. *CPSC. Public Playground Safety Handbook. Standard 2.4. p. 8.*

Compliance Guidelines

- The required depth of sand, gravel, or shredded tires used as cushioning is determined by measuring from the floor or ground to the highest designated play surface, highest swing pivot point, or highest climbing bar.
- Refer to Table 14 above for the minimum required depths of the cushioning based on the height of the highest designated play surface and the cushioning type.

To measure the depth of cushioning in each use zone:

- Dig to the bottom of the cushioning in three spots.
- Place the bottom edge of a metal ruler at the bottom of the hole, and refill the hole with the cushioning.
- Do not take measurements directly under an at-rest swing seat, or directly at the bottom of the

slide shoot where children exit.
- Document the depth of the cushioning at each of the three spots.
- If the cushioning is low at any of the three spots, average the three measurements to determine if the cushioning needs to be redistributed or if additional cushioning needs to be added. It is out of compliance if the average depth is low.
- If each of the three areas of cushioning are the required depth, it is in compliance with rule.
- If the three areas are not the required depth, but the average is okay, then cushioning has to be redistributed and cushioning is in compliance.

Additional guidelines:
- It is a rule violation if a cushioning product is used that is not allowed due to the height of the equipment (refer to Table 14).
- The cushioning is not compacted if the shovel slides easily into it when digging to assess its depth. If the shovel hits frozen cushioning, the depth of the cushioning is measured from the surface to the frozen layer.
- Cushioning material that is frozen due to cold weather is considered a hard surface. If the material cannot be loosened due to weather conditions, children are not to use the play equipment until the material can be loosened. The equipment does not need to be inaccessible. However, it is a rule violation if the children use the equipment while the cushioning is frozen.
- If according to manufacturer recommendations less cushioning than required by rule is used, the provider must have documentation from the manufacturer available for CCL review.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(15) If shredded wood products are used as protective cushioning:
(a) the provider shall keep on-site for review by the Department documentation from the manufacturer that the wood product meets ASTM Specification F1292,
(b) there shall be adequate drainage under the material, and
(c) the depth of the shredded wood shall meet the CPSC guidelines in Table 15.

TABLE 15
Depths of Protective Cushioning Required for Shredded Wood Products

Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
4' high or less	6"	6"	6"
Over 4' up to 5'	6"	6"	6"
Over 5' up to 6'	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 8'	9"	9"	9"
Over 8' up to 9'	9"	9"	9"
Over 9' up to 10'	9"	9"	9"
Over 10' up to 11'	9"	9"	9"

Over 11'	9"	Not Allowed	Not Allowed

Rationale / Explanation

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

A review of documentation helps CCL determine compliance with licensing rule.

Compliance Guidelines

- If a shredded wood product is used as cushioning, CCL will review ASTM documentation 1) at the first inspection of the cushioning, 2) if the cushioning has been changed or replaced, and 3) for verification during a complaint investigation. If the depth of the wood cushioning is 9 inches or deeper, ASTM documentation will not be required.
- It is a rule violation if a cushioning product is used that is not allowed due to the height of the equipment (refer to Table 15).
- Gardening bark mulch does not have the cushioning properties required by ASTM Specification F1292, and cannot be used as playground cushioning material.
- Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.
- Standing puddles of water on wood cushioning indicate inadequate drainage and is out of compliance. It is also inadequate drainage and out of compliance if, when digging to measure depth, the hole fills with water.

To determine the required depth of wood-product cushioning:

- Measure from the floor or ground to the highest designated play surface, highest swing pivot point, or highest climbing bar.
- Refer to Table 15 above for the minimum required depths of the cushioning based on the height of the highest designated play surface and the type of shredded wood cushioning.

Measure the depth of cushioning in each use zone according to the following guidelines.

- Dig to the bottom of the cushioning in three spots. Even if the first few inches of cushioning are loose, cushioning underneath could be frozen. In this case, stop digging because the frozen layer would be considered the bottom of the cushioning.
- Place the bottom edge of a metal ruler at the bottom of the hole, and refill the hole with the cushioning. If there is frozen cushioning, measure the depth of the cushioning from the frozen layer to the surface.
- Do not take measurements directly under an at-rest swing seat, or directly at the bottom of the slide shoot where children exit.
- Document the depth of the cushioning at each of the three spots.
- If the cushioning is low at any of the three spots, average the three measurements to determine if the cushioning needs to be redistributed or if additional cushioning needs to be added. It is out of compliance if the average depth is low.
- If each of the three areas of cushioning are the required depth, it is in compliance with rule.
- If the three areas are not the required depth, but the average is okay, then cushioning has to be redistributed and cushioning is in compliance.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when:
- Documentation is out of compliance.

(16) If a unitary cushioning is used, the provider shall ensure that the material meets the standard established in ASTM Specification F1292. The provider shall maintain on-site for review by the Department documentation from the manufacturer that the material meets these specifications.

Rationale / Explanation
Unitary cushioning is a manufactured material used for protective surfacing that may be rubber tiles, mats, or an energy-absorbing material that may be poured in place on-site and solidifies forming a unitary shock-absorbing surface. Unitary cushioning materials that meet ASTM standards have been tested for their shock-absorbing properties.

A review of documentation helps CCL determine compliance to licensing rule.

Compliance Guidelines
- There are several different types of ASTM-compliant cushioning that can be used under indoor and outdoor play equipment. These include certain mats, carpeting, playground tiles, rubber matting, and other unitary cushioning materials. For examples of ASTM-compliant cushioning materials, see:
  - www.safelandings.com
  - www.surfaceplay.com
  - www.daycaremall.com/softplay_3.html
- CCL will review ASTM documentation 1) at the first inspection of the cushioning, 2) if the cushioning has been changed or replaced, and 3) for verification during a complaint investigation.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning when:
- Documentation is out of compliance.

(17) If a unitary cushioning is used, the provider shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.

Rationale / Explanation
Appropriate cushioning must cover the entire use zone and be properly installed to lessen the risk of serious injuries from falling or slipping.

Compliance Guidelines
- Rubber mats or tiles are not required to be glued down when any of the following conditions are met:
  - The tiles are interlocking with no gaps between the tiles that are greater than 1 inch wide.
  - There is a border around the play area that holds the mats or tiles in place so they cannot

be dislodged by children running or jumping on them.
  - If tiles are used under equipment that is allowed to be placed on grass due to its low height. Refer to 100-19(12)(a)-(c).
- Insulating foam sealant may be used to fill gaps in cushioning on condition that:
  - It is not used to fill gaps that are 5 by 5 inches or greater.
  - It is inaccessible to children until it dries. (The sealant is toxic in liquid form.)
  - Once dried, the foam sealant is level with the surrounding cushioning.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

Protective Barriers

(18) A play equipment platform that is more than:
(a) 18 inches above the floor or ground and used by infants or toddlers shall have a protective barrier that is at least 24 inches high,
(b) 30 inches above the floor or ground and used by preschoolers shall have a protective barrier that is at least 29 inches high, and
(c) 48 inches above the floor or ground and used by school-age children shall have a protective barrier that is at least 38 inches high.

Rationale / Explanation
The purpose of this rule is to prevent children from falling from a platform, or from slipping through a barrier and becoming entrapped.

Compliance Guidelines
- A protective barrier can be made of any material as long as it accomplishes its intended purpose.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(19) There shall be no gap greater than 3-1/2 inches in or under a required protective barrier on a play equipment platform.

Rationale / Explanation
The purpose of this rule is to prevent children from falling from a platform, or from slipping through a barrier and becoming entrapped. A gap greater than 3-1/2 inches is a head entrapment hazard. *CFOC 3rd ed. Standard 5.1.6.6. p. 210.*

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(20) Stationary play equipment shall be stable ~~and~~ or securely anchored.

Rationale / Explanation
All pieces of stationary play equipment should be installed as directed by the manufacturer's instructions, and meet ASTM and CPSC standards. The equipment should be able to withstand maximum active use that might cause it to overturn, tip, slide, or move in any way. If active play

equipment is installed indoors, the same requirements for installation and use apply as in the outdoor setting. *CFOC 3rd ed. Standard 6.2.1.4. p. 270.*

Compliance Guidelines

- If a child is not using the play equipment (such as a swing set or climbing wall), shake the equipment to determine if it is stable and securely anchored. If a post (such as a swing set pole) or side of the equipment comes off or out of the ground, the equipment is not secure and it is a rule violation.
- If a child is using the equipment and the equipment post or side tips off the ground, it is a rule violation.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(21) There shall be no trampolines on the premises that are accessible to any child in care.

Rationale / Explanation

Trampolines pose serious safety hazards. CPSC estimates that each year there are almost 100,000 hospital emergency room visits for trampoline-related injuries. Both the American Academy of Pediatrics and the American Academy of Orthopedic Surgeons recommend the prohibition of trampolines in a child care program. CPSC also supports this position. *CFOC 3rd ed. Standard 6.2.4.4. p.276.*

Licensing rule is based on AAP-recommended safety precautions and applies to any trampoline on the premises, including mini, exercise, and in-the-ground trampolines. The hazards that may result in injuries and deaths are from:

- 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.

Compliance Guidelines

- This rule applies to any trampoline on the premises, including mini, exercise, and in-the-ground trampolines.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

(22) There shall be no entrapment hazards on or within the use zone of any piece of stationary play equipment.

Rationale / Explanation

According to CPSC, an opening that is greater than 3½ by 6¼ inches and smaller than 9¼ inches is considered an entrapment hazard because it would allow a child's body to fit through, but not the child's head. Children often attempt to slide through openings feet first. In order to prevent entrapment and strangulation, openings in pieces of play equipment should be designed so they are too large for a child's head to get stuck in or too small for a child's body to fit into. *CFOC 3rd ed. Standard 6.2.1.9. p. 272.*

Compliance Guidelines

- This rule only applies to entrapment hazards where a child's feet cannot touch the floor, ground, or designated play surface (with the exception of ladders).
- On play equipment ladders, there shall be no entrapment hazards where a child's feet cannot touch the floor or ground.
- An opening directly under a platform and higher than 48 inches from any surface a child could climb on will not be considered an entrapment hazard.

To determine compliance with this rule:

- Measure from the floor or ground (or other play surface) to the bottom of the opening to determine whether a child's feet could touch the ground. A child's feet could not touch the ground if:
  - For infants or toddlers: the bottom of the opening is higher than 23¼ inches above the ground.
  - For preschoolers: the bottom of the opening is higher than 25¼ inches above the ground.
  - For school-age children: the bottom of the opening is higher than 33 inches above the ground.
- If the stationary play equipment is used by children of different age groups, refer to the measurement that applies to the youngest children who are allowed to use the equipment.
- If the opening is at a height where a child's feet could not touch the ground, measure the size of the opening to determine if it is an entrapment hazard.
- A licensor will use the torso and head probes to determine if an opening is an entrapment hazard. (When possible, the bottom, middle, and top of each opening will be assessed.)
  - When the torso probe passes freely and straight through an opening, then the licensor will use the head probe.
  - If the head probe also passes through the opening, it is not an entrapment hazard.
  - If the head probe cannot pass through the opening, it is an entrapment hazard.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

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

Rationale / Explanation

A strangulation hazard is something on which a child's clothes or drawstrings could become caught, or something in which a child could become entangled.

Strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats, and other clothing get caught in gaps in the equipment. The area on top of a slide is one potential trouble spot. *CFOC 3rd ed. Appendix EE. p. 485.*

Compliance Guidelines

- Strangulation hazards are typically caused by 1) hardware or small equipment components that protrude out from a surface, 2) hardware that forms a hook or leaves a gap or space between components, and 3) hanging ropes, cords, wire, or chains that are long enough to encircle a child's neck.
- Since the use zone surrounds the play equipment, including the area above the equipment, there cannot be tree branches or another object that creates a strangulation hazard in the use zone above the equipment.

Protrusions
Strangulation hazards caused by protrusions include:
- Bolt ends that extend more than two threads beyond the face of the nut unless the bolt end is facing straight down.
- A bolt, screw, or other protrusion which increases in size or diameter as it moves away from the surface (e.g. a bolt with a large bolt head that is not flush with the surface).
- A bolt, screw, or other protrusion angled upward from a horizontal plane that fails the protrusion gauge test.
- Loose handholds on climbing walls.

To assess protruding elements on pieces of playground equipment a licensor will use gauges designed for inspecting playground equipment.

Gaps or Openings
Strangulation hazards caused by hardware gaps or space between components include:
- A hardware connector, such as an S- or C-hook, that has a gap or opening greater than .04 of an inch (the edge of a dime) and the opening does not face downward.

Image from CPSC

To assess gaps on play equipment:
- All connectors such as S- and C-hooks must be checked, no matter where they are located on a piece of equipment, except those that are:
  - At the top of a free standing swing higher than 8 feet.
  - At the top of a swing with a crossbar that is higher than 8 feet.
- Use a dime or the wire hook tool to measure the width of the gap or space.
  - When the dime or tool does not fit in the gap, it is not a strangulation hazard.
  - When the dime or wire tool fits into the gap and the gap angles upward, it is a strangulation hazard.
- CCL does not assess gaps at the top of slide chutes.

Hanging Ropes, Cords, Chains
Strangulation hazards caused by ropes, cords, chains, etc. include:
- Hanging ropes, cords, wires, or chains that are 12 inches or longer and can make a loop 5 inches in diameter, except ropes, cords, wires, or chains with swings or tetherballs attached to the bottoms of them.
- Ropes, cords, twine, etc. that hang into the use zone of a piece of playground equipment and are attached to something solid.
- Ropes that are not anchored securely at both ends, and/or are capable of forming a loop or a noose.

To assess ropes, cords, chains, twine, etc. for possible strangulation hazards:
- Measure the rope, cord, or chain to determine if it is 12 inches or longer.
- Determine if it can make a loop that is 5 inches in diameter.
  - When the rope is not 12 inches or longer and cannot make a 5-inch loop, it is <u>not</u> a strangulation hazard.
  - When the rope is 12 inches or longer and can make a 5-inch loop, it is a strangulation hazard if attached to a solid structure or other object.

The following equipment components are <u>not</u> out of compliance:

- Protrusion or strangulation hazards on the underside of platforms that are 48 inches or higher.
- Protrusions on the top crossbar of free standing swings when the top of the swing is higher than 8 feet tall and there is not a horizontal bar between the support poles, nor is the swing attached to any other component or platform.
- Protruding parts that are molded as a part of the design for dramatic play, such as the eyepiece of a telescope or the ear of an animal (as long as the part is in good repair and no parts are missing).
- Handholds and foot bars that are designed for that purpose, such as those found on spring rockers.
- A bolt end or other protruding hardware in recessed areas unless it extends past the recessed area.
- Ropes or cords suspending a tetherball or swing.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

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

Rationale / Explanation
A crush hazard is created when parts of play equipment move together in such a way that they could crush a child's fingers, toes, or other body parts. A crush hazard could result in contusion, laceration, abrasion, amputation, or fracture. All pieces of play equipment should be designed so moving parts are shielded or enclosed. *CFOC 3rd ed. Standard 6.2.1.7. p. 271.*

A shearing hazard is created when parts of play equipment move against each other in such a way that they could sever a child's fingers or other body parts. Anything that could crush or shear limbs should not be accessible to children on a playground. *CPSC Standard 3.1. p. 14.*

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. Standard 6.2.1.8. p. 271.*

Compliance Guidelines
For crush hazards, it is a rule violation if:
- A disc swing hanging from a tree or frame touches the trunk of the tree or the frame when the swing is stretched to its full length.
- Two moving parts on a piece of equipment come together is such a way that they could crush a child's fingers, toes, or other body part.

For shearing hazards, it is a rule violation if:
- There are two pieces of equipment or two parts of a piece of equipment that move against each other in such a way that they could sever a child's fingers, toes, or other body parts.

For sharp edge hazards, it is a rule violation if:
- There is a sharp point or edge that could cut or puncture a child's skin on a piece of equipment's play surface or in a use zone. This includes any play surface that the children usually come in contact with, for example, a platform, an equipment part commonly touched by the children, the hand rail on a slide, the slide surface, etc.

Additional guidelines:

- Since the use zone surrounds the play equipment, including above the equipment, there cannot be hard or inflexible tree branches or any other object that creates a crush, shearing, or sharp edge hazard in the use zone above the equipment.
- A molded plastic steering wheel that is part of a piece of play equipment will not be assessed as a crush hazard.
- It is not out of compliance when the movement between two pieces of equipment or two parts of a piece of equipment is minimal and would be unlikely to cause contusions, lacerations, abrasions, amputations, or fractures during use.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

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

Rationale / Explanation
Tripping is one of the hazards listed by CPSC to be most commonly associated with injury.
CFOC 3rd ed. Standard 5.3.1.1. pp. 237-238.

Compliance Guidelines
In addition to those listed in rule, other tripping hazards include:

- Weed barrier that is pulled up.
- An object such as a tire used to cushion an equipment footing unless the object is flush to the ground.
- The leash or rope of a tethered animal if it can reach into the use zone of a piece of play equipment.
- Metal rods in horse shoe pits that are in the use zone of outdoor play equipment.
- Equipment frames or supports that are not part of the original equipment or are not directly under a platform.

The following are not considered tripping hazards:

- Mats that are placed under equipment as cushioning.
- Poles on a tent-type sandbox or canopy unless the poles are in the use zone of another piece of equipment.
- Equipment frames or supports that are part of the original equipment or are directly under a platform.
- Moveable objects (e.g. tricycles, toys, and other hard objects) that are left in the use zone of stationary play equipment when the equipment is not being used.
- Moveable objects that are left in a use zone by children, but are immediately removed from the area.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

R381-100-20: TRANSPORTATION

The rules and information in this section apply when a provider walks, transports, and/or uses public transportation to accompany a child in care from one place to another. A provider's policies on offering transportation should comply with the requirements of the American with Disabilities Act (ADA). For more information about this law, refer to: www.ada.gov.

When the provider arranges and is responsible for a child to be taken to or from the facility for any reason, the provider must be in compliance with licensing rules. For example, if the provider asks a parent to be an additional driver on a field trip, then all applicable licensing rules are in effect for the parent (such as passing a background check) as well as for the vehicle the parent is driving.

However, when a parent arranges and is responsible for their own child to be taken to or from the facility, then licensing rules do not apply while the child is under the responsibility of someone other than the provider. For example, if parents arrange to carpool their children to and from school without the provider's involvement, then licensing rules do not apply during carpooling.

If transportation services are offered:

(1) For each child being transported, the provider shall have a transportation permission form:
(a) signed by the parent, and
(b) on-site for review by the Department.

Rationale / Explanation
When a child is being transported the potential risk of injury increases. For a child's health and safety, it is important that the child's parents understand and give permission for when, where, why, and how their child will be transported.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(2) Each vehicle used for transporting children shall:
(a) be enclosed with a roof or top,
(b) be equipped with safety restraints,
(c) have a current vehicle registration,
(d) be maintained in a safe and clean condition, and
(e) contain first aid supplies, including at least antiseptic, band-aids, and tweezers.

Rationale / Explanation
Motor vehicle crashes are one of the leading causes of death of children in the United States, and 43% of children who died were improperly restrained or not restrained at all. By wearing seat belts and properly buckling children into age- and size-appropriate car seats and booster seats, people can reduce the risk of serious injury and death in a crash by almost half. *CFOC 3rd ed. Standard 6.5.2.2. pp. 289-291.*

Not all vehicles are designed to safely transport children. A current vehicle registration ensures that children are transported in a safe vehicle that meets all legal requirements for the operation

of a vehicle in Utah. *CFOC 3rd ed. Standard 9.2.5.1. pp. 373-374.*

For the health and safety of the children, the provider must ensure that children are transported in a safe and clean vehicle. Regular cleaning of both the inside and outside of the vehicle helps to ensure that the vehicle is kept free of visible accumulation of soil and litter. *CFOC 3rd ed. Standards 9.2.5.1.-9.2.5.2. pp. 373-374.*

The facility should have first aid and emergency supplies available in each location where children are cared for, including in vehicles when children are being transported. Caregivers must have adequate first aid supplies to be able to respond to the needs of children in case of injury. *CFOC 3rd ed. Standard 5.6.0.1. pp. 257-258.*

Compliance Guidelines

- This rule applies to each vehicle that is used to transport children in care.
- "Safety restraints" refers to seat belts, car seats, and booster seats. They must be used individually, and as required by Utah law.
- A current registration and safety inspection is verified by the sticker on the license plate or a current registration certificate.
- Vehicle windows should be clean enough that a driver has adequate visibility to drive safely.
- The rule does not require that the vehicle windows be rolled up.
- The vehicle's interior can show signs of normal use and does not have to be entirely free of all debris. This rule applies to situations in which a buildup of dirt or debris could endanger children's health or safety. For example, a pile of debris could cause a child to trip, or rotting food could provide a place where disease-causing bacteria can grow.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(3) The safety restraints in each vehicle that transports children shall:

(a) be appropriate for the age and size of each child who is transported, as required by Utah law;

(b) be properly installed; and

(c) be in safe condition and working order.

Rationale / Explanation

For a safety restraint to be effective in preventing injury or death in a vehicle accident, the restraint must be age and size appropriate, installed according to manufacturer's instructions, and in working condition.

- Child restraint laws vary by state. For up-to-date information on Utah's laws, check with the Insurance Institute for Highway Safety at www.iihs.org.
- To better understand which safety restraint is appropriate, how to install a car or booster seat, and where to get a car seat safety check, call 1-866-SEAT-CHECK or go to seatcheck.org.

Compliance Guidelines

- Safety restraints (seat belts, car seats, and booster seats) must be securely installed during transportation.
- Safety restraints are considered in safe condition and working order when they are not broken, frayed, or torn, and their locks work properly.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(4) The driver of each vehicle who is transporting children shall:
(a) be at least 18 years old;
(b) have and carry with them a current, valid driver's license for the type of vehicle being driven;
(c) have with them the written emergency contact information for each child being transported;
(d) ensure that each child being transported is in an individual safety restraint that is used according to Utah law;
(e) ensure that the inside vehicle temperature is between 60-85 degrees Fahrenheit;
(f) never leave a child in the vehicle unattended by an adult;
(g) ensure that children stay seated while the vehicle is moving;
(h) never leave the keys in the ignition when not in the driver's seat; and
(i) ensure that the vehicle is locked during transport.

Rationale / Explanation

Driver Qualifications

Driving children is a significant responsibility. Having a driver who is at least 18 years old and has a current, valid driver's license helps ensure that who transports children is competent. *CFOC 3rd ed. Standard 6.5.1.2. pp 288-289.*

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 53-3-412.

Emergency Contact Information

In the event of an accident or a missing child, both caregivers and emergency response personnel need access to the children's emergency and contact information. *CFOC 3rd ed. Standard 5.6.0.1. pp. 257-258.*

Safety Restraints

"Safety restraints" refers to seat belts, car seats, and booster seats.

Statistics show that seat belts save lives. Victims that are not properly restrained account for more than one-half of all fatal car accidents. Also, children are likely to be buckled 92% of the time when adults in the car use seat belts, as opposed to 72% of the time when adults are not using them. *CFOC 3rd ed. Standard 6.5.2.2. pp. 289-291.*

Utah Code 41-6a-1803 states the following regarding the use of child restraints:
(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.

Vehicle Temperature

Some children have problems with temperature variations and children's bodies are less able to regulate their internal temperature than those of adults. Children overheat three to five times faster than adults. Also, children are more prone to hypothermia as a result of their bodies' smaller surface area, smaller amounts of subcutaneous fat, and an undeveloped ability to shiver. *CFOC 3rd ed. Standard 6.5.2.4. pp. 291-292.*

The American Academy of Pediatrics and the American Public Health Association recommend:

- The inside temperature of the vehicle should be maintained at a temperature comfortable to children.
- When the vehicle's interior temperature exceeds 82 degrees Fahrenheit and opening the windows does not reduce the temperature, the vehicle should be air conditioned. Temperatures in hot cars can reach dangerous levels within 15 minutes.
- When the interior temperature drops below 65 degrees Fahrenheit and when children are feeling uncomfortably cold, the interior should be heated. *CFOC 3rd ed. Standard 6.5.2.4. pp. 291-292.*

Supervision

Parents have an expectation that their children will be supervised when in the provider's care. This includes supervising children during transport. Confinement 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. *CFOC 3rd ed. Standard 1.1.1.4. pp. 6-7; Standard 2.2..0.1. pp. 64-66; Standard 6.5.1.1. pp. 287-288.*

Children who are not seated may be injured by falling or being thrown when a vehicle moves, such as in a sudden stop or start. Additionally, children who are out of their seats may distract the driver and cause an increased risk of an accident. *CFOC 3rd ed. Standard 6.5.2.3. p. 291.*

Compliance Guidelines

- The driver must have a paper copy of children's contact and emergency information. Having only an electronic copy could result in critical information being inaccessible to emergency personnel and others who may need it in the event of an accident.
- When loading and unloading children into a vehicle, the driver may not leave one child unattended in a vehicle while going inside the facility to take or get another child.
- When children are in a vehicle, the driver may walk around the vehicle to attend to children (e.g. buckling belts) as long as the vehicle is not running and the keys are not in the ignition.
- A bus that will not go into drive gear when the bus door is locked is exempt from being locked during transport.

High Risk Rule Violation
Corrective Action for 1st Instance

- If a child is left unattended in a vehicle, the corrective action will be issued to 100-11(1).

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning otherwise.

(5) When the provider walks or uses public transportation to transport children to or from the facility, the provider shall ensure that:

(a) each child being transported has a completed transportation permission form signed by their parent,

(b) a caregiver goes with the children and actively supervises them,

(c) the caregiver-to-child ratio is maintained, and

(d) caregivers take each child's written emergency contact information and releases with them.

Rationale / Explanation

Parents expect that their children will be safe including when offsite. The provider must ensure compliance with all applicable transportation rules when walking or using public transportation to take a child to and from another location. This includes such activities as going to and from school, taking a walk around the neighborhood, and using public transportation.

Compliance Guidelines

- The caregiver who is accompanying the children must have a paper copy of the children's contact and emergency information. The information may not be stored electronically because in the event of an accident, emergency responders may not be able to access needed information.
- When some children are on an offsite activity and at the same time there are some children at the facility, the provider must maintain the caregiver-to-child ratio and supervision for each group.
- "Releases" refers to each child's current emergency medical treatment and emergency transportation releases (with the parent's signature) that are required as part of the child admission and health assessment information.
- Having a copy of the child's written emergency contact information and releases (rather than the original) meets the intent of this rule.

High Risk Rule Violation

Corrective Action for 1st Instance

- For lack of supervision, the corrective action will be issued to rule 100-11(1).
- When the caregiver-to-child ratio is out of compliance, the corrective action will be issued to 100-10(1).

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning otherwise.

R381-100-21: ANIMALS

This section consists of the rules and supporting information pertaining to animals that are in a child care setting. The rules apply if any animals are regularly allowed on the premises whether or not the animals belong to the provider.

Bringing animals and children together has both risks and benefits. Animals teach children about being gentle and responsible. Nevertheless, animals can pose serious health and safety risks. *CFOC 3rd ed. Standard 3.4.2.1 pp. 119-121.*

(1) The provider shall inform parents of the kinds of animals allowed at the facility.

Rationale / Explanation

The purpose of this rule is to ensure that parents are aware of any animals that their child may come in contact with at the child care facility. 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. Standard 3.4.2.1 pp. 119-121; Standard 9.2.1.3. pp. 349-350.*

The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that only the following domestic animals have contact with children: cats; dogs; animals such as cows, horses, sheep, goats; rabbits; fish; and rodents such as mice, rats, hamsters, gerbils, and guinea pigs. *CFOC 3rd ed. Standard 3.4.2.1 pp. 119-121.*

Compliance Guidelines

- Animals that are allowed in the facility include the typical domestic animals such as cats, dogs, rabbits, hamsters, etc. as well as fish, amphibians, reptiles, and birds.
- The provider must inform parents of animals that are on the premises on a regular basis even when the animal does not reside at the facility. For example, if the provider chooses to feed a stray animal or takes care of any animal at the facility, the provider must notify parents of the animal's presence.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(2) There shall be no animal on the premises that:
(a) is naturally aggressive;
(b) has a history of dangerous, attacking, or aggressive behavior; or
(c) has a history of biting even one person.

Rationale / Explanation

The purpose of this rule is to prevent injury to children by an aggressive animal. Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals that have demonstrated aggressive behavior in the past, should not be permitted on the grounds of the child care facility. *CFOC 3rd ed. Standard 3.4.2.1.-3.4.2.2. pp. 121-122.*

Compliance Guidelines

- Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated aggressive behavior in the past, should not be at a child care facility.
- Although some wild animals may be legal to own, many are naturally aggressive and are prohibited at the child care facility. These include tigers, wolves, pirana, chimpanzees, some types of monkeys, bears, and several kinds of snakes.
- Boa constrictors, anacondas, and most pythons are examples of naturally aggressive snakes and are very dangerous. They may not be on the premises. Ball pythons are not generally aggressive and may be on the premises if the provider has documentation confirming that the snake is a ball python.
- Chickens, pigeons, cats, dogs, and ferrets are examples of animals that are not naturally aggressive.
- No animal that has bitten anyone or has a history of aggressive behavior may be on the premises whether or not they are kept in a cage, and whether or not they are vaccinated.
- Contact between animals and children should be supervised by a caregiver who is close enough to remove the child immediately if the animal shows signs of distress (e.g., growling, baring teeth, tail down, ears back) or the child shows signs of treating the animal inappropriately.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(3) Animals at the facility shall be clean and free of obvious disease or health problems that could adversely affect children.

Rationale / Explanation
Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with unclean or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. *CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(4) There shall be no animal or animal equipment in food preparation or eating areas.

Rationale / Explanation
The presence of animals or their equipment in food preparation or eating areas increases the risk of contamination of food eaten by the children and staff. *CFOC 3rd ed. Standard 4.8.0.1. pp. 185-186.*

Compliance Guidelines

- Animals and their equipment, such as food and water bowls, cat litter boxes, or dog beds, cannot be within 36 inches of food preparation or eating areas. All kitchen counters are considered to be food preparation areas.
- To determine if there is adequate space between animal equipment and food preparation and eating areas, a measurement is taken from the outermost edge of the food preparation or eating area to the outmost part of the animal equipment.

- This rule does not prohibit fish bowls or tanks in food preparation or eating areas. However, these habitats need to be well maintained because fish and their aquariums may carry germs.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(5) Children younger than 5 years of age shall not assist with the cleaning of animals or animal cages, pens, or equipment.

Animals, including pets, can be a source of illness for people. In *Caring for Our Children*, it is advised that children not handle or clean up any form of animal waste (feces, urine, blood, etc). This is especially true for younger children who may wash their hands less thoroughly and tend to put their hands in their mouths. *CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(6) If school-age children help in the cleaning of animals or animal equipment, the children shall wash their hands immediately after cleaning the animal or equipment.

Rationale / Explanation
The purpose of this rule is to prevent the spread of disease to children from animal food or any form of animal waste. *CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.*

The AAP and APHA suggest that caregivers instruct children on safe procedures to follow when cleaning animals or their equipment including:
- Use disposable gloves when cleaning animal equipment.
- Do not let children clean aquariums because contaminated water can splash into eyes and mouths.
- Do not dispose of used fish tank water in sinks used for getting drinking water or food preparation.
- Remove all animal waste and litter immediately from children's areas.
- Disinfect areas where equipment is cleaned after the cleaning activity is finished. *CFOC 3rd ed. Standard 3.4.2.3. p. 122.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(7) Children and staff shall wash their hands immediately after playing with or touching reptiles and amphibians.

Rationale / Explanation
Contact with animals and animal waste should occur in a way that minimizes staff and children's risk of injury, infection, and aggravation of allergy. Hand hygiene is the most important way to reduce the spread of infection. Unwashed or improperly washed hands are primary carriers of germs which may lead to infections. *CFOC 3rd ed. Standard 3.4.2.3. p. 122*

Reptiles and amphibians are species known to carry salmonella. *CFOC 3rd ed. Standard 3.4.2.2.*

p. 121

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(8) Dogs, cats, and ferrets that are housed at the facility shall have current rabies vaccinations.

Rationale / Explanation
Diseases prevalent in wildlife, such as rabies and distemper, can infect unvaccinated pets. Vaccinations prevent diseases that can be passed not only from animal to animal but also from animal to human. *For more information, refer to the American Veterinary Medical Association at: www.avma.org/public/PetCare/Pages/vaccinations.aspx.*

Compliance Guidelines
- This rule applies to dogs, cats, and ferrets that are repeatedly (more than one time) on the premises whether or not they belong to the provider. For example, if the provider takes care of an animal at the facility or chooses to feed a stray animal, that animal must have current rabies vaccinations.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) The provider shall keep current animal vaccination records on-site for review by the Department.

Rationale / Explanation
Vaccination records help the provider track and keep their animal's vaccinations current as well as provide proof that the provider is in compliance with licensing rule.

Compliance Guidelines
- An animal's veterinary tag is acceptable documentation as long as it has enough information to show that the animal's vaccinations are current.
- The provider does not need immunization records for animals that are brought in for show and tell.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

R381-100-22: REST AND SLEEP

This section explains the rules regarding children's rest and sleep in a child care program. The section also explains the rules that apply to sleeping equipment used by children in care. This includes sleeping equipment that is used during child care hours by the provider's and caregivers' own children younger than 4 years old.

Rest and Sleep

(1) The provider shall offer children in care a daily opportunity for rest or sleep in an environment with subdued lighting, a low noise level, and freedom from distractions.

Rationale / Explanation

Studies suggest that sleep is essential for the optimal health and growth of children. The Centers for Disease Control and Prevention (CDC) makes the following recommendations.

Age Group		Recommended Hours of Sleep per Day
Newborn	0-3 months	14-17 hours per 24 hours
Infant	4-12 months	12-16 hours per 24 hours (including naps)
Toddler	1-2 years	11-14 hours per 24 hours (including naps)
Preschool	3-5 years	10-13 hours per 24 hours (including naps)
School-Age	6-12 years	9-12 hours per 24 hours

Most preschool children benefit from scheduled rest periods in the form of a quiet time or actual napping. School-age children should have scheduled times for resting and relaxing activities, such as reading or playing a quiet board game. Children who are overly tired can exhibit health and behavior problems. Conditions conducive to rest and sleep include a quiet place, a regular time for rest, and a consistent caregiver. *CFOC 3rd ed. Standard 3.1.4.4. pp. 100-101.*

According to the CDC, children who do not get enough sleep are more likely to:

- Be overweight.
- Not get enough physical activity.
- Suffer from depressive symptoms.
- Engage in unhealthy risk behaviors such as drinking alcohol.
- Perform poorly in school.

Taken from: www.cdc.gov/sleep/pdf/publicationsmediaproducts/p0806-school-sleep.pdf.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(2) Nap or rest times shall not be scheduled for more than 2 hours daily.

Rationale / Explanation

Nap or rest times are crucial for the well-being of every child. However, prolonged inactivity would be detrimental to their health. There must be other activities offered to children to support their physical, social, emotional, cognitive, and language development.

Compliance Guidelines

- Nap or rest times may not be scheduled for more than two hours so that children are not forced to stay still or remain in a quiet time when they are no longer tired or in need of rest. However, children who are tired may sleep more than the two-hour rest time.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

Sleeping Equipment

The following guidelines apply to the assessment of sleeping equipment:

- Sleeping equipment includes cots, mats, cribs, bassinets, cradles, porta-cribs, playpens, play yards, and beds.
- Sleeping equipment that will not be inspected includes:
  - Equipment where an infant or child is sleeping at the time of the inspection unless the equipment can be assessed without waking the child. For example, observing whether the equipment blocks an exit or is free of entanglement or strangulation hazards would generally not disturb a sleeping child.
  - Sleeping equipment that is identified as never being used by children in care.
  - Cribs that are used only for evacuation in the case of an emergency and are never used by children for any other purpose.
  - A crib that has been converted into a toddler bed. If it is converted back to a crib, it may not be used to sleep any child in care without passing a CCL inspection.

(3) A separate crib, cot, mat, or other sleeping equipment shall be used for each child during nap times.

Rationale / Explanation

Infectious diseases, such as the common cold, can be spread if children share sleeping equipment. Providing separate sleeping equipment and bedding for each child can prevent the spread of these diseases. Providing separate sleeping equipment also prevents young children from injuring one another or spreading disease by breathing directly into each other's faces during rest time. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

Compliance Guidelines

- This rule does not apply to children age two years old and older who may fall asleep outside of the schedule nap time.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(4) Sleeping equipment shall be kept in good repair, including mats and mattresses that shall have smooth, waterproof surfaces.

Rationale / Explanation

The purpose of this rule is to prevent injury to children from broken equipment. Staff should inspect sleeping equipment often to ensure that hardware is tightened and that there are not any safety hazards. *CFOC 3rd ed. Standard 5.4.5.2. p. 253.*

Mats and mattresses need waterproof surfaces without tears and cracks so they can be adequately cleaned and disinfected. *CFOC 3rd ed. p. 118.*

Compliance Guidelines

- Examples of sleeping equipment in disrepair include an unstable crib, a crib with missing slats or a broken railing, or a porta-crib with a hole greater than 2½ inches in diameter in any of the mesh sides.
- To ensure that they are in good repair with smooth, waterproof surfaces, sleeping mats or crib mattresses should not have cracks or tears on the side a child sleeps on. One side of a mat or mattress can be repaired with duct tape as long as children do not sleep on the taped side and the mats or mattresses are not stored on top of each other.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(5) Each crib shall:

(a) have a tight-fitting mattress;
(b) have slats spaced no more than 2-3/8 inches apart;
(c) have 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;
(d) not have strings, cords, ropes, or other entanglement hazards on the crib or within reach of the child; and
(e) meet CPSC standards.

Rationale / Explanation

An infant or young child can suffocate if its head or body becomes wedged between the mattress and a crib side. Crib mattresses should fit snugly and be made specifically for the size crib in which they are placed. *CFOC 3rd ed. Standard 5.4.5.1. p. 252; Standard 5.4.5.2. p. 253.*

Children have strangled because their head or neck became caught in a gap between the slats. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well documented. *CFOC 3rd ed. Standard 5.4.5.2. pp. 253- 254.*

Children can be injured if the top of the crib or other piece of sleeping equipment is not high enough to prevent infants and children from falling out. *CFOC 3rd ed. Standard 5.4.5.2. pp. 253-254.*

Caregivers should never use strings to hang any object, such as a mobile, toy or diaper bag, on or near sleeping equipment. Infant monitors and their cords, and other electrical cords should never be placed near or in sleeping equipment. Cribs and other sleeping equipment should be placed away from window blinds and draperies if the cords are within reach. These items present

a potential hazard if they can be reached and/or pulled down by an infant or young child. Objects that dangle from cords or strings can wrap around a child's neck causing strangulation.
CFOC 3rd ed. Standard 5.4.5.1. p. 252; Standard 6.4.1.3. p. 285.

More infants die every year in incidents involving cribs than with any other nursery product. Standards have been developed to define crib safety, and providers should make sure that cribs used in the facility meet these standards to protect children and prevent injuries or death. Significant changes to the ATSM and CPSC standards for cribs took effect as of June 28, 2011. For information about these standards, refer to:
www.cpsc.gov/s3fs-public/pdfs/blk_pdf_cribrules.pdf.

Compliance Guidelines

Tight-fitting Mattress

- To determine if a crib has a tight-fitting mattress
  - Move the mattress to one corner of the crib and as close as possible to the head or foot of the crib
  - If this creates a gap between the mattress and any side of the crib, place a choke tube (or if unavailable, two adult fingers together) vertically at the widest point of each gap. If the tube fits entirely between the crib side and the mattress, the mattress is not tight fitting.
- A firm material such as wood may be added to a crib frame to create a tight-fitting mattress, as long as the material is flush with the top of the mattress.
- It is a rule violation if any item such as a blanket, eggshell mattress, or foam is wedged in between the mattress and the crib frame.

Height Crib Rail from Mattress

- It is out of compliance if:
  - One end of a mattress is propped up making the distance between that end of the mattress and the top of the crib railing less than 20 inches.
  - A hinged crib side is folded down and not in the up position resulting in a measurement that is less than 20 inches from the mattress to the top of the crib side. It is out of compliance even if a caregiver is next to the crib.

Entanglement Hazards

- No strings, cords, ropes, or other entanglement or strangulation hazards must be on or in the crib, or within 36 inches of any part of the crib.
- It is a rule violation if any strings or cords are longer than 8 inches and are in or on the sleeping equipment, or within 36 inches from the surface of the sleeping equipment. This includes pacifier cords, mobiles hanging over a crib, and electrical cords that might be on furniture or the floor next to the crib.

CPSC Standards

- A crib that has been previously approved by CCL for compliance with CPSC crib standards does not need to be inspected again unless the crib has been replaced or repaired.
- To determine CPSC compliance:
  - Look at the manufacturing date on the crib or the registration form that may have been supplied when the crib was purchased.
  - The manufacturing date can be found usually on the board that holds the mattress or on the lower part of the crib frame.
  - A purchase receipt is not adequate documentation.
  - Confirm that the label or form shows the crib was manufactured on or after June 28, 2011.
- If a provider believes the crib meets federal standards but does not have a manufacturing date or registration form, the provider may:

- Contact the manufacturer or retailer and ask for documentation that the crib is in compliance with 16 CFR Part 1219 or 16 CFR Part 1220.
- Submit the documentation to CCL before using the crib to sleep children in care.

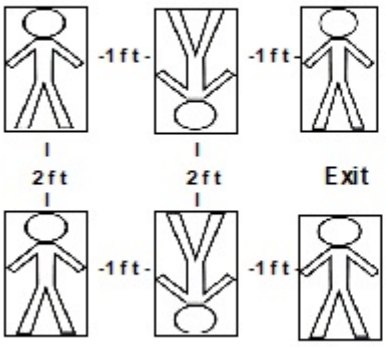
Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(6) When in use, sleeping equipment such as cribs, cots, and mats shall be placed at least 2 feet apart.

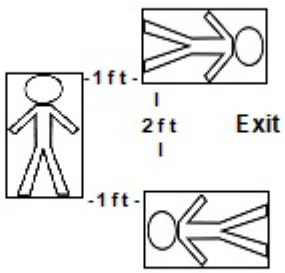
Rationale / Explanation
The American Academy of Pediatrics and the American Public Health Association recommend at least three feet of space between children's sleeping equipment. This will reduce the spread of infectious diseases by children breathing in one another's faces during sleep. Adequate spacing between sleeping equipment is also necessary to facilitate evacuation of sleeping children in case of an emergency. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

Compliance Guidelines
- If there is not enough room to place the sleeping equipment 2 feet apart, some sides of the equipment may be placed one foot apart if:
  - There is at least a 2-foot-wide, clear pathway from each piece of sleeping equipment to the exit, and
  - Children are positioned in a way that maintains at least a 2-foot distance between their faces. This may be accomplished by positioning the children head to toe.
- The following diagrams illustrate a few possible arrangements of sleep equipment.

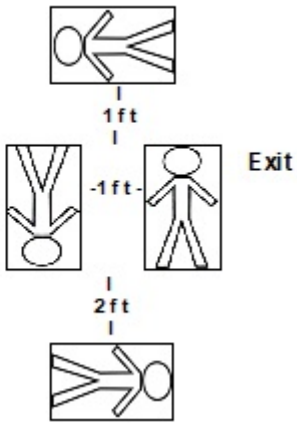
Example 1



Example 2



Example 3



- Cribs may be spaced end to end if the end of the crib is solid (wood, plexiglass, etc.), so children do not breath on each other. Porta-cribs may be placed side by side with a barrier between each crib if the ends are the same height as the sides. In this case, 2 feet will not be required between the cribs since the provider has access to the child and the barrier is preventing children from breathing on each other.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(7) Sleeping equipment shall not block exits.

Rationale / Explanation

The purpose of this rule is to prevent resting children from getting stepped on by people exiting or entering the room, and to allow a quick and easy exit from the building in the event of an emergency. *CFOC 3rd ed. Standard 5.1.4.3. p. 207.*

Compliance Guidelines

- Sleeping equipment may be placed in front of a door or opening to a room, as long as there is at least one other doorway from the room that is not blocked and could be used in an emergency.
- Sleeping equipment may not block exits even when it is low and can be stepped over.
- Sleeping equipment must be far enough away from a door that if the door were to open inward, there would be enough clearance for the door to fully open (or swing 180 degrees).

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(8) During nap time, a sheet and blanket or acceptable alternative shall be made available to each child 12 months or older. These items shall be:
(a) clearly assigned to one child,
(b) stored separately from other children's bedding, and
(c) laundered as needed, but at least once a week, and before use by another child.

Rationale / Explanation

For their health and comfort, no child should sleep on a bare, uncovered surface. An appropriate covering, such as a sheet and blanket, should be offered to each child 12 months or older for use at nap time. Each child's bedding and any special sleep item should be stored separately from those of other children. Bedding should be laundered as needed, at least weekly, and before use by another child. *CFOC 3rd ed. Standard 5.4.5.1. p. 252.*

Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if children share sleeping equipment. Providing separate sleeping equipment and bedding for each child can prevent the spread of these diseases. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

Using cleanable, waterproof, nonabsorbent rest equipment enables the staff to wash and sanitize the sleeping surfaces. Clean linens should be provided for each child on a regular basis and as needed. Beds and bedding should be washed between uses if used by different children. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

Compliance Guidelines

- A sheet and blanket or acceptable alternative must be made available to the children. However, children do not need to cover themselves (including their heads) with these items or use them if the children choose not to.
- Swaddling a child with a blanket will be considered an acceptable alternative to a sheet and blanket.
- A sleeping bag will be considered an acceptable alternative to a sheet and blanket.
- When bedding is stored in a bin, bag, or cubby that is labeled with a child's name, it is considered assigned to an individual child.

- Mats or cots may be clearly assigned to one child by labeling with each child's name, by identifying each child's mat or cot with a number or color code, or by labeling the container where the mats or cots are stored.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(9) Sleeping equipment that is clearly assigned to and used by an individual child shall be cleaned and sanitized as needed and at least weekly.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(10) Sleeping equipment that is not clearly assigned to and used by an individual child shall be cleaned and sanitized before each use.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(11) The provider shall store sleeping equipment so that:
(a) the surfaces children sleep on do not touch each other, or
(b) the provider shall clean and sanitize sleeping equipment before each use.

Rationale / Explanation
From time to time, children drool, spit up, or spread other body fluids on their sleeping surfaces. Infectious diseases can spread if sleeping surfaces come in contact with each other. Storing sleeping equipment and bedding separately can prevent the spread of these disease.
CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

R381-100-23: DIAPERING

This section gives the rules and information about diapering children in a child care setting. Diapering rules are designed to protect the health and safety of the children and apply to all diapered children regardless of their ages, including the provider's and caregivers' children. A provider's policies on diapering should comply with the requirements of the American with Disabilities Act (ADA). For more information about this law, refer to: www.ada.gov.

The rules pertain to how often diapered children are changed, the procedures for changing diapers, and the supplies that are used. Diapering rules, as applicable, cover disposable training pants, hybrid diapers, and cloth diapers.

CCL staff will observe a diaper change during an inspection to verify compliance with the rules in this section. When observing the diaper change, they will stand back and out of the child's line of vision in order to help maintain the child's privacy and comfort level while being changed.

When no diapered children are present or awake during the inspection, CCL staff will:
- Document that a diaper change was not observed.
- Observe a diaper change at the next annual inspection.

If the provider accepts children who wear diapers:

(1) The provider shall post diapering procedures at each diapering station and ensure that they are followed.

Rationale / Explanation

The purpose of this rule is to ensure that all caregivers are aware of and follow correct diaper changing procedures in order to prevent the spread of bacteria *CFOC 3rd ed. Standard 3.2.1.4. pp. 106-107*

Although they are not all required by CCL, the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend the following diapering procedures.

① Before bringing the child to the diaper changing area, wash your hands and gather all needed supplies including – a clean diaper, clean clothes (if needed), baby wipes removed from the container, disposable gloves (if needed), and diaper cream on a tissue or paper towel.

② Carry the child to the changing table, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.

③ Unfasten the soiled diaper but leave it under the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from front to back, using a fresh wipe each time. Put the used wipes into the soiled diaper or directly into a plastic-lined, hands-free covered container.

④ Fold the soiled diaper inward and put the soiled diaper into the designated container. If reusable cloth diapers are used, put the soiled diaper and its contents (without rinsing) into a plastic bag or the designated container.

⑤ If gloves were used, remove them and put them into the designated container.

⑥ Use a disposable wipe to clean your hands and another wipe to clean the child's hands. Put the used wipes into the designated container.

⑦ Slide a clean diaper under the child and use the tissue or paper towel to apply any necessary diaper cream. Dispose of the tissue or paper towel in the designated container, then fasten the diaper.

⑧ Wash the child's hands and return the child to the group.

⑨ Clean and then sanitize the diaper changing surface.

⑩ Wash your hands.

Compliance Guidelines

- Changing a child's clothing due to a toileting accident is not the same as diapering a child, so diapering procedures do not need to be posted in areas where diapering does not occur.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(2) Caregivers shall ensure that each child's diaper is:
(a) checked at least once every 2 hours,
(b) promptly changed when wet or soiled, and
(c) checked as soon as a sleeping child awakens.

Rationale / Explanation

The AAP and the APHA recommend that children's diapers are visually checked at least every two hours, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The frequency and severity of diaper rash is lessened when diapers are changed more often. *CFOC 3rd ed. Standard 3.2.1.3. pp. 105-106.*

Compliance Guidelines

- Rule defines how often diapers are checked, but not how they are checked.
- Caregivers do not have to wake a sleeping child to check a diaper.
- The 2-hour time for checking diapers begins when the child arrives at the facility.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(3) Caregivers shall change children's diapers at a diapering station. Diapers shall not be changed on surfaces used for any other purpose.

Rationale / Explanation

Changing diapers on surfaces used for other purposes, such as the floor or a counter, increases the likelihood of contamination of those areas. *CFOC 3rd ed. Standard 5.4.2.4. p. 249.*

Compliance Guidelines

- Children who have outgrown being changed on a diapering table may be changed on a mat or other smooth, waterproof surface that is placed on the floor next to the diapering station. The diapering surface must be thoroughly cleaned and sanitized after each diaper change.
- Children who are potty training may be changed in a bathroom as long as other applicable diapering rules are observed, such as handwashing and the disposal of the diapers or pull-ups.
- If a child who is potty training has a toileting accident, the child may be changed on a mat or other smooth, waterproof surface that is placed on the bathroom floor.

- A caregiver may change a diaper while the child is standing if all diapering rules are followed.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(4) The diapering surface shall be smooth, waterproof, and in good repair.

Rationale / Explanation
The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and sanitized in order to prevent the spread of disease. It is difficult, if not impossible, to sanitize porous surfaces or surfaces with cracks or tears. Even a small crack somewhere on the diapering surface could allow bacteria to grow. *CFOC 3rd ed. Standard 5.4.2.4. p. 249.*

Compliance Guidelines
- A diapering surface that is in good repair means that there are no tears, cracks, or holes making the surface difficult to sanitize.
- A diapering pad that is repaired with items such as plastic or duct tape, or vinyl glue (if the glue is waterproof when dry) is acceptable as long as the repair is on the underside of the pad and not on the side where a child is changed.
- It is not out of compliance if there is a small crack on the frame of a changing table or other surrounding surface as long as the crack is not on the surface where the child is changed.
- Changing a child on an unused diaper does not meet the requirement of this rule.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(5) Each diapering station shall be equipped with railings to prevent a child from falling when being diapered.

Rationale / Explanation
Diapering stations should be equipped with railings or barriers to prevent falls. Safety straps on changing tables trap soil and they are not easily disinfected. Therefore, diaper changing tables should have railings instead of using the safety straps. *CFOC 3rd ed. Standard 5.4.2.5. p.250.*

Compliance Guidelines
- The railings should prevent a child from rolling or falling off the changing table (i.e. the railings should not be flush with the diapering mat).
- The diapering station may have molded edges or contoured changing mats instead of railings as long as they are high enough above the mat to prevent a child from rolling or falling off the changing table.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(6) Caregivers shall not leave children unattended on the diapering surface.

Rationale / Explanation
Data from the Consumer Product Safety Commission (CPSC) shows that falls are a serious

hazard associated with diaper changing tables. Caregivers should never leave a child unattended on a diapering surface. *CFOC 3rd ed. Standard 5.4.2.5. p.250.*

Compliance Guidelines

- A provider is considered attending the child if they are facing the child and not more than an arm's length away from the child.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

(7) Caregivers shall clean and sanitize the diapering surface after each diaper change, or use a disposable, waterproof diapering surface that is thrown away after each diaper change.

Rationale / Explanation

Many infectious diseases can be prevented through appropriate cleaning and sanitizing procedures. Many sanitizers leave residue that can cause skin irritation or other symptoms so caregivers should always follow the manufacturer's instructions when cleaning and sanitizing. *CFOC 3rd ed. Standard 5.4.2.6. p. 250.*

Compliance Guidelines

- Cleaning and sanitizing instructions described in "Section 15: Health and Infection Control" must be followed.
- A caregiver must clean any visible body fluid from the diapering surface and then sanitize the entire diapering surface according to the instructions on the sanitizing product being used.
- The surface under the pad does not have to be cleaned and sanitized unless it is visibly dirty.
- Any product that comes with manufacturer instructions for use as a sanitizer may be used.
- Hand sanitizers may not be used to sanitize diapering surfaces.
- Disinfecting wipes (not hand wipes) can effectively sanitize a surface if the surface remains wet for the time designated by the manufacturer.
- A stop watch (or clock, phone, iPad, etc.) can be used to verify that the sanitizer remains visibly wet on the surface for the amount of time listed on the product label. To be in compliance, the time must be within 5 seconds of the manufacturer's required time. If the product is not left on the surface for the required amount of time, the surface will not be sanitized.
- A caregiver should never diaper a child on a surface that is still wet from being cleaned and sanitized. The surface may air dry or, after the sanitizer has remained on the surface for the required amount of time, it may be wiped dry.
- Even when there is only one child who uses the diapering surface, the surface still must be cleaned and sanitized after each use to prevent bacteria and germs from growing on the surface or spreading to another area.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(8) Caregivers shall wash their hands after each diaper change.

Rationale / Explanation

Many types of infectious germs may be contained in human waste (urine and feces). Touching a contaminated object or surface may spread illness. Handwashing helps prevent the spread of

disease-causing agents. *CFOC 3rd ed. Standard 3.2.3.4. p. 115.*

Compliance Guidelines

- Caregivers must wash their hands with soap and running water after each diaper change.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(9) Caregivers shall place wet and soiled disposable diapers:
(a) in a container that has a disposable plastic lining and a tight-fitting lid,
(b) directly in an outdoor garbage container that has a tight-fitting lid, or
(c) in a container that is inaccessible to children.

Rationale / Explanation

When waste containers are plastic-lined and enclosed or are removed from areas occupied by children, odors are contained and children are prevented from coming into contact with body fluids. *CFOC 3rd ed. Standard 5.2.7.4. p. 226.*

Compliance Guidelines

- Flip top or swinging lids on diaper containers are acceptable.
- Diapers may be placed in any container, for example a plastic bag, as long as the container is inaccessible to children.
- Providers may diaper several children, one right after the other, and then properly dispose of all the diapers at the same time. However, handwashing must be done after each diaper change.
- Hybrid diapers such as, gDiapers (www.gdiapers.com), are part disposable and part reusable. Caregivers should not flush the insert, but treat it the same as a disposable diaper and properly discard it as described in this rule. The outside cover of the hybrid diaper should be treated as a cloth diaper.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

10) Indoor containers where wet and soiled diapers are placed shall be cleaned and sanitized each day.

Rationale / Explanation

The diaper container should be cleaned daily to keep it free from a build-up of soil. This standard prevents noxious odors and the spread of disease. *CFOC 3rd ed. Standard 5.2.7.5. p. 226.*

Compliance Guidelines

- The inside of the container needs to be cleaned and sanitized as well as the outside parts that a caregiver touches when they dispose of a used diaper.
- 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.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(11) If cloth diapers are used:

(a) they shall not be rinsed at the facility; and

(b) they shall be placed directly into a leakproof container that is inaccessible to any child and labeled with the child's name, or placed in a leakproof diapering service container.

Rationale / Explanation

Containing and minimizing the handling of wet and soiled diapers so they do not contaminate other surfaces is essential in preventing the spread of infectious disease. Rinsing a cloth diaper or putting stool into a toilet in the child care facility increases the likelihood that other surfaces will be contaminated. *CFOC 3rd ed. Standard 3.2.1.2. p. 105.*

Compliance Guidelines

- Caregivers may machine wash and dry cloth diapers at the facility as long as wet or soiled diapers are inaccessible until they are cleaned.
- A caregiver may flush the content of a soiled diaper in the toilet before placing the diaper in the leakproof container.
- Plastic grocery and other plastic bags may be used to contain cloth diapers as long as the bags are leakproof. Grocery or other plastic bags with holes in the bottoms or sides cannot be used because they are not leakproof.
- The container does not need to be labeled if put into a child's labeled diaper bag or cubby as long as the diaper bag or cubby is inaccessible.
- If a provider only cares for children from one family, they are not required to label the leakproof container holding the used cloth diaper, but it must be inaccessible.
- It is not out of compliance for the caregiver to throw away wet or soiled cloth diapers with parental permission.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

R381-100-24: INFANT AND TODDLER CARE

This section provides the rules and information about caring for children ages birth through 23 months. The rules apply to all infants and toddlers in care including the provider's and employees' own children.

A child who is younger than 12 months of age is considered an infant. On the child's first birthday and until their 2nd birthday, the child is considered a toddler.

If the provider cares for infants or toddlers:

(1) Each awake infant and toddler shall receive positive physical and verbal interaction with a caregiver at least once every 20 minutes.

Rationale / Explanation

Hugging, holding, and cuddling infants and toddlers are expressions of wholesome love that should be encouraged for the child's healthy emotional development. Consistent and continuous talking with, listening to, and interacting with infants and toddlers impacts all areas of their development. *CFOC 3rd ed. Standard 2.1.2.1, 2.1.2.2. pp. 57-58.*

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) To stimulate their healthy development, the provider shall ensure that infants receive daily interactions with adults; including on-the-ground interaction and closely supervised time spent in the prone position for infants less than 6 months of age.

Rationale / Explanation

Infants' and young children's participation in physical activity is critical to their overall health, development of motor skills, social skills, and maintenance of healthy weight. Tummy time builds infants' physical strength and prepares them for scooting on their stomachs and crawling. *CFOC 3rd ed. Standard 3.1.2.1. pp. 90-91.*

In *Caring for Our Children*, it is recommended that caregivers follow these guidelines when providing tummy time for infants:

- Ensure that the infant is awake and alert.
- Place the infant on the floor or other low, solid surface.
- Play and interact with the infant during each tummy time session.
- Never leave the infant unattended.
- End tummy time if the infant shows signs of discomfort or fussiness.
- If the infant becomes drowsy or falls asleep, immediately place the infant on their back in the appropriate sleep equipment. *CFOC 3rd ed. Standard 3.1.3.1. pp. 90-91.*

Compliance Guidelines

- Each young infant must have a daily opportunity for tummy time. Although it is not required for the caregiver to be on their stomach during this activity, they must be close enough to interact with and actively supervise the infant.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(3) Infant and toddler areas shall not be used to pass through or access other indoor and outdoor areas.

Rationale / Explanation
Infants need quiet, calm environments, away from the stimulation of older children. Separation of infants and toddlers from older children and non-caregiving adults is also important for disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, contact with older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. *CFOC 3rd ed. Standard 2.1.2.4 p. 59.*

Additionally, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the facility. *CFOC 3rd ed. Standard 2.1.2.4 p. 59.*

Compliance Guidelines
This rule does not apply when:
- Infants or toddlers pass though other infant or toddler areas.
- An infant or toddler area is used as an emergency exit by others during an emergency evacuation.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(4) Infants and toddlers shall play in the same enclosed outdoor space with older children only when there are 8 or fewer children in the group.

Rationale / Explanation
Infants and toddlers are smaller than older children, are relatively new at basic motor skills such as crawling, walking, climbing, and running, and have slower reaction times. 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, and sat on. *CFOC 3rd ed. Standard 2.1.2.4. p. 59.*

Compliance Guidelines
- If there is a separate, enclosed outdoor play area for infants and toddlers, they may be outside at the same time as other groups of children. There must be 40 square feet of space per child and the required number of staff in both areas.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(5) Caregivers shall respond promptly to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, a wet or soiled diaper, 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 young children's immediate needs are not met, they experience stress causing an increase of cortisol in their brains. Cortisol impairs brain function, and negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more cognitive, motor, and social developmental delays than other children. *Rethinking the Brain: New Insights into Early Development* by Rima Shore (NY: Families and Work Institute, 1997); *CFOC 3rd ed. Standard 2.1.2.1. p. 57.*

Compliance Guidelines

- "Promptly" responding to infants and toddlers who are in emotional distress means responding immediately or as soon as possible if the caregiver is diapering, feeding, or administering first aid to another child. A caregiver who is unable to immediately respond to a child in distress (due to another child's immediate needs) should still reassure the distressed child by making eye contact and speaking to the child in a reassuring tone of voice.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(6) For their healthy development, safe toys shall be available for infants and toddlers. There shall be enough toys accessible to each infant and toddler in the group to engage in play.

Rationale / Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. Opportunities to be an active learner are vitally important for the child's cognitive, physical, and social development. *CFOC 3rd ed. Standard 2.1.2.3. p. 58.*

From infancy, play provides important physical, mental, emotional, and social benefits in development. *NAEYC Developmentally Appropriate Practice p. 14 (2009).*

Compliance Guidelines

- There must be enough toys for each infant and toddler in the group to be engaged in play with at least one toy, even when some of the toys are removed to be cleaned.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(7) Mobile infants and toddlers shall have freedom of movement in a safe area.

Rationale / Explanation

Infants and toddlers need freedom to move so they can learn to crawl, stand, walk, and climb. They need the opportunity to develop their basic motor skills in an area free of hazards and with adequate space. *CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.*

Compliance Guidelines

- "Freedom of movement" means that infants and toddlers are not restrained from moving, crawling, walking, roaming, and exploring in a developmentally appropriate way.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(8) An awake infant or toddler shall not be confined for more than 30 minutes in any piece of equipment, such as a swing, high chair, crib, playpen, or other similar piece of equipment.

Rationale / Explanation
Restrictive infant equipment such as swings, stationary activity centers, infant seats, playpens, and bouncers should only be used for short periods of time. Keeping an infant or toddler confined in a piece of equipment or a small gated-off area prevents them from necessary active movement and social interactions. *CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.*

Compliance Guidelines
- Being confined includes being in a gated-off play yard or similar area with a barrier for more than 30 minutes at a time unless there are at least 35 square feet of space per child.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) Only one infant or toddler shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.

Rationale / Explanation
The purpose of this rule is to prevent infants and toddlers from accidentally injuring one another.

Compliance Guidelines
This rule is not out of compliance when:
- A caregiver uses a crib to evacuate multiple children for an emergency drill or an actual emergency evacuation.
- A crib is used to transport children within the facility, as long as the children are not left in the crib together after they have been transported.
- More than one infant or toddler is in a wagon that is intended to hold more than one child.

This rule is out of compliance if:
- An evacuation crib is used to take multiple children on a walk.
- There is more than one infant or toddler in a crib or other sleep equipment unless they are twins and their parent or health professional has provided written instructions for them to share the sleep equipment at the same time.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(10) Infants and toddlers shall not have access to objects made of styrofoam.

Rationale / Explanation
Foam objects can break into pieces that can become choking hazards for young children. *CFOC 3rd ed. Standard 4.5.0.2 p. 178.*

Styrofoam refers to expanded polystyrene foam that is typically white in color. This type of foam can be easily broken into pieces because it is made with circular individual beads of foam.

Compliance Guidelines

- Swimming noodles are not made of styrofoam and do not need to be inaccessible to the children.
- Styrofoam inside a bike helmet is only a hazard when it is deteriorated to the point that it is crumbly and/or cracked.
- Infants and toddlers may use styrofoam objects only when they are involved in a carefully supervised activity. This means a caregiver is within arm's reach of the children, providing constant, active supervision, and does not leave until the materials are made inaccessible.

Examples of styrofoam products that must be inaccessible to infants and toddlers include:

- Packing peanuts and other similar packing materials.
- Food and drink holders such as picnic cups and plates.
- Egg cartons (if made of styrofoam).
- Some materials used in arts and crafts such as styrofoam cones and blocks.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(11) Each infant and toddler shall be allowed to eat and sleep on their own schedule.

Rationale / Explanation

Feeding infants on demand meets their nutritional and emotional needs. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. *CFOC 3rd ed. Standard 4.3.1.2 pp. 164-165.*

For infants and toddlers, favorable conditions for sleep and rest include being dry, well fed, and comfortable. Infants may need one or two (or sometimes more naps) during the time they are in child care. Studies suggest that sleep is essential for optimal health and growth for infants and young children. *CFOC 3rd ed. Standard 3.1.4.4 pp. 100-101*.

When children are under stress because their immediate physical needs are not met, the cortisol in their bodies increases. Children who have chronically high levels of cortisol have been shown to experience more developmental delays than other children. *Rethinking the Brain: New Insights into Early Development* by Rima Shore (NY: Families and Work Institute, 1997)

Compliance Guidelines

- Older 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.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(12) Baby food, formula, or breast milk that is brought from home for an individual child's use shall be:

(a) labeled with the child's name;

(b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;
(c) kept refrigerated if needed; and
(d) discarded within 24 hours of preparation or opening, except for unprepared powdered formula or dry food.

Rationale / Explanation

Labeling food and drink with the child's name ensures that the child is not accidentally fed the wrong food that could cause an unhealthy reaction due to such causes as an allergy or inability to digest a certain food. *CFOC 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174*.

Keeping baby food, formula, and breast milk refrigerated, if needed, and discarding the food within 24 hours of preparation ensures that a child does not become ill from eating spoiled food. *CFOC 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174*.

Compliance Guidelines

Labeled with the child's name, and the date and time of preparation

- Powdered formula and dry baby food, such as cereal, that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.
- If a parent brings their child to the center with an already prepared bottle, the caregiver should document the time of preparation as the time the bottle arrived at the center.
- Bottles labeled by the parents will be assessed with information the parents wrote on the bottle. If a caregiver relabels the bottle with the date and time it came to the center, it will be assessed with the caregiver's information.
- Frozen breast milk is considered prepared once it has completely thawed. At that point, a caregiver must put the date and time of preparation on the bottle of breast milk.
- If a caregiver prepares a bottle and immediately feeds it to a child, the bottle does not have to be labeled. However, if any formula or breast milk remains in the bottle and is not immediately discarded, the bottle has to be labeled with the child's name and date and time of preparation.
- Breast milk for a caregiver's own child does not need to be labeled with the time of preparation.

Kept refrigerated if needed

- For information about storing homemade and commercial baby food and formula, refer to:
  - www.foodsafety.gov/blog/homemade_babyfood.html.
  - Instructions on baby food and formula packaging.
  - www.foodsafety.gov/keep/types/babyfood/index.html.
- For information about storing breast milk, refer to:
  - www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/breast-milk-storage/art-20046350.

Discarded within 24 hours of preparation or opening

- This rule does not apply to containers (pint, quart, half gallon, or gallon) of milk that are purchased from the store nor to solid adult food.
- Preparation of food includes mixing a powder with a liquid, opening a jar of food, or removing frozen breast milk from the freezer to thaw.
- Breast milk that is frozen immediately after collection is not considered "prepared" or "opened" until it is moved to the refrigerator to thaw. It must be discarded within 24 hours after it has

completely thawed.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(13) If an infant is unable to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.

Rationale / Explanation
Propping bottles can cause choking and 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. Standard 4.3.1.8. pp. 170-171.*

Compliance Guidelines
- As long as the caregiver holds the infant while bottle feeding, a device to hold the bottle (such as a Beebo) may be used.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(14) The caregiver shall swirl and test warm bottles for temperature before feeding to children.

Rationale / Explanation
The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that if infant bottles are to be warmed, they should be placed under warm running tap water or placed 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 too long provide an ideal medium for bacteria to grow and overheating may reduce the milk's nutritional value. Microwaves should not be used to warm bottles. *CFOC 3rd ed. Standard 4.3.1.9. pp. 171-172.*

Gently swirling a warmed bottle before bottle feeding prevents burns from "hot spots" in the heated liquid. Gentle swirling is important, because excessive shaking of human milk may damage the nutrient quality of the milk that is valuable to infants. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

Compliance Guidelines
- When mixing powdered formula with water, it is not out of compliance to shake the bottle.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(15) Formula and milk, including breast milk, shall be discarded after feeding or within 2 hours of starting a feeding.

Rationale / Explanation
The purpose of this rule is to prevent children from drinking spoiled milk or formula, and to prevent the spread of disease. Within a short period of time, bacteria introduced by the child's saliva can

make the formula or milk unsuitable and unsafe for consumption. *CFOC 3rd ed. Standard 4.3.1.3. pp. 165-166; Standard 4.3.1.5. pp. 167-168; Standard 4.3.1.8. pp. 170-171.*

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(16) Caregivers shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter, and shall cut solid foods for toddlers into pieces no larger than ½ inch in diameter.

Rationale / Explanation
These guidelines are recommended by the AAP and the APHA to prevent choking in infants and toddlers. Almost 90% of fatal choking occurs in children younger than four years of age, and food is the most common cause. On average, a child will die every 5 days in the United States from choking on food. Infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. Therefore, food needs to be made safe by cutting it to appropriate size. *CFOC 3rd ed. Standard 4.5.0.10. pp. 181-182.*

High-risk foods are those most often implicated in choking incidents. Food that is round, hard, small, thick and sticky, smooth, compressible or dense, or slippery is considered high risk and should not be offered to young children. These foods include:
- Hard, gooey, or sticky candy including gum.
- Nuts and seeds including peanuts.
- Popcorn.
- Spoonfuls of peanut butter. *CFOC 3rd ed. Standard 4.5.0.10. pp. 181-182.*

Compliance Guidelines
Food that does not quickly dissolve or crumble in the mouth without chewing needs to be cut into small pieces. Examples of solid foods that must be cut include:
- Cheese (except shredded).
- Fruit including bananas, grapes, and other fruit chunks.
- Marshmallows.
- Meat including hot dogs, meat chunks, and meatballs.
- Vegetables including carrots, beans, other vegetable chunks, and tater tots.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(17) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. An infant shall not be placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment unless the provider has written permission from the infant's parent.

Rationale / Explanation
Injuries, such as falls or entrapment, and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in equipment not designed for sleep. Sleeping in a seated position can restrict breathing and decrease oxygen in an infant's blood. Sleeping should occur in equipment specifically manufactured for this activity. *CFOC 3rd ed. Standard 2.2.0.2. p.66.*

Cradles and bassinets are not immune to the hazards that may cause SIDS. Ninety percent of

SIDS cases occur during the first six months of a baby's life, which is prime bassinet time. CPSC safety guidelines stipulate: 1) a sturdy bottom and wide base; 2) smooth surfaces without protruding hardware; 3) legs with locks to prevent folding while in use; 4) a firm, snugly fitting mattress; and 5) adherence to the manufacturer's guidelines regarding maximum weight and size of the infant. *Pike, Jodi & Moon, Rachel. (2008). Bassinet Use and Sudden Unexpected Death in Infancy. Journal of Pediatrics. pp. 509-512.*

Compliance Guidelines

- Cribs, bassinets, cradles, porta-cribs, playpens, and play yards are approved to sleep infants as long as they meet sleep equipment rules in "Section 22: Rest and Sleep."
- A crib is defined as a child's bed that has sides for protection from falling.
- The following equipment is not approved to sleep infants:
  - A mat, cot, pillow, bouncer, swing, or car seat
  - Any size bed
  - A crib that has been converted into a toddler bed
  - A couch or chair even if the caregiver is sitting next to the infant
  - A Boppy pillow even if it is placed on or in a bed, crib, cradle, bassinet, playpen, or play yard (Improper use of this product could result in serious injury or death.)
  - A bassinet or cradle if the infant is able to push up on hands and knees, pull up, or sit unassisted
  - Loungers and co-sleepers
- Parent's written permission can be in paper or electronic format.
- Before a caregiver sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the provider must obtain written documentation from the manufacturer stating that the equipment is approved for sleeping infants. The documentation must be available for review by licensing staff.
- Infants may not sleep on blankets inside on the floor or on the ground in the outdoor area. Caregivers may take approved equipment outside to use for sleeping the infant.
- It is not a rule violation if an infant is asleep in a car seat when arriving at the facility, and a caregiver immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a rule violation if more than 5 minutes elapse before the infant is moved.
- It is not a rule violation if an infant falls asleep in a piece of equipment not designed for sleeping, and a caregiver immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a rule violation if more than 5 minutes elapse before the infant is moved.
- A caregiver may hold an infant while the infant sleeps.
- Wearing a sleeping infant by using a sling or wrap is acceptable and there is no need to move the infant to a different sleep equipment.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(18) Infants shall be placed on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.

Rationale / Explanation
Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). However, deaths in child care facilities attributable to SIDS continue to occur at an alarming rate, with many of these deaths associated with infants sleeping in a prone position (on their stomachs). *CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.*

For more information about safe sleep practices for infants, visit: www.nichd.nih.gov/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

(19) Soft toys, loose blankets, or other objects shall not be placed in cribs while in use by sleeping infants.

Rationale / Explanation

Safe Sleep Environment
Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from unknown causes, such as SIDS, while others are from other sleep-related causes of infant death. Creating a safe sleep environment by keeping the following items out of an infant's sleep area reduces the risk of SIDS, suffocation, entrapment, and strangulation:

- Toys and objects such as stuffed animals
- Soft or loose bedding such as blankets, pillows, quilts, comforters, flat sheets, sheep skins
- Other soft objects such as bumper pads, sleep positioning devices, cloth diapers, bibs, etc.

National Institute of Child Health and Human Development, NIH Pub No 17-HD-7642, June 2017.

Blankets
The use of blankets is not advisable in a crib or hung on the crib side. Placing personal items in cribs with infants and covering or wrapping infants with blankets may help adults believe that the child is more comfortable, but these practices are not the safest for infants in child care. Sleep clothing, such as one-piece sleepers, sleep sacks, and wearable blankets, and ensuring that the temperature in the room is comfortable for a lightly-clothed adult are good alternatives to blankets. *CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.*

Adults sometimes find it difficult to place an infant to sleep without a blanket. If a blanket is used, it should not be loose and the "Feet to Foot Rule" should be followed. This involves placing the child's feet at the foot of the crib, and tucking a light blanket along the sides and under the foot of the crib. The blanket is placed only up to the infant's chest with their arms outside of the blanket. *CFOC 3rd ed. Standard 3.1.4.1. p. 98.*

Swaddling
Hospital personnel may recommend that newborns be swaddled in the hospital setting. However, in a child care setting it is not necessary or recommended. The risk of SIDS is increased if an infant is swaddled and rolls over from back to stomach. Also, with swaddling there is increased risk of developmental dislocation of the hip that can result in long-term disability. Additionally, with excessive swaddling, infants may overheat which is another risk factor for SIDS. *CFOC 3rd ed. Standard 3.1.4.1. p. 98; Standard 3.1.4.2. p.99.*

For more information about safe sleep practices, visit the American Academy of Pediatrics website at: www.aap.org and the National Institutes of Health at: safetosleep.nichd.nih.gov.

Compliance Guidelines

- This rule only applies to infants who are asleep.
- Objects that are possible hazards for a sleeping infant must not be in or on sleep equipment

or within 36 inches of the sleep equipment while the infant is asleep. This includes objects that may increase risk of SIDS, or cause entrapment, strangulation, suffocation, or choking. Examples of prohibited objects include but are not limited to:
  - Soft and hard toys
  - Crib bumpers or bumper pads (regardless of their type)
  - Baby gyms
  - Mobiles
  - Pacifiers with attached ribbons, toys, and/or other objects
  - Bedding and other fabric products that are loose, including blankets, pillows, sheets, comforters, cloth diapers, clothing, etc.
- A blanket or similar item is considered loose if it is not on the infant's body, is around the neck or head of the infant, or is loose anywhere in or on the crib.
- It is recommended that instead of covering a sleeping infant:
  - The room where the infant sleeps is kept at a safe and comfortable temperature.
  - For needed warmth, the infant is placed in sleep clothing such as a sleepsack, a swaddler, pajamas. etc. All sleep attire should fit properly and never cover the infants neck or face.

The following exceptions to this rule are allowed under certain conditions:
- A blanket may be used in the sleep equipment while an infant is sleeping as long as it is on the infant's body, is not around the infant's head or neck, and is not loose anywhere else in or on the crib.
- If an infant needs a comfort item to help them go to sleep, it is not a rule violation if the item is removed as soon as the infant falls asleep.
- An infant's pacifier is allowed to remain with a sleeping infant on condition that there are no loose parts or tears on the pacifier and any objects attached to the pacifier (e.g. ribbons, toys) are removed before use or as soon as the infant falls asleep. A pacifier cord that is less than 8 inches long does not have to be removed.
- Although two cribs may be within 36 inches of each other, each crib will be assessed for any loose bedding that may be in or on it, and not for loose bedding in the adjacent crib.
- If a blanket is used to cover a crib mattress and it is securely tucked in, it is not considered to be loose.
- If fabric (other than a blanket or bumper) is securely attached to the top of a crib rail to prevent children from chewing on the rail, it is not a rule violation.
- An item may be attached in the crib as long as it is not on the sleeping surface, with the exception of mobiles which cannot be within 36" of the sleeping surface.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(20) Caregivers shall document each infant's eating and sleeping patterns each day. The record shall:
(a) be completed within an hour of each feeding or nap, and
(b) include the infant's name, the food and beverages eaten, and the times the infant slept.

Rationale / Explanation
The purpose of this rule is to ensure that parents are informed about their children's daily eating and sleeping patterns. The daily record can also help to ensure that children's basic physical needs for food and rest are met, including during caregiver shift changes. *CFOC 3rd ed. Standard 9.4.2.7. pp. 391-392.*

Compliance Guidelines

- Unless more information is required to verify compliance, only infant's records from the previous day will be reviewed by CCL during an inspection.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(21) Within an hour of each infant or toddler's diaper change, caregivers shall record:
(a) the infant or toddler's name,
(b) the time of the diaper change, and
(c) whether the diaper was dry, wet, soiled, or both.

Rationale / Explanation

The purpose of this rule is to ensure that children's diapers are changed as needed, including during caregiver shift changes. It also allows parents to know when their children's diapers were changed, and can alert both parents and caregivers to any changes in the child's bowel movement pattern. *CFOC 3rd ed. Standard 3.2.1.3. pp. 105-106.*

Compliance Guidelines

- Unless more information is required to verify compliance, only infant's records from the previous day will be reviewed by CCL during an inspection.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

(22) The provider shall maintain on-site for review by the Department a six-week record of:
(a) the eating and sleeping patterns for each infant; and
(b) the diaper changes for each infant and toddler.

Rationale / Explanation

Because infants are nonverbal, knowing when there is a change in an infant's pattern of eating, sleeping, and bowel movements can alert parents and caregivers to potential health problems. On occasion, the child's primary care provider can use the records as an aid in diagnosing health conditions. *CFOC 3rd ed. Standard 9.4.2.7. pp. 391-392.*

Compliance Guidelines

- Records can be kept on paper or electronic format as long as they are available on-site for review by CCL and contain all required information.

Low Risk Rule Violation
Corrective Action for 1st Instance

Warning

APPENDIX A (Centers)
RECORDS, REPORTS, NOTIFICATIONS, & POSTED ITEMS

This document is not rule. Instead, it is a tool to help as a quick reference to some of the Child Care Licensing (CCL) rules. This document will be updated as needed, but at least once a year. For complete access to the rules and their interpretation, please go to https://childcarelicensing.utah.gov/Rules.html.

For CCL, all records must be kept on-site for at least six weeks or longer depending upon the action or event that is documented. Children's and personnel records must be current and kept on-site while the individual is involved with the program, and for six weeks after the individual leaves the program. The business license and other facility records, such as fire inspection reports, must be current and kept on-site for at least 6 weeks after their expiration dates. At least 12 months of fire and disaster drills must be kept on-site for review by CCL. Other agencies, such as the local health department, the food program, or the IRS, may require that records be kept for a longer period of time.

Records		
Rule	**Record**	**Requirement**
100-6(11)-(13)(a)-(b)	Admission & Health Assessment for each child including emergency medical treatment & emergency transportation releases	• Obtain from parent before admission into program • Update annually • Keep on-site for CCL review
100-6(14)(a)-(d)-(15)	Current immunization records for each infant, toddler & preschooler	• Obtain before child's admission into program • Must be current • Keep on-site for CCL review
100-7(19)(a)-(i)-(20)(a)-(c)	Preservice training documentation	Keep on-site for CCL review
100-7(21)(a)-(h)-(24)(a)-(e)	Annual training documentation	Keep on-site for CCL review
100-7(28)(a)-(c)	Personnel Records • Date of initial employment or association • First aid and CPR certification • Days and hours worked	• Keep on-site for CCL review • Days and hours worked kept for 6 weeks
100-8(1)(a)-(d)-(6)(a)-(c)	Background check form & fees for new covered individuals Fingerprints & fees as required per rule	• Submit to CCL • Individual must pass CCL background check before involvement with child care
100-8(7)-(8)(a)-(c)	Background check form & fees for renewal	Submit to CCL at least 2 weeks before end of renewal month on background check card
100-11(6)(a)-(f), (8)	Children's daily attendance including sign-in and sign-out records	• Document daily • Keep 6-week record on-site for CCL review
100-14(3)-(8)	Fire & disaster drills	• Documentation contains all required information • 12-month record kept on-site for CCL review
100-16(2)(a)-(e)	Meal & snack menus if not on CACFP	• Current approval • Keep 6-week record on-site for CCL review
100-17(4)-(7)(a)-(b)	Medication permission & instructions	Must be filled out and signed by child's parent before administering medication

Records Continued		
Rule	**Record**	**Requirement**
100-17(9)(a)-(c), (12)	Medication administration record	• Complete immediately after administering medication • Keep 6-week record on-site for CCL review
100-18(7)(a)-(f)-(8)(a)-(f)	Parental permission for swimming & offsite activities	Obtain before each activity
100-18(9)(a)-(e)	Written emergency information and releases	Must be with caregiver for each child on offsite activity
100-19(15)(a)-(c) -(16)	ASTM documentation for cushioning	Keep on-site for CCL review
100-20(1)(a)-(b)	Transportation permission form	• Signed by parent • Keep on-site for CCL review
100-20(4)(a)-(i)	Current driver's license for each driver	• Valid for the type of vehicle being driven • Carried with the driver
100-20(4)(a)-(i)-(5)(a)-(d)	Children's emergency contact information	Driver/caregiver must have for each child being transported
100-21(8)-(9)	Animal vaccination records	• Must be current • Keep onsite for CCL review
100-24(17)	Sleep equipment permission	• Obtain written permission from parent before child sleeps in unsafe sleep equipment • Available for CCL review
100-24(18)	Alternate sleep position documentation	From health care provider
100-24(20)(a)-(b), (22)(a)-(b)	Infants' eating & sleeping patterns	• Document within 1 hour of feeding or nap • Include name, food/beverages eaten, & time child slept • Keep 6-week record on-site for CCL review
100-24(21)(a)-(c), (22)(a)-(b)	Infants' & toddlers' diaper changes	• Document within 1 hour of diaper change • Include time and diaper status • Keep 6-week record on-site for CCL review

Reports		
Rule	**Report**	**Requirement**
100-6(9)(a)-(e)	Health & Safety Plan	• Complete on CCL's form • Submit to CCL in license application period & after any change • Reviewed and updated as needed • Signed and dated annually • Available during business hours to parents, staff, and CCL
100-6(16)	Annual immunization report	• Submit report to Immunization Program annually • Usually Oct 1-Nov 30
100-14(10)(a)-(b), (14)	Incident, accident or injury involving a child	• Give written report to parent on day of occurrence • Keep 6-week record on-site for CCL review

Notifications		
Rule	**Notification**	**Requirement**
100-6(8)	Telephone number & contact information change	Notify CCL & parents within 48 hours of change
100-6(10)(a)-(b)	Liability Insurance	Inform parents in writing if no liability insurance
100-8(20)	Arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding	Notify CCL within 48 hours of becoming aware of occurrence
100-9(6)	Lead-based paint testing	• Contact local health department within 5 working days of discovery • Follow instructions for remediation
100-12(2)	Behavioral expectations for children & how misbehavior will be handled	Inform children, parents & those who interact with children
100-12(6)	Child abuse, neglect, or exploitation	Notify CPS or law enforcement immediately upon witnessing or suspicion
100-14(11)	Serious, but not life-threatening injury involving a child	Contact parent of child immediately
100-14(12)(a)-(c)	Life-threatening injury or injury that poses threat of loss of vision, hearing, or limb involving a child	• Contact emergency personnel immediately • Contact parent after emergency personnel • Contact emergency contacts if parents cannot be reached
100-14(13)(a)-(b)	Child received medical attention for injury while in care or for fatality	• Notify CCL within next business day • Submit written report within 5 business days
100-15(21)(a)-(b)	Child becomes ill while in care	• Contact parent immediately • Contact emergency contacts if parents cannot be reached
100-15(22)	Child or employee with infectious or unusual disease or serious illness	Notify local health department on day of discovery
100-17(10)	Child's adverse reaction to medication or error in administration	• Notify emergency personnel immediately if reaction is life threatening • Report to parent immediately upon recognizing reaction or error or after notifying emergency personnel
100-17(11)	Provider's refusal to administer medication	Notify parent before medication needs to be given to child
100-21(1)	Animals permitted at facility	Inform parents of the kinds of animals allowed

Posted Items		
Rule	**Posted Item**	**Requirement**
100-6(6)	Child Care License	Post original in visible location
100-6(7)	Parent Guide	Post during business hours for parents' review
100-14(1)	Emergency numbers with facility address	Post near each telephone or in clearly visible area
100-15(10)	Handwashing procedures	Post where readily visible from each handwashing sink
100-15(23)(a)-(d)	Staff member or child has infectious disease or parasite	• Post notice with date on day of discovery • Post in conspicuous place • Remain posted for at least 5 days
100-16(2)(a)-(e)	Meal & snack menus	Post current week's menu for review by parents and CCL
100-18(4)(a)-(b)	Daily schedule of activities	Post for preschool and school-age children
100-23(1)	Diapering procedures	Posted at each diapering station

APPENDIX B (Centers)
RECORD REQUIREMENTS

This document is not rule. Instead, it is a tool to help as a quick reference to some of the Child Care Licensing (CCL) rules. This document will be updated as needed, but at least once a year. For complete access to the rules and their interpretation, please go to https://childcarelicensing.utah.gov/Rules.html.

For Child Care Licensing, all records must be kept on-site for at least six weeks or longer depending upon the action or event that is documented. Children's and personnel records must be current and kept on-site while the individual is involved with the program, and for six weeks after the individual leaves the program. The business license and other facility records, such as fire inspection reports, must be current and kept on-site for at least 6 weeks after their expiration dates. Other agencies, such as the local health department, the food program, or the IRS, may require that records be kept for a longer period of time.

Children's Records		
Rule	**Record**	**Requirement**
100-6(11)-(13)(a)-(b)	Admission & Health Assessment for each child including emergency medical treatment & emergency transportation releases	• Obtain from parent before admission into program • Update annually • Keep on-site for CCL review
100-6(14)(a)-(d)-(15)	Immunization records for each infant, toddler & preschooler	• Obtain before child's admission into program • Must be current • Keep on-site for CCL review
100-11(6)(a)-(f), (8)	Children's daily attendance including sign-in and sign-out records	• Document daily • Keep 6-week record on-site for CCL review
100-14(10)(a)-(b), (14)	Incident, accident or injury involving child	• Give written report to parent on day of occurrence • Keep 6-week record on-site for CCL review
100-14(13)(a)-(b)	Child received medical attention for injury while in care or for fatality	• Notify CCL within next business day • Submit written report within 5 business days
100-17(4)-(7)(a)-(b)	Medication permission & instructions	Must be filled out and signed by child's parent before administering medication
100-17(9)(a)-(c), (12)	Medication administration record	• Complete immediately after administering medication • Keep 6-week record on-site for CCL review
100-18(7)(a)-(f)-(8)(a)-(f)	Parental permission for swimming & offsite activities	Obtain before each activity
100-18(9)(a)-(e)	Written emergency information and releases	Must be with caregiver for each child on offsite activity
100-20(1)(a)-(b)	Transportation permission form	• Signed by parent • Keep on-site for CCL review
100-20(4)(a)-(i)-(5)(a)-(d)	Children's emergency contact information	Driver/caregiver must have for each child being transported

Children's Records Continued		
100-24(17)	Sleep equipment permission	• Obtain written permission from parent before child sleeps in unsafe sleep equipment • Available for CCL review
100-24(18)	Alternate sleep position documentation	From health care provider
100-24(20),(22)	Infants' eating & sleeping patterns	• Document within 1 hour of feeding or nap • Include name, food/beverages eaten, & time child slept • Keep 6-week record on-site for CCL review
100-24(21),(22)	Infants' & toddlers' diaper changes	• Document within 1 hour of diaper change • Include time and diaper status • Keep 6-week record on-site for CCL review

Personnel Records		
Rule	**Record**	**Requirement**
100-7(19)(a)-(i)-(20)(a)-(c)	Preservice training documentation	Keep on-site for CCL review
100-7(21)(a)-(h)-(24)(a)-(e)	Annual training documentation	Keep on-site for CCL review
100-7(28)(a)-(c)	Personnel Records • Date of initial employment or association • First aid and CPR certification • Days and hours worked	• Keep on-site for CCL review • Days and hours worked kept for 6 weeks
100-8(1)(a)-(d)-(6)(a)-(c)	Background check form & fees for new covered individuals Fingerprints & fees as required per rule	• Submit to CCL • Individual must pass CCL background check before involvement with child care
100-8(7)-(8)(a)-(c)	Background check form & fees for renewal	Submit to CCL at least 2 weeks before end of renewal month on background check card
100-20(4)(a)-(i)	Current driver's license for each driver	• Valid for the type of vehicle being driven • Carried with the driver

Facility Records		
Rule	**Record**	**Requirement**
100-6(9)(a)-(e)	Health & Safety Plan	• Complete on CCL's form • Submit to CCL in license application period & after any change • Reviewed and updated as needed • Signed and dated annually • Available during business hours to parents, staff, and CCL
100-14(3)-(8)	Fire & disaster drills	• Documentation contains all required information • 12-month record kept on-site for CCL review
100-16(2)(a)-(e)	Meal & snack menus if not on CACFP	• Current Approval • Keep 6-week record on-site for CCL review
100-19(15)(a)-(c)-(16)	ASTM documentation for cushioning	Keep on-site for CCL review
100-21(8)-(9)	Animal vaccination records	• Must be current • Keep onsite for CCL review