

R381-100- 14: CHILD HEALTH

Purpose

This section provides rules and information about the health of the children in care.

General Information

Child Protective Services (DCFS) requires that suspected child abuse be reported by calling the hotline, 1-855-323-3237.

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

Rationale/Explanation

Serious physical abuse of children by caregivers usually occurs at times of high stress for the caregiver. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they are stressed. *CFOC, 3rd Ed. pgs. 41-43 Standard 1.7.0.5*

The presence of multiple caregivers also greatly reduces the risk of serious abuse to children. Abuse tends to occur in privacy and isolation, and especially in toileting areas. *CFOC, 3rd Ed. pgs. 125-126 Standard 3.4.4.5*

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Research links corporal punishment with negative effects such as later criminal behavior and learning impairments. Other inappropriate discipline methods such as humiliation or using abusive language may also be emotionally abusive. *CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6, pgs. 75-76 Standard 2.2.0.9*

Enforcement

Always Level 1 Noncompliance.

- (2) All staff shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

Rationale/Explanation

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. *CFOC, 3rd Ed. pgs. 123-124 Standard 3.4.4.1*

See CFOC, 3rd Ed. pgs. 445-448 Appendix M for a list of signs of possible abuse and neglect, and pgs. 449-450 Appendix N for a list of protective factors regarding abuse and neglect

Enforcement

Always Level 1 Noncompliance.

Assessment

You only need to have reason to believe abuse has occurred. To report suspected or witnessed abuse, call the DCFS hotline, 1-855-323-3237.

The Licensee is not in compliance with this rule if suspected abuse or neglect is reported to a company's attorney, owner or director. It is the responsibility of the caregiver who observed or suspects the abuse to contact DCFS or law enforcement.

It is acceptable if the caregiver discusses the suspected abuse with the director prior to reporting and the director and caregiver together conclude that it is not abuse. For example, if the director knows about a fall a child had that resulted in an injury and the caregiver does not know about the fall and suspects the injury may have resulted from abuse.

- (3) **The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in center vehicles is prohibited any time that children are in care.**

Rationale/Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. *CFOC, 3rd Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement. *CFOC, 3rd Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

Enforcement

Level 1 Noncompliance if alcohol or illegal substances are used or if tobacco is used any place indoors, in a vehicle or within 25 feet of:

- the entrance/exit of the building
- an open window, even if it is screened
- the outdoor play area
- a child

Level 2 Noncompliance otherwise.

Assessment

E- cigarettes, **electronic cigarettes and vapor cigarettes** do not contain tobacco but do contain harmful ingredients and will be treated as a tobacco product.

This rule is in accordance with the Utah Indoor Clean Air Act 26-38, which states;

At any time when a child is in care, the provider shall ensure that tobacco is not used:

- (a) in the home, garage, or any other building used by a child in care;
- (b) in any vehicle that is being used to transport a child in care;
- (c) within 25 feet of any entrance to the home, garage, or any other building occupied by a child in care;
- or
- (d) in any outdoor area where a child in care plays, or within 25 feet of any outdoor area where a child in care plays.

- (4) **The provider shall not admit any infant, toddler, or preschooler to the center without documentation of:**
- (a) **proof of current immunizations, as required by Utah law;**
 - (b) **proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or**
 - (c) **written documentation of an immunization exemption due to personal, medical or religious reasons.**

Rationale/Explanation

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. *CFOC, 3rd Ed. pgs. 297-299 Standards 7.2.0.1, 7.2.0.2, pg. 356 Standard 9.2.3.5*

Enforcement

Always Level 3 Noncompliance.

Assessment

Records must be kept for all enrolled children, including children of the licensee or any employee the provider's children under age 4 and "drop-in" children.

For child care licensing, immunization records can either be on the pink state immunization form, the yellow card from the local health department, print out from USIIS, or any immunization record from a health care provider.

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

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

- (5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:
- (a) allergies;
 - (b) food sensitivities;
 - (c) acute and chronic medical conditions;
 - (d) instructions for special or non-routine daily health care;
 - (e) current medications; and,
 - (f) any other special health instructions for the caregiver.

Rationale/Explanation

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

Food sensitivities can result in minor irritations (rashes, loose stools) whereas a true allergy could cause a life-threatening reaction (anaphylaxis, severe asthma attack, hives, etc.).

Food allergies are common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergy are being reported in increasing numbers. *CFOC, 3rd Ed. pgs. 160-161 Standard 4.2.0.10*

Enforcement

Level 1 Noncompliance if lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.

Level 3 Noncompliance otherwise.

Assessment

Records must be kept for all enrolled children, including children of the licensee or any employee the provider's children under age 4 and "drop-in" children.

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

The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. This rule is in compliance if the health assessment form has a place to document any medical conditions the child has.

If the center's health assessment has a place to document any food or drink restrictions, this rule is in compliance for (b) food sensitivities. The form does not have to use the specific words "food sensitivities."

(6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.

Rationale/Explanation

Allergies and health information can change. It is vital for providers to be aware of any changes regarding the health of the children in care. *CFOC, 3rd Ed. pgs. 80-81 Standard 2.3.3.1*

Enforcement

Always Level 3 Noncompliance.

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