

R430-70-7: PERSONNEL.

- (1) The program must have a director who is at least 21 years of age and who has one of the following educational credentials:
- (a) an associates, bachelors, or graduate degree from an accredited college and successful completion of at least 12 semester credit hours of coursework in childhood development, elementary education, or a related field;
 - (b) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other credential that the licensee demonstrates as equivalent to the Department; or
 - (c) a currently valid National Administrator Credential (NAC) issued by the National Child Care Association, plus one of the following:
 - (i) valid proof of successful completion of 12 semester credit hours of coursework in childhood development, elementary education, or a related field; or
 - (ii) valid proof of completion of the following six Utah Career Ladder courses offered through Child Care Resource and Referral: Child Development: Ages & Stages; Advanced Child Development; School Age Course 1; School Age Course 2; School Age Course 3; and School Age Course 4.

Rationale / Explanation

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

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

Enforcement

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

Always Level 2 Noncompliance.

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

Rationale / Explanation

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

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

Enforcement

Always Level 2 Noncompliance.

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

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with children.

Rationale / Explanation

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

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

<http://www.nimh.nih.gov/Publicat/teenbrain.cfm>

<http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/>

Enforcement

Always Level 2 Noncompliance.

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

Rationale / Explanation

This rule clarifies that assistant caregivers must meet the caregiver requirements for background screening, orientation training, annual training, and all other requirements for caregivers contained in the rules.

Enforcement

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

- (6) Whenever there are more than 8 children at the Program, there shall be at least two caregivers present who can demonstrate the English literacy skills needed to care for children and respond to emergencies. If there is only one caregiver present because there are 8 or fewer children at the Program center, that caregiver must be able to demonstrate the English literacy skills needed to care for children and respond to emergencies.**

Rationale / Explanation

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

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

Enforcement

If there is a question about whether or not caregivers with the required English literacy skills are present, the Licensor may give caregivers material printed in English and ask them to read it.

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

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Level 2 Noncompliance otherwise.

- (7) Each new director, assistant director, caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented and shall include the following topics:
- (a) job description and duties;
 - (b) the program's written policies and procedures;
 - (c) the program's emergency and disaster plan;
 - (d) the current child care licensing rules found in Sections R430-70-11 through 22;
 - (e) introduction and orientation to the children assigned to the caregiver;
 - (f) a review of the information in the health assessment for each child in their assigned group;
 - (g) procedure for releasing children to authorized individuals only;
 - (h) proper clean up of body fluids;
 - (i) signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
 - (j) obtaining assistance in emergencies, as specified in the program's emergency and disaster plan.

Rationale / Explanation

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

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

Enforcement

Programs may have up to 5 working days after a new caregiver starts working with children to complete the required orientation training. New caregivers must never be left alone with children until all of the required orientation training is completed.

In order to meet the requirement for training in Sections 11-22 of the Licensing Rules, the training must cover the actual rules, not just be on the topic of the rule section.

Van drivers and cooks need to complete orientation training because they interact with children and because specific health and safety rules apply to their work. They do not need to complete the annual training required in Subsection 8 below, unless they help out in a classroom an average of ten hours per week or more, as averaged over a three month period. If they help out as previously stated, they are considered caregivers and must also complete the required annual training. Secretaries, receptionists, bookkeepers, custodians, and maintenance workers do not need to complete orientation or annual training, unless they also help out in a classroom.

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

- *the program's emergency and disaster plan (c).*
- *the child care licensing rules for:*
 - *supervision and ratios (d).*
 - *injury prevention (d).*

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- parent notification and child security (d).
- child health (d).
- infection control (d).
- medications (d).
- napping (d).
- child discipline (d).
- transportation (d).
- introduction and orientation to the children assigned to the caregiver (e).
- a review of the information in the health assessment for each child in their assigned group (f).
- procedures for releasing children to authorized individuals only (g).
- proper clean up of body fluids (h).
- signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation (i).
- obtaining assistance in emergencies, as specified in the program's emergency and disaster plan (j).

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

- job description and duties (a)
- the program's written policies and procedures (b)
- the child care licensing rules for:
 - child nutrition (d).
 - activities (d).
 - animals (d).

(8) The program director, assistant director, all caregivers, and substitutes who work an average of 10 hours a week or more, as averaged over any three month period, shall complete a minimum of 2 hours of training for each month during which they are employed, or 20 hours of training each year, based on the program's license date.

- (a) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC 3rd Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6

Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC 3rd Ed. pg. 393 Standard 9.4.3.3.

Enforcement

A substitute is someone who provides care on an irregular or sporadic basis. Someone with a regular schedule, is considered a regular caregiver, not a substitute.

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Van drivers, cooks, secretaries, receptionists, bookkeepers, custodians, and maintenance workers do not need to complete annual training, unless they help out in a classroom at any time.

Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only that portion of the staff meeting during which training was given (as opposed to business matters, such as assigning tasks or work schedules, etc.) can be counted as required training hours.

In-house training conducted at staff meetings may be documented in a log that includes all of the required information.

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

College and high school students may count clock time spent in child development courses as hours of annual training.

Always Level 3 Noncompliance.

- (8) (b) Annual training hours shall include the following topics:**
- (i) a review of the current child care licensing rules found in Sections R430-70-11 through 22;**
 - (ii) a review of the center's written policies and procedures and emergency and disaster plans, including any updates;**
 - (iii) signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;**
 - (iv) principles of child growth and development, including development of the brain; and**
 - (v) positive guidance.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC 3rd Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6

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

Enforcement

In order to meet the requirement for training in Sections 11-22 of the Licensing Rules, the training must cover the actual rules, not just be on the topic of the rule section.

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

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. . CFOC 3rd Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6

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

Enforcement

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

Always Level 3 Noncompliance.