Utah Department of Health, Child Care Licensing Program

Licensed Family & Residential Certificate Rule Interpretation Manual

Introduction

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

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

Rational / Explanation – Information under this heading explains the reason for each rule, and may also give additional helpful information about the rule.

Enforcement – Information under this heading gives any needed details on how a rule will be enforced, and the noncompliance level(s) of findings to the rule.

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

When Licensing Specialists find noncompliance with a licensing rule, they issue a Statement of Findings, which is mailed to the Licensee/Certificate Holder. The chart below shows the noncompliance levels and findings categories that Licensing Specialists use when issuing Statements of Findings. Throughout this manual, the "Enforcement" information for each rule specifies the noncompliance level(s) associated with Statements of Findings.

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

Statements of Findings vary in seriousness, based on the potential or actual harm to children. The chart below shows the consequences for Statements of Findings, based on the levels and finding categories from the previous chart.

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

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

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

Any substantiated allegation resulting in a Statement of Findings from a complaint investigation, regardless of the level, will be part of the provider's public record.

For any Statement of Findings that is issued or any Civil Money Penalty that is assessed, Licensees/Certificate Holders have 30 days to appeal the action. The action is not finalized until this appeal period has passed.

This manual will be periodically updated as needed, and is available on the Child Care Licensing website at: **http://health.utah.gov/licensing**

To verify if you have the most current version of the manual, check the date in the bottom left-hand corner of the manual pages with the date of the version currently available on the website.

R430-90-2 and R430-50-2: DEFINITIONS

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

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

Rationale / Explanation

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

Licensed Family 90-2:

(2) "Caregiver" means a person in addition to the licensee or substitute, including an assistant caregiver, who provides direct care to a child in care.

Rationale / Explanation

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

Residential Certificate 50-2:

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

Rationale / Explanation

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

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

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

Rationale / Explanation

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

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

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

Rationale / Explanation

Emotional abuse is prohibited in child care facilites, including when disciplining children.

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

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

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

(6) "Inaccessible to children" means:

- **(a) locked, such as in a locked room, cupboard or drawer;**
- **(b) secured with a child safety device, such as a child safety cupboard lock or doorknob device;**
- **(c) behind a properly secured child safety gate;**

(d) located in a cupboard or on a shelf more than 36 inches above the floor; or
(e) not in any location in a bathroom where a child could reach, including by climbing on a toilet, bathtub, or counter.

Rationale / Explanation

To make a room or area inaccessible the lock on doors must be either one that needs a key or combination to be opened from the side the children are on or be at least 60 inches high.

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

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

Items in bathrooms will be considered inaccessible if they are on counters/shelves/cabinets that are at least 36" above any surface the child could climb on in the bathroom, (the counter, sink, toilet, tub, etc.), unless the cabinet is secured with a child safety device.

Licensed Family 90-2 and Residential Certificate 50-2:
(7) "Infant" means a child aged birth through 11 months of age.

Licensed Family 90-2 and Residential Certificate 50-2:
(8) "Infectious disease" means an illness that is capable of being spread from one person to another.

Licensed Family 90-2:
(9) "Licensee" means the person holding a Department of Health child care license.

Rationale / Explanation

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

Licensed Family 90-2:
(10) "Over-the-counter medication" means medication that can be purchased without a written prescription. This includes herbal remedies and vitamins and mineral supplements.

Residential Certificate 50-2:
(9) "Over-the-counter medication" means medication that can be purchased without a written prescription. This includes herbal remedies and vitamins and mineral supplements.

Rationale / Explanation

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

R430-90-2 and R430-50-2: DEFINITIONS

Licensed Family 90-2:
(11) "Parent" means the parent or legal guardian of a child in care.

Residential Certificate 50-2:
(10) "Parent" means the parent or legal guardian of a child in care.

Licensed Family 90-2:
(12) "Physical abuse" means causing non-accidental physical harm to a child.

Residential Certificate 50-2:
(11) "Physical abuse" means causing non-accidental physical harm to a child.

Rationale / Explanation

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

Licensed Family 90-2:
(13) "Preschooler" means a child aged 2 through 4, and 5 year olds who have not yet started kindergarten.

Residential Certificate 50-2:
(12) "Preschooler" means a child aged 2 through 4, and 5 year olds who have not yet started kindergarten.

Licensed Family 90-2:
(14) "Provider" means the licensee, a substitute, a caregiver, or an assistant caregiver.

Residential Certificate 50-2:
(13) "Provider" means the certificate holder or a substitute.

Licensed Family 90-2.:
(15) "Related children" means children for whom a provider is the parent, legal guardian, step-parent, grandparent, step-grandparent, great-grandparent, sibling, step-sibling, aunt, step-aunt, great-aunt, uncle, step-uncle, or great-uncle.

Residential Certificate 50-2:
(14) "Related children" means children for whom a provider is the parent, legal guardian, step-parent, grandparent, step-grandparent, great-grandparent, sibling, step-sibling, aunt, step-aunt, great-aunt, uncle, step-uncle, or great-uncle.

Licensed Family 90-2:
(16) "Sanitize" means to reduce the number of germs on a surface to such a level that disease transmission by that surface is unlikely.

Residential Certificate 50-2:
(15) "Sanitize" means to reduce the number of germs on a surface to such a level that disease transmission by that surface is unlikely.

R430-90-2 and R430-50-2: DEFINITIONS

Rationale / Explanation

Sanitizing is used to remove disease-spreading germs from surfaces. For a surface to be considered sanitary, the number of germs must be reduced to such a level that transmitting a disease by that surface is unlikely. Sanitizers should not be sprayed when children are near enough to inhale the sanitizer.

Surfaces must be clean before they are sanitized, because surfaces cannot be effectively sanitized unless they are first clean. An effective sanitizing solution can be made by mixing ½ tablespoon of liquid chlorine bleach in 1 gallon of water, or ½ scant teaspoon of bleach in 1 quart of water, and allowing it to sit on the surface to be sanitized for 2 minutes before rinsing or wiping. CFOC, 3rd Ed. Appendix J.

Bleach water solution loses its strength and is weakened by heat and sunlight. For maximum effectiveness a fresh bleach water mix should be made every day, and any leftover bleach water solution discarded at the end of the day. CFOC, 3rd Ed. Appendix J.

Any product that has manufacturer instructions for how to use it as a sanitizer will be accepted as a sanitizing solution if the provider uses it as specified by the manufacturer.

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

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

Licensed Family 90-2:
(17) "School age" means kindergarten and older age children.

Residential Certificate 50-2:
(16) "School age" means kindergarten and older age children.

Rationale / Explanation

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

Licensed Family 90-2:
(18) "Sexual abuse" means abuse as provided in Utah Code, Section 76-5-404.1.

Residential Certificate 50-2:
(17) "Sexual abuse" means abuse as provided in Utah Code, Section 76-5-404.1.

Licensed Family 90-2:
(19) "Sexually explicit material" means any depiction of sexually explicit conduct, as defined in Utah Code, Section 76-5a-2(8).

Residential Certificate 50-2:
(18) "Sexually explicit material" means any depiction of sexually explicit conduct, as defined in Utah

R430-90-2 and R430-50-2: DEFINITIONS

Code, Section 76-5a-2(8).

Licensed Family 90-2:
(20) "Sleeping equipment" means a cot, mat, crib, bassinet, porta-crib, play pen, or bed.

Residential Certificate 50-2:
(19) "Sleeping equipment" means a cot, mat, crib, bassinet, porta-crib, play pen, or bed.

Licensed Family 90-2:
(21) "Stationary play equipment" means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when a child uses it. Stationary play equipment does not include:
- **(a) a sandbox;**
- **(b) a stationary circular tricycle;**
- **(c) a sensory table; or**
- **(d) a playhouse, if the playhouse has no play equipment, such as a slide, swing, ladder, or climber attached to it.**

Residential Certificate 50-2:
(20) "Stationary play equipment" means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when a child uses it. Stationary play equipment does not include:
- **(a) a sandbox;**
- **(b) a stationary circular tricycle;**
- **(c) a sensory table; or**
- **(d) a playhouse, if the playhouse has no play equipment, such as a slide, swing, ladder, or climber attached to it.**

Rationale / Explanation

Stationary play equipment must have clear use zones.

A trampoline is considered a piece of stationary play equipment.

If a playground component, such as a climbing rope or swing, is attached to a tree for the purpose of children to play on, then the tree will be assessed as a piece of stationary play equipment and requires an adequate use zone and cannot be over a hard surface.

Licensed Family 90-2:
(22) "Strangulation hazard" means something on which a child's clothes or something around a child's neck could become caught on a component of playground equipment. For example, bolt ends that extend more than two threads beyond the face of the nut, hardware configurations that form a hook or leave a gap or space between components, and open "S" type hooks.

Residential Certificate 50-2:
(21) "Strangulation hazard" means something on which a child's clothes or something around a child's neck could become caught on a component of playground equipment. For example, bolt ends that extend more than two threads beyond the face of the nut, hardware configurations that form a hook or leave a gap or space between components, and open "S" type hooks.

R430-90-2 and R430-50-2: DEFINITIONS

Licensed Family 90-2:

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

Residential Certificate 50-2:

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

Licensed Family 90-2:

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

Residential Certificate 50-2:

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

Licensed Family 90-2:

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

Residential Certificate 50-2:

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

Licensed Family 90-2:

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

Residential Certificate 50-2:

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

Licensed Family 90-2:

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

Residential Certificate 50-2:

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

Rationale / Explanation

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

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

Licensed Family 90-2:

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

R430-90-2 and R430-50-2: DEFINITIONS

Residential Certificate 50-2:

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

R430-90-3 and R430-50-3: LICENSE REQUIRED

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

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

(a) provides care in lieu of care ordinarily provided by a parent;

Rationale / Explanation

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

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

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

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

(b) provides care for five or more unrelated children;

Rationale / Explanation

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

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

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

(c) provides care for four or more hours per day;

Rationale / Explanation

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

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

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

(d) has a regularly scheduled, ongoing enrollment; and

Rationale / Explanation

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

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

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

(e) provides care for direct or indirect compensation.

Rationale / Explanation

Direct or indirect compensation means that there is a user charge or fee for the care provided.

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

(2) The Department does not license, nor is a license required for:

(a) a person who cares for related children only; or

Rationale / Explanation

People must care for at least one unrelated child to be regulated.

R430-90-3 and R430-50-3: LICENSE REQUIRED

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

(2) The Department does not license, nor is a license required for:

(b) a person who provides care on a sporadic basis only.

Rationale / Explanation

This means the person only watches children occasionally.

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

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

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

Rationale / Explanation

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

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

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

Enforcement

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

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

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

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

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

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

(3) Each school age child shall have privacy when using the bathroom.

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

Rationale / Explanation

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

Enforcement

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

Always Level 2 Noncompliance.

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

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

Rationale / Explanation

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

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

While not required by rule, the American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 4 inches, or be protected with guards that prevent children from falling out of the window. CFOC, 3rd Ed. pg. 204-205, Standard 5.1.3.2 Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the home.

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-4:

(5) The licensee shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

Rationale / Explanation

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

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

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

Enforcement

Level 2 Noncompliance for rooms or areas used by infants.

Level 3 Noncompliance otherwise.

Licensed Family 90-4:

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

Residential Certificate 50-4:

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

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that natural lighting be provided in rooms where child work and play for more than two hours at a time and that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the children's safety and the activities being conducted. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. CFOC, 3rd Ed. pg. 217, Standard 5.2.2.1 pg. 203 Standard 5.042

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-4:

(7) There shall be at least 35 square feet of indoor play space for each child, including providers' related children who are ages four through twelve.

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

(9) Bathrooms, closets, hallways, and entryways are not included when calculating indoor space for children's use.

Residential Certificate 50-4:

(6) For certificate holders who receive an initial certificate after 1 September 2008 there shall be at least 35 square feet of indoor play space for each child, including the providers' related children who are ages four through twelve and not counted in the provider to child ratios.

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

(8) Bathrooms, closets, hallways, and entryways are not included when calculating indoor space for

children's use.

Rationale / Explanation

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

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

Enforcement

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

Always Level 2 Noncompliance.

R430-90-5 and R430-50-5: CLEANING AND MAINTENANCE

Licensed Family 90-5 and Residential Certificate 50-5:

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

Rationale / Explanation

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

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

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

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

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

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

Enforcement

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

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

Level 2 Noncompliance if there is:

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

Level 3 Noncompliance if there is:

- *a buildup of cobwebs, bugs, or carpets in need of cleaning, but there is no child with asthma or*

another known respiratory condition enrolled in the group.

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

Licensed Family 90-5 and Residential Certificate 50-5:

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

Rationale / Explanation

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

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

Enforcement

If there is a problem with insects, rodents, or other vermin, and the Licensee/Certificate holder can show he/she has scheduled an exterminator and is doing extra cleaning when necessary to keep the environment as safe as possible until that time, the Licensor will follow up to see if this is done by the scheduled date before issuing a finding.

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

If the strip is inaccessible to children, fly strips are an acceptable way to control flying insects.

Level 1 Noncompliance: If there is a beehive or a wasp nest that is four feet or lower and there is a child in care allergic to insect stings or bites.

Level 2 Noncompliance if there are:

- *beehive or wasp nests that are higher than four feet and there is a child in care allergic to insect stings or bites.*
- *rodents that are visibly present in the home.*
- *rodent droppings found in a food storage area, or in areas accessible to children.*

Level 3 Noncompliance otherwise.

Licensed Family 90-5 and Residential Certificate 50-5:

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

Rationale / Explanation

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

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

R430-90-5 and R430-50-5: CLEANING AND MAINTENANCE

Enforcement

Level 2 Noncompliance examples:

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

Level 3 Noncompliance examples:

- *accessible fiberglass insulation.*
- *wooden equipment and furnishings that have splinters and are used by children.*
- *cracks in equipment that could pinch a child's skin.*
- *torn draperies or broken blinds in which a child could become entangled.*
- *leaking plumbing other than a leaking faucet.*
- *heat vents that are accessible to children and are missing covers.*

Licensed Family 90-5 and Residential Certificate 50-5:

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

Rationale / Explanation

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

Enforcement

The Licensee/Certificate Holder will be allowed a reasonable amount of time during and immediately after a snowstorm to remove snow from outdoor exit areas, stairs, and walkways. This rule would not be considered out of compliance unless there is a buildup of snow or ice on these surfaces.

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

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

Level 2 Noncompliance if there is:

- *a buildup of ice in an area that must be used to enter and exit the home.*
- *a missing step or unstable stairs that must be used to enter the home or access the playground.*

Level 3 Noncompliance otherwise.

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

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

The purpose of this rule is to prevent injury to children escaping en route to the outdoor play area. An outdoor play area is considered safely accessible if it directly adjoins the home, if there is a sidewalk leading from the home to the outdoor play area, or another way to ensure that the route from the home to the outdoor play area is free of potential hazards.

Enforcement

The purpose of this rule is to ensure that children do not access streets, parking lots, ditches, etc. when going to the outdoor play area. The Licensee/Certificate Holder can be in compliance with this rule by:

- *having an outdoor play area that is directly adjacent to the home or property.*
- *having the entire area that holds both the home and the outdoor play area fenced.*
- *having an outdoor play area that can be accessed via a sidewalk, if the sidewalk does not pass through a parking lot, or near a busy street or water hazard.*

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

Always Level 2 Noncompliance.

Licensed Family 90-6:

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

Residential Certificate 50-6:

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

Rationale / Explanation

The purpose of this rule is to allow children safe freedom of movement during active outdoor play. CFOC 3rd Ed. pg. 265 Standard 6.1.0.1

Enforcement

This measurement is usually taken, and capacity determined, at the time of initial licensure. It is normally not re-measured on subsequent licensing inspections unless the outdoor play area appears overly crowded.

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

Always Level 3 Noncompliance.

Licensed Family 90-6 and Residential Certificate 50-6(3):

(3) The outdoor play area shall be enclosed within a 4 foot high fence or wall, or within a solid natural barrier that is at least 4 feet high if:

(a) the licensee's home is located on a street with a speed limit higher than 25 miles per hour, or within half a mile of a street with a speed limit higher than 25 miles per hour; or

(b) the licensee's home is located on a street with more than two lanes of traffic, or within half a

mile of a street with more than two lanes of traffic.

Rationale / Explanation

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

It also serves to keep unwanted people and animals out of the outdoor play area.

Enforcement

For the purposes of this rule, roads include railroads.

Level 1 Noncompliance if:

- *there is no fence or barrier.*
- *there is a complete fence or barrier that is less than 3 feet high.*

Level 3 Noncompliance otherwise.

Licensed Family 90-6 and Residential Certificate 50-6:

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

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

Rationale / Explanation

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

It also serves to keep unwanted people and animals out of the outdoor play area.

Enforcement

Level 1 Noncompliance if:

- *there is no fence or barrier.*
- *there is a complete fence or barrier that is less than 3 feet high.*

Level 3 Noncompliance otherwise.

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

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

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

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

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

Enforcement

For the purposes of this rule:

- *Standing water includes two inches or more of standing water in:*
  - *wading pools when the pool is not in use and/or children using the pool are not supervised.*
  - *fountains, birdbaths, etc. that a child's head could fit into.*
  - *buckets or other containers of water that a child's head could fit into (unless small containers are being used as part of a supervised project, such as painting on the sidewalk with water.)*
  - *wheelbarrows.*
  - *garbage cans or other similar containers.*
- *Harmful objects include:*
  - *unanchored swings or unanchored large metal slides that come off the ground when in use.*
  - *raised decks or balconies 5' or higher and open basement stairwells 5' or deeper without a protective barrier that a child cannot get through (at least 3' high with no gaps greater than 5" x 5").*
  - *asbestos.*
  - *empty refrigerators or freezers a child could accidently get shut inside of.*
  - *welding torches.*
  - *motor vehicles up on blocks.*
  - *exposed live electrical wire.*
  - *unstably stacked wood piles bales of hay or straw.*
  - *dead animals.*
  - *filled milk or slop buckets.*
  - *unattended running vehicles or farm equipment.*
  - *standing ladders.*
  - *rebar or metal rods less than 48" sticking up from the ground or out of walls.*
  - *car batteries.*
  - *rotting garbage not in a container with a lid.*
  - *fence post stirrups.*

Level 1 Noncompliance if there are:

- *Unanchored swings or unanchored large metal slides.*
- *Raised decks or balconies 5' or higher or open basement stairwells 5 ' or deeper with no protective barrier, or with protective barriers with gaps greater than 5' x 5 ".*
- *Pieces of asbestos.*
- *Empty refrigerators or freezers*
- *Welding torches.*
- *Motor vehicles up on blocks.*
- *Exposed live electrical wires.*
- *Unattended running vehicles or farm equipment*
- *Rebar or metal rods sticking up from the ground or out of walls*

Level 2 Noncompliance otherwise.

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

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

Proper maintenance of outdoor play areas and outdoor play equipment is a key factor in ensuring a safe play environment for children. Each outdoor play area is unique and requires a routine maintenance check program developed specifically for that outdoor play area. CFOC, pgs. 262-263 Standard 5.194

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

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

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

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

Enforcement

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

Level 1 Noncompliance otherwise.

Licensed Family 90-6 and Residential Certificate 50-6:

(8) The outdoor play area shall have a shaded area to protect each child from excessive sun and heat.

Rationale / Explanation

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

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

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

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

Enforcement

Shade can come from trees, awnings, patio roofs or other structures, or the side of the home or other structure such as a garage or shed or another home.

Level 2 Noncompliance except in cold weather when children are mostly covered by cold weather clothing.

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

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

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

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

Enforcement

Level 1 Noncompliance if children do not have access to water outdoors and the temperature is 90 degrees or higher.

Level 3 Noncompliance otherwise.

Licensed Family 90-6:

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

Residential Certificate 50-6:

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

Rationale / Explanation

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

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

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning

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

Enforcement

Packed sand is considered packed dirt.

The 3' use zone extends all the way up the height of the equipment, and on the top of the equipment. This means there cannot be tree branches a child could climb onto in the use zone above the equipment.

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

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

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

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

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

Always Level 1 Noncompliance.

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

Licensed Family 90-6 and Residential Certificate 90-6:

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

Rationale / Explanation

Children like to test their skills and abilities. This is particularly true in outdoor play with playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. CFOC, 3rd Ed. pg. 65 Standard 2.2.0.1

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

Enforcement

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

Always Level 2 Noncompliance.

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

Openings that fit these dimensions are called "entrapment hazards". An entrapment hazard is an opening that a child's body could fit through, but not his/her head. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough, it may allow the body to pass through the opening and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be an entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. CFOC, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

Enforcement

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

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

Always Level 2 Noncompliance.

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

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

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

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

Examples of strangulation hazards include bolt ends that extend more than two threads beyond the face of the nut, hardware configurations that form a hook or leave a gap or space between components, and open "S" type hooks. Special attention should be paid to the area at the top of slides and sliding devices. Ropes should be anchored securely at both ends, and should not be capable of forming a loop or a noose. If they do not meet these criteria, they are strangulation hazards. CFOC, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

Enforcement

Specific strangulation hazards include:

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

The 3' use zone extends all the way up the height of the equipment and on the top of the equipment. This means there cannot be tree branches or anything else that creates a strangulation hazard in the use zone above the equipment.

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

Always Level 2 Noncompliance.

Licensed Family 90-6 and Residential Certificate 50-6:

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

Rationale / Explanation

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

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

ASTM defines a crush hazard as a juncture at which the user could suffer contusion, laceration, abrasion, amputation, or fracture during use of the playground equipment.

A shearing hazard is created when two parts of a piece of play equipment move against each other in such a way that they could sever a child's fingers or other body parts. A sharp edge hazard is created when there is a sharp point or edge on a piece of play equipment that could cut or puncture a child's skin. CFOC, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

Enforcement

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

The 3' use zone extends all the way up the height of the equipmen and on the top of the equipment. This means there cannot be tree branches or anything else that creates a crush, shearing, or sharp edge hazard in the use zone above the equipment.

Always Level 2 Noncompliance.

Licensed Family 90-6:

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

Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-6:

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

Residential Certificate 50-6:

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

Rationale / Explanation

Proper maintenance of outdoor play areas and outdoor play equipment is a key factor in ensuring a safe play environment for children. Each outdoor play area is unique and requires a routine maintenance check program developed specifically for that outdoor play area. CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1; pgs. 259-260 Standard 5.7.0.2; pg. 277 Standard 6.2.5.1

Enforcement

Adequate maintenance includes the following:

- *Ensuring that there are no missing, bent, broken, or worn out components that could cause equipment to fail.*
- *Ensuring that all hardware is secure, and there are no missing nuts or bolts.*
- *Ensuring that equipment does not have excessive wear that could cause the equipment, or a*

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

component of it, to fail.

- *Ensuring that metal is not rusted or corroded to the point that it could cause the structure to fail.*
- *Ensuring that all equipment and equipment parts are stable.*

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

Level 3 Noncompliance otherwise.

FR430-90-7 and R430-50-7: PERSONNEL

Licensed Family 90-7:

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

Residential Certificate 50-7:

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

Rationale / Explanation

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

Enforcement

For 1(a):

Level 1 Noncompliance if the substitute and/or caregiver is younger than 16 years of age.
Level 2 Noncompliance if the substitute and/or caregiver is 16 or 17 years of age.

For 1(b):

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

Licensed Family 90-7:

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

Rationale / Explanation

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

Eighteen is the age of legal consent. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned 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

For 2(a) & (b): Always Level 2 Noncompliance.
For 2(c): The Noncompliance Level depends on the Noncompliance Level of the rule with which the assistant caregiver failed to comply.

Licensed Family 90-7:

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

FR430-90-7 and R430-50-7: PERSONNEL

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.

Licensed Family 90-7:

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

Rationale / Explanation

See the Rationale / Explanation for the training rules.

Enforcement

See the Noncompliance Levels for the training rules.

Licensed Family 90-7:

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

Residential Certificate 50-7:

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

Rationale / Explanation

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

Enforcement

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

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

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

Licensed Family 90-7:

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

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Residential Certificate 50-7:

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

Rationale / Explanation

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

To ensure the health and safety of children in child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC 3rd Ed. pgs. 24-25 Standards 1.4.3.1, 1.4.3.2

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

Enforcement

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

For Orientation Training:

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

- *the Licensee's/ Certificate Holder's emergency and disaster plan.*
- *the child care licensing/certificate rules for:*
  - *supervision and ratios.*
  - *injury prevention.*
  - *parent notification and child security.*
  - *child health .*
  - *medications.*
  - *child discipline.*
  - *transportation.*
  - *infant and toddler care.*
- *a review of the information in the health assessment for each child in care.*
- *procedures for releasing children to authorized individuals only.*
- *signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation.*
- *obtaining assistance in emergencies.*
- *SIDS, coping with crying babies, and Shaken Baby Syndrome, if the Licensee/Certificate Holder cares for infants or toddlers.*

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

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

For Annual Training:

Level 3 Noncompliance if a substitute does not have the required training hours or if training has been completed and the documentation of the training hours is missing or incomplete.

For First Aid & CPR Training:

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

Level 2 Noncompliance for no CPR certification.

Level 3 Noncompliance for no first aid certification.

Licensed Family 90-7:

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

Residential Certificate 50-7:

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

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of a caregiver. CFOC 3rd Ed. pgs. 64-66 Standard 2.2.0.1.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-7:

(7) (a) The emergency substitute shall be at least 18 years of age.

Residential Certificate 50-7:

(4) (a) The emergency substitute shall be at least 18 years of age.

Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity

necessary to meet the responsibilities of independently caring for a group of children. CFOC, 3rd Ed. pg. 13 Standard 1.3.2.3.

Enforcement

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

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

Licensed Family 90-7:

(7) (b) The emergency substitute is not required to meet the training, first aid and CPR requirements of this rule.

Residential Certificate 50-7:

(4) (b) The emergency substitute is not required to meet the training, first aid and CPR requirements of this rule.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of a caregiver. CFOC 3rd Ed. pgs. 64-66 Standard 2.2.0.1.

Licensed Family 90-7:

(7) (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the licensee that he or she is not disqualified under this subsection.

Residential Certificate 50-7:

(4) (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the certificate holder that he or she is not disqualified under this subsection.

Rationale / Explanation

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

Enforcement

Level 2 Noncompliance if the person has a criminal record.

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

Licensed Family 90-7:

(7) (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.

Residential Certificate 50-7:

(4) (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.

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Rationale / Explanation

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

Licensed Family 90-7:

(7) (e) The licensee shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

Residential Certificate 50-7:

(4) (e) The certificate holder shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

Rationale / Explanation

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

Enforcement

Level 2 Noncompliance if the person has a criminal record.

Level 3 Noncompliance if the person does not have a criminal record.

Licensed Family 90-7:

(8) Any new caregiver, volunteer, or non-emergency substitute shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the individual's file and shall include the following topics:

- **(a) specific job responsibilities;**
- **(b) the licensee's written policies and procedures;**
- **(c) the licensee's emergency and disaster plan;**
- **(d) the current child care licensing rules found in Sections R430-90-11 through 24;**
- **(e) introduction and orientation to the children in care;**
- **(f) a review of the information in the health assessment for each child in care;**
- **(g) 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; and**
- **(k) if the licensee accepts infants or toddlers for care, orientation training topics shall also include:**
  - **(i) preventing shaken baby syndrome and coping with crying babies; and**
  - **(ii) preventing sudden infant death syndrome.**

Residential Certificate 50-7:

(5) Any new non-emergency substitute or volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the individual's file and shall include the following topics:

- **(a) the certificate holder's emergency and disaster plan;**
- **(b) the current child care certificate rules found in Sections R430-50-11 through 24;**
- **(c) a review of the information in the health assessment for each child in care;**
- **(d) procedure for releasing children to authorized individuals only;**

(e) proper clean up of body fluids;
(f) signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
(g) obtaining assistance in emergencies; and
(h) if the certificate holder accepts infants or toddlers for care, orientation training topics shall also include:
(i) preventing shaken baby syndrome and coping with crying babies; and
(ii) preventing sudden infant death syndrome.

Rationale / Explanation

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

Enforcement

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

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

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

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

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

- *the Licensee's/Certificate Holder's emergency and disaster plan.*
- *the child care licensing/certificate rules for:*
  - *supervision and ratios.*
  - *injury prevention.*
  - *parent notification and child security.*
  - *child health .*
  - *medications.*
  - *child discipline.*
  - *transportation.*
  - *infant and toddler care.*
- *a review of the information in the health assessment for each child in care.*
- *procedures for releasing children to authorized individuals only.*
- *signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation.*
- *obtaining assistance in emergencies.*
- *SIDS, coping with crying babies, and Shaken Baby Syndrome, if the Licensee/Certificate Holder cares for infants or toddlers.*

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

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

Licensed Family 90-7:

(9) Substitutes who care for children an average of 10 hours per week or more, the licensee, and all caregivers shall complete a minimum of 20 hours of child care training each year, based on the license date. A minimum of 10 hours of the required annual training shall be face-to-face instruction.

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

(b) All caregivers and non-emergency substitutes who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the relicense date.

Residential Certificate 50-7:

(6) The certificate holder shall complete a minimum of 10 hours of child care training each year, based on the certificate date. A minimum of 5 hours of the required annual training shall be face-to-face instruction.

(a) Documentation of annual training shall be kept on file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.

Rationale / Explanation

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

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

Enforcement

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.

FR430-90-7 and R430-50-7: PERSONNEL

Caregivers who begin working partway through the licensing year must have completed an average of 1 hour and 40 minutes of training for each full month of employment. Time spent in orientation training during a new employee's first year of employment can count toward his/her hours of required annual training for the first year. Half of the employee's required hours must be face to face.

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

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

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

Always Level 3 Noncompliance.

Licensed Family 90-7:

(9) (c) Annual training hours shall include the following topics at least once every two years:
- **(i) a review of all of the current child care licensing rules found in Sections R430-90-11 through 24;**
- **(ii) a review of the licensee's written policies and procedures and emergency and disaster plan, 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; and**

(d) if the licensee accepts infants or toddlers for care, required training topics shall also include:
- **(i) preventing shaken baby syndrome and coping with crying babies; and**
- **(ii) preventing sudden infant death syndrome.**

Residential Certificate 50-7:

(6) (b) Annual training hours shall include the following topics at least once every two years:
- **(i) a review of all of the current child care certificate rules found in Sections R430-50-11 through 24;**
- **(ii) signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;**
- **(iii) principles of child growth and development, including development of the brain; and**
- **(iv) positive guidance; and**

(c) if the certificate holder accepts infants or toddlers for care, required training topics shall also include:
- **(i) preventing shaken baby syndrome and coping with crying babies; and**
- **(ii) preventing sudden infant death syndrome.**

Rationale / Explanation

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

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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

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

Always Level 3 Noncompliance.

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

Licensed Family 90-8:

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

Residential Certificate 50-8:

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

Rationale / Explanation

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

Enforcement

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

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

Licensed Family 90-8:

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

Residential Certificate 50-8:

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

Rationale / Explanation

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

Enforcement

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

Level 1 Noncompliance if:

- *a Licensee/Certificate Holder fails to submit the Annual Immunization Report.*
- *children in care are using cribs that do not meet the CPSC standard.*

Licensed Family 90-8:

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

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

Residential Certificate 50-8:

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

Rationale / Explanation

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

Enforcement

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

Licensed Family 90-8:

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

Residential Certificate 50-8:

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

Rationale / Explanation

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

Enforcement

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

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

Level 2 Noncompliance if:

- *there are open, unscreened second floor or higher windows*
- *a child's elbow is dislocated after his/her arm is jerked or pulled or the child is lifted or swing by his/her arm (Nursemaid's Elbow)*

Level 3 Noncompliance for open unscreened first floor windows.

Licensed Family 90-8:

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

Residential Certificate 50-8:

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

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

Rationale / Explanation

The purpose of this rule is to ensure that there is always a qualified individual on-site who assumes responsibility for the protection of children's health and safety.

Enforcement

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

Licensed Family 90-8:

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

Residential Certificate 50-8:

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

Rationale / Explanation

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-8:

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

Residential Certificate 50-8:

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

Rationale / Explanation

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

Enforcement

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

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

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

Licensed Family 90-8:

(8) The licensee shall call the Department within 24 hours to report any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's individualized medical treatment plan identified by the parent. The licensee shall also mail or fax a written report to the Department within five days of the incident.

Residential Certificate 50-8:

(8) The certificate holder shall call the Department within 24 hours to report any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's individualized medical treatment plan identified by the parent. The certificate holder shall also mail or fax a written report to the Department within five days of the incident.

Rationale / Explanation

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

Enforcement

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

Attention from a health care provider means a visit to a hospital or doctor. Licensees/Certificate Holder's must report injuries that require attention from a health care provider as soon as they become aware of the visit to the health care provider (for example, in situations where the parent took the child to a health care provider after leaving the home).

Level 1 Noncompliance for not reporting a fatality.

Level 3 Noncompliance otherwise.

Licensed Family 90-8:

(9) The licensee shall establish, and shall ensure that all providers follow, written policies and procedures for the health and safety of each child in care. The written policies and procedures shall address at least the following areas:

- **(a) direct supervision and protection of each child at all times, including when he or she is sleeping, outdoors, and during off-site activities;**
- **(b) procedures to account for each child's attendance and whereabouts;**
- **(c) the licensee's policy and practices regarding sick children, and whether they are allowed to be in care;**
- **(d) recognizing early signs of illness and determining when there is a need for exclusion from care;**
- **(e) discipline of children, including behavioral expectations of children and discipline methods used;**
- **(f) transportation to and from off-site activities, or to and from home, if the licensee offers these**

services; and

(g) if the program offers transportation to or from school, policies addressing:

(i) how long a child will be unattended by a provider before school starts and after school lets out;

(ii) what steps will be taken if a child fails to meet the vehicle; and

(iii) how and when parents will be notified of delays or problems with transportation to and from school.

Rationale / Explanation

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

Enforcement

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

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

Always Level 3 Noncompliance.

Licensed Family 90-8:

(10) The licensee shall ensure that the written policies and procedures are available for review by parents and the Department during business hours.

Rationale / Explanation

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

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-8:

(11) The licensee shall train and supervise all caregivers and substitutes to:

(a) ensure their compliance with this rule;

(b) ensure they meet the needs of the children in care as specified in this rule; and

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

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

Residential Certificate 50-8:

(9) The certificate holder shall train and supervise all substitutes to:

- **(a) ensure their compliance with this rule;**
- **(b) ensure they meet the needs of the children in care as specified in this rule; and**
- **(c) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.**

Rationale / Explanation

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

Enforcement

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

R430-90-9 and R430-50-9: RECORDS

Licensed Family 90-9:

(1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:

(a) documentation of the previous 12 months of quarterly fire drills and annual disaster drills as specified in R430-90-10(9) and R430-90-10(11);

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

(1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:

(b) current animal vaccination records as required in R430-90-22(2)(b);

Residential Certificate 50-9:

(1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:

(a) current animal vaccination records as required in R430-50-22(2)(b);

Rationale / Explanation

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-9:

(1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:

(c) a six week record of child attendance, as required in R430-90-13(3);

Residential Certificate 50-9:

(1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:

(b) a six week record of child attendance, as required in R430-50-13(3);

Rationale / Explanation

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

Enforcement

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

R430-90-9 and R430-50-9: RECORDS

Always Level 3 Noncompliance.

Licensed Family 90-9:

(1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:

(d) a current local health department kitchen inspection;

Residential Certificate 50-9:

(1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:

(c) a current local health department kitchen inspection;

Rationale / Explanation

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-9:

(1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:

(e) an initial local fire department clearance for all areas of the home being used for care;

Residential Certificate 50-9:

(1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:

(d) an initial local fire department clearance for all areas of the home being used for care;

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

(1) The licensee shall maintain on-site for review by the Department during any inspection the following general records:

(f) approved initial "CBS/LIS Consent and Release of Liability for Child Care" form for all providers, volunteers, and each person age 12 and older who resides in the licensee's home;

(g) if the licensee has been licensed for more than a year, the most recent criminal background "Disclosure Statement" which includes all providers, volunteers, and each person age 12 and older who resided in the home of the licensee at any time since the last license renewal; and

(h) if the licensee has been licensed for more than a year, the most recent "Request for Annual Renewal of CBS/LIS Criminal History Information for Child Care" which includes all providers, volunteers, and each person age 12 and older who resided in the home of the licensee at any

time since the last license renewal.

Residential Certificate 50-9:

(1) The certificate holder shall maintain on-site for review by the Department during any inspection the following general records:

- **(e) approved initial "CBS/LIS Consent and Release of Liability for Child Care" form for all providers, volunteers, and each person age 12 and older who resides in the certificate holder's home;**
- **(f) if the certificate holder has been certified for more than a year, the most recent criminal background "Disclosure Statement" which includes all providers, volunteers, and each person age 12 and older who resided in the home of the certificate holder at any time since the last certificate renewal; and**
- **(g) if the certificate holder has been certified for more than a year, the most recent "Request for Annual Renewal of CBS/LIS Criminal History Information for Child Care" which includes all providers, volunteers, and each person age 12 and older who resided in the home of the certificate holder at any time since the last certificate renewal.**

Rationale / Explanation

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

Enforcement

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

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

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

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

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

When Licensees/Certificate Holders rent apartments in houses and are not the house owner, individuals living in

the part(s) of the house not rented by Licensees/Certificate Holders do not need approved background screening forms when all of the following conditions are met:

A. The rented parts of the house have separate outside entrances and there are no interior doorways (inside the house) between the rented parts and the rest of the house.

B. There are signed rental/lease agreements between house owners and Licensees/Certificate Holders renting the apartment. (Licensing staff must see these rental agreements.)

C. The rented apartments have separate mailing addresses and mailboxes from the rest of the house. (When there is not a clear separation of mailboxes, Licensing staff must verify this by seeing mail addressed to the Licensees/Certificate Holders and mail addressed to the house owners.) A post office box is not considered a separate mailing address.

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

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

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

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

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

Always Level 3 Noncompliance.

For additional information on the background screening rules, see the background screening section of the Interpretation Manual available at: http://health.utah.gov/licensing/rules.htm#Manuals

Licensed Family 90-9:

(2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(a) an admission form containing the following information for each child:

(i) name;

(ii) date of birth;

(iii) the parent's name, address, and phone number, including a daytime phone number;

(iv) the names of people authorized by the parent to pick up the child;

(v) the name, address and phone number of a person to be contacted in the event of an emergency if a provider is unable to contact the parent;

(vi) child health information, as required in R430-90-14(7); and

(vii) current emergency medical treatment and emergency medical transportation releases with the parent's signature;

Residential Certificate 50-9:

R430-90-9 and R430-50-9: RECORDS

(2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(a) an admission form containing the following information for each child:

(i) name;

(ii) date of birth;

(iii) the parent's name, address, and phone number, including a daytime phone number;

(iv) the names of people authorized by the parent to pick up the child;

(v) the name, address and phone number of a person to be contacted in the event of an emergency if a provider is unable to contact the parent;

(vi) child health information, as required in R430-50-14(7); and

(vii) current emergency medical treatment and emergency medical transportation releases with the parent's signature;

Rationale / Explanation

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

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

Enforcement

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

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

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

Level 2 Noncompliance if there is not a admission form.

Level 3 Noncompliance otherwise.

Licensed Family 90-9:

(2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(b) current immunization records or documentation of a legally valid exemption, as specified in R430-90-14(5) and (6);

Residential Certificate 50-9:

(2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(b) current immunization records or documentation of a legally valid exemption, as specified in R430-50-14(5)and (6);

R430-90-9 and R430-50-9: RECORDS

Rationale / Explanation

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

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

Enforcement

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

Records must be kept for all enrolled children, including "drop-in" children and the caregivers' own children under the age of 4.

Licensed Family 90-9:

(2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(c) a completed transportation permission form, if transportation services are offered to any child in care;

Residential Certificate 50-9:

(2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(c) a completed transportation permission form, if transportation services are offered to any child in care; and

Rationale / Explanation

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-9:

(2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(d) a six week record of medication permission forms, and a six week record of medications actually administered as specified in R430-90-17(4) and R430-90-17(6)(f), if medications are administered to any child in care; and

Residential Certificate 50-9:

(2) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(d) a six week record of medication permission forms, and a six week record of medications actually administered, as specified in R430-50-17(3) and R430-50-17(5)(f), if medications are

administered to any child in care.

Rationale / Explanation

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

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-9:

(2) The licensee shall maintain on-site for review by the Department during any inspection the following records for each enrolled child:

(e) a six week record of incident, accident, and injury reports.

Rationale / Explanation

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

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-9:

(3) The licensee shall maintain on-site for review by the Department during any inspection the following records for the licensee and each non-emergency substitute and caregiver:

(a) orientation training documentation for all non-emergency substitutes and caregivers as required in R430-90-7(8);

Residential Certificate 50-9:

(3) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for the certificate holder and each non-emergency substitute.

(a) orientation training documentation for all non-emergency substitutes as required in R430-50-7(5);

Rationale / Explanation

Review of the Licensee's/Certificate Holder's records by the Department staff is used, in part, to determine

compliance with the licensing rules. CFOC, 3rd Ed. pg.380 Standard 9.4.1.5

Enforcement
Always Level 3 Noncompliance.

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

Residential Certificate 50-9:
(3) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for the certificate holder and each non-emergency substitute.
(b) annual training documentation for the past two years, as required in R430-50-7(6)(a); and

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

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

Always Level 3 Noncompliance.

Licensed Family 90-9:
(3) The licensee shall maintain on-site for review by the Department during any inspection the following records for the licensee and each non-emergency substitute and caregiver:
(c) current first aid and CPR certification, as required in R430-90-10(2), R430-90-20(3)(d), and R430-90-21(2).

Residential Certificate 50-9:
(3) The certificate holder shall maintain on-site for review by the Department during any inspection the following records for the certificate holder and each non-emergency substitute.
(c) current first aid and CPR certification, as required in R430-50-10(1) and R430-50-20(3)(d).

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

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

Always Level 3 Noncompliance.

Licensed Family 90-9:
(4) The licensee shall maintain on-site for review by the Department during any inspection orientation

R430-90-9 and R430-50-9: RECORDS

training documentation for each volunteer as required in R430-90-7(8).

Residential Certificate 50-9:

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

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-9:

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

Residential Certificate 50-9:

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

Rationale / Explanation

Prior informed, written consent of the parent is required for the release of written or verbal records and information about his/her child. The purpose of this rule is to prevent unauthorized individuals from accessing confidential information about a child, and to prevent discrimination against a child due to the release of confidential information about the child or his or her family. CFOC, 3rd Ed. pgs. 356-357 Standard 9.2.3.6, pgs. 386-387 Standard 9.4.2.1.

Enforcement

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

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

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

R430-90-10 and R430-50-10: EMERGENCY PREPAREDNESS

Licensed Family 90-10:

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

Residential Certificate 50-10:

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

Rationale / Explanation

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

Enforcement

Posting 911 can meet the requirement for posting emergency numbers for ambulance, fire, and police, but not poison control.

If a cell phone is used, this information needs to be posted in plain view in an obvious place in the home, so that anyone needing the information can find it.

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

Level 3 Noncompliance otherwise.

Licensed Family 90-10:

(2) The licensee and all substitutes who care for children an average of 10 hours per week or more shall maintain a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification. Equivalent CPR certification must include hands-on testing.

Residential Certificate 50-10:

(2) The certificate holder and all substitutes who care for children an average of 10 hours per week or more shall maintain a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification. Equivalent CPR certification must include hands-on testing.

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

Enforcement

The expiration date on the first aid and CPR card determines whether the certification is current.

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

R430-90-10 and R430-50-10: EMERGENCY PREPAREDNESS

Level 2 Noncompliance if there is no CPR certification for required individuals.

Level 3 Noncompliance if there is no first aid certification for required individuals.

Licensed Family 90-10:

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

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-10:

(4) The licensee shall have a written emergency and disaster plan which shall include at least the following:

- **(a) procedures for responding to medical emergencies and serious injuries that require treatment by a health care provider;**
- **(b) procedures for responding to fire, earthquake, flood, power failure, and water failure;**
- **(c) the location of and procedure for emergency shut off of gas, electricity, and water;**
- **(d) procedures to be followed if a child is missing;**
- **(e) the name and phone number of a substitute to be called in the event the licensee must leave the home for any reason;**
- **(f) an emergency relocation site where children will be housed if the licensee's home is uninhabitable;**
- **(g) provisions for emergency supplies, including at least food, water, a first aid kit, and diapers if the licensee accepts diapered children for care; and**
- **(h) procedures for ensuring adequate supervision of children during emergency situations, including while at the emergency relocation site.**

Residential Certificate 50-10:

(3) The certificate holder shall have an emergency and disaster plan which shall include at least the following:

- **(a) procedures for responding to medical emergencies and serious injuries that require treatment by a health care provider;**
- **(b) procedures for responding to fire, earthquake, flood, power failure, and water failure;**
- **(c) the location of and procedure for emergency shut off of gas, electricity, and water;**
- **(d) procedures to be followed if a child is missing;**
- **(e) the name and phone number of a substitute to be called in the event the certificate holder must leave the home for any reason; and**

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that providers can refer to. Having such a practiced plan can prevent poor judgement in the stress of an emergency situation. CFOC, 3rd Ed. pgs. 366-368 Standard 9.2.4.3

R430-90-10 and R430-50-10: EMERGENCY PREPAREDNESS

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

Enforcement

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

Level 3 Noncompliance otherwise.

Licensed Family 90-10:

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

Residential Certificate 50-10:

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

Rationale / Explanation

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

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-10:

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

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-10:

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

Rationale / Explanation

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

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

R430-90-10 and R430-50-10: EMERGENCY PREPAREDNESS

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-10:

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

Residential Certificate 50-10:

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

Rationale / Explanation

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

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

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

Enforcement

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

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

Always Level 2 Noncompliance.

Licensed Family 90-10:

(9) A provider shall document all fire drills, including:

- **(a) the date and time of the drill;**
- **(b) the number of children participating;**
- **(c) the total time to complete the evacuation; and**
- **(d) any problems encountered.**

R430-90-10 and R430-50-10: EMERGENCY PREPAREDNESS

Rationale / Explanation

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

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-10:

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

Residential Certificate 50-10:

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

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that providers can refer to. Having such a practiced plan can prevent poor judgements made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. CFOC, 3rd Ed. pgs. 370-371 Standard 9.2.4.5

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-10:

(11) A provider shall document all disaster drills, including:

- **(a) the type of disaster, such as earthquake, flood, prolonged power outage, or tornado;**
- **(b) the date and time of the drill;**
- **(c) the number of children participating;**
- **(d) the total time to complete the evacuation; and**
- **(e) any problems encountered.**

Rationale / Explanation

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

R430-90-10 and R430-50-10: EMERGENCY PREPAREDNESS

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

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-10:

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

Residential Certificate 50-10:

(7) The certificate holder shall vary the days and times on which fire and other disaster drills are held.

Rationale / Explanation

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

Enforcement

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

Always Level 3 Noncompliance.

R430-90-11 and R430-50-11: SUPERVISION AND RATIOS

Licensed Family 90-11:

(1) The licensee or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:

(a) awareness of and responsibility for each child in care, including being near enough to intervene if needed; and

Residential Certificate 50-11:

(1) The certificate holder or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:

(a) awareness of and responsibility for each child in care, including being near enough to intervene if needed; and

Rationale / Explanation

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

Enforcement

Licensees/Certificate Holders will be considered to be in compliance with this rule if:

A. When indoors with the children, the Licensee/Certificate Holder will be considered in compliance if he/she or a second or substitute caregiver is on the same floor of the house as the children, can hear the children (including with an audio monitor), and visually checks on them as needed. An area of a home is considered a separate "floor" or "level" if it is 10 stairs or more to the area. School age children only may play on a different floor of the home than the Licensee/Certificate Holder or a second or substitute caregiver is on, if the Licensee/Certificate Holder or a second or substitute caregiver can hear the children (including with an audio monitor) and visually check on them as needed.

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

i. bathroom breaks
ii. checking on sleeping children
iii. bringing prepared food from the kitchen to the eating area
iv. changing diapers
v. first-aid application
vi. necessary child-related clean-ups

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

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

i. The Licensee/Certificate Holder or second or substitute caregiver can hear the sleeping children (either by being close enough to the children, or by using an audio monitor), and

ii. The Licensee/Certificate Holder or second or substitute caregiver visually checks on the sleeping children age 1 and older as needed, and monitors sleeping infants as required in 1(c) below.

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

i. taking a shower or bath.

ii. napping, including when the children are napping.

Always Level 1 Noncompliance.

Licensed Family 90-11:

(1) The licensee or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:

(b) ensuring that there is a provider present inside the home when a child in care is inside the home, and there is a provider present in the outdoor play area when a child in care is outdoors, except as allowed in subsection (2) below for school age children; and

Residential Certificate 50-11:

(1) The certificate holder or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:

(b) ensuring that there is a provider present inside the home when a child in care is inside the home, and there is a provider present in the outdoor play area when a child in care is outdoors, except as allowed in subsection (2) below for school age children; and

Rationale / Explanation

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

Enforcement

When the children are indoors, the caregiver may temporarily go outside, for child related clean-ups. Child related clean-ups include removing snow from an outdoor entryway or exit, properly disposing of used diapers, and/or removing animal excrement or toadstools from the outdoor play area.

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

When outside, children age three or older may be sent indoors to use the bathroom without the caregiver, but

only one child at a time may be sent.

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

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

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

Always Level 1 Noncompliance.

Licensed Family 90-11:

(1) The licensee or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:

- **(c) monitoring of each sleeping infant in one of the following ways:**
  - **(i) by placing each infant for sleep in a location where the infant is within sight and hearing of a provider;**
  - **(ii) by in person observation of each sleeping infant at least once every 15 minutes; or**
  - **(iii) by using a Department-approved infant sleep monitoring device.**

Residential Certificate 50-11:

(1) The certificate holder or a substitute shall be physically present on-site and provide care and direct supervision of each child at all times, both indoors and outdoors. Direct care and supervision of each child includes:

- **(c) monitoring of each sleeping infant in one of the following ways:**
  - **(i) by placing each infant for sleep in a location where the infant is within sight and hearing of a provider;**
  - **(ii) by in person observation of each sleeping infant at least once every 15 minutes; or**
  - **(iii) by using a Department-approved infant sleep monitoring device.**

Rationale / Explanation

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

Enforcement

The following are examples of activities the caregiver may not engage in at any time while children are in care.

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

Department approved infant sleep monitoring devices are those that have a movement sensor that detects and

sounds an alarm when an infant stops breathing.

Always Level 1 Noncompliance.

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

(2) A provider shall actively supervise each child during outdoor play to minimize the risk of injury to a child. A provider may allow only school age children to play outdoors while the provider is indoors, if:

(a) a provider can hear the children playing outdoors; and

(b) the children playing outdoors are in an area completely enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.

Rationale / Explanation

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

Enforcement

Actively supervising children means the caregivers' attention should be focused on the children at all times, and not on personal interests (such as visiting with other caregivers, talking on a cell phone, text messaging, reading, etc.) or non-caregiving duties. Caregivers should also maintain awareness of the entire group even when interacting with small groups or individual children and position themselves so they can supervise all children playing outdoors.

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

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

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

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

Always Level 1 Noncompliance.

Licensed Family 90-11:

(3) The licensee may permit a child to participate in supervised out of the home activities without the licensee if:

(a) the licensee has prior written permission from the child's parent for the child's participation; and

(b) the licensee has clearly assigned the responsibility for the child's whereabouts and supervision to a responsible adult who accepts responsibility for the care and supervision of the child throughout the period of the out of home activity.

Residential Certificate 50-11:

(3) The certificate holder may permit a child to participate in supervised out of the home activities without the certificate holder if:

R430-90-11 and R430-50-11: SUPERVISION AND RATIOS

(a) the certificate holder has prior written permission from the child's parent for the child's participation; and

(b) the certificate holder has clearly assigned the responsibility for the child's whereabouts and supervision to a responsible adult who accepts responsibility for the care and supervision of the child throughout the period of the out of home activity.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care, and that the Licensee/Certificate Holder will not allow their child to go off site without the parent's knowledge and consent. CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-11:

(4) The maximum allowed capacity for a licensed family child care facility is 16 children, including providers' own children under age four.

(5) The licensee shall maintain a provider to child ratio of one provider for up to eight children in care, and two providers for nine to sixteen children in care.

(a) Children in care include the providers' own children under the age of four.

(b) Providers who are included in the provider to child ratio must meet all of the requirements of this rule.

(6) There shall be no more than four children under the age of two in care with two providers; and no more than two children under the age of two in care with one provider, except that if there are six or fewer children in care, there may be up to three children under the age of two in care.

Residential Certificate 50-11:

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

Rationale / Explanation

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

Enforcement:

Level 1 Noncompliance:

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

R430-90-11 and R430-50-11: SUPERVISION AND RATIOS

- *If two caregivers are over ratio by any amount, and have more than 4 children under age 2 in care.*
- *If two caregivers are not over capacity, but have have 8 or more children under the age of 2 in care.*

Level 3 Noncompliance:

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

Licensed Family 90-11:

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

Residential Certificate 50-11:

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

Rationale / Explanation

The purpose of required caregiver to child ratios is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Low caregiver to child ratios are most critical for infants and toddlers. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC, 3rd Ed. pgs. 4-5 Standard 1.1.1.2

It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. CFOC, 3rd Ed. pg. 3 Standard 1.1.1.1

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

Licensed Family 90-11:

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

Rationale / Explanation

The purpose of required group sizes is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of

R430-90-11 and R430-50-11: SUPERVISION AND RATIOS

the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC,3rd Ed. pgs. 4-5 Standard 1.1.1.2

It is also important for caregiver to child ratios and group sizes to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. CFOC, 3rd Ed. pgs. 4-5 Standard 1.1.1.2

The American Academy of Pediatrics and the American Public Health Association recommend the following maximum caregiver to child ratios and group sizes. 1:6 if all children are over the age of two. 1:4 with one child under age two. If the provider has two children under the age of two, then no children under the age of two. CFOC, 3rd Ed. pgs. 4-5 Standard 1.1.1.2

Enforcement

Level 1 Noncompliance:

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

Level 3 Noncompliance otherwise.

TABLE 1
MAXIMUM GROUP SIZE WITH 1 CAREGIVER

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

TABLE 2
MAXIMUM GROUP SIZE WITH 2 CAREGIVERS

# of Providers' Related Children Ages 4-12 Present in the Home During Child Care Hours	Maximum Allowed Number of Children in Care, Including the Providers' Children Under Age 4	Total # of All Children Through Age 12 Present in the Home During Child Care Hours
0 - 8	16 children	24
9	15 children	24
10	14 children	24
11	13 children	24

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

R430-90-12 and R430-50-12: INJURY PREVENTION

Licensed Family 90-12:

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

Residential Certificate 50-12:

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

Rationale / Explanation

Proper maintenance is a key factor in trying to ensure a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. Regular maintenance checks and appropriate corrective actions documented in writing can reduce the risk of potential injury and provide a mechanism for periodic monitoring and improvements. CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 259-260 Standard 5.7.0.2, pg. 260 Standard 5.7.0.4, pg. 277 Standard 6.2.5.1, pg. 375 Standard 9.2.6.3

The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older homes may be ingested, floor surfaces in disrepair could cause falls and other injuries, and broken windows could cause severe cuts. Children's environments must also be protected from exposure to moisture, dust, and excessive temperatures. CFOC, 3rd Ed. pg. 261 Standard 5.7.0.7

Constant direct supervision is also needed in order to ensure that even well-maintained equipment is not used in unsafe ways. CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1

Enforcement

Level 2 Noncompliance if melting wax, such as in a candle warmer, is accessible to children.

Otherwise, a finding to this rule is issued only when there is not another rule that specifically addresses an observed lack of safe maintenance or use of the home, grounds, toys, and equipment. The noncompliance level depends on the violation observed.

Licensed Family 90-12:

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

Residential Certificate 50-12:

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

Rationale / Explanation

The purpose of this rule is to prevent injuries to children from tripping and falling. CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1

Enforcement

This rule does not prevent a Licensee/Certificate Holder from having throw rugs in the home.

Always Level 2 Noncompliance.

R430-90-12 and R430-50-12: INJURY PREVENTION

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

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

Rationale / Explanation

Children have suffered serious injuries and death due to unstable heavy equipment falling on them. The Consumer Product Safety Commission (CPSC) estimates that, between 2009 and 2011, 25,400 children had emergency department treated injuries from tip-overs and 44% of those tip-overs involved televisions and furniture. They also estimate that, between 2009 and 2011, there were 294 child fatalities from tip-overs and 62% of those involved televisions and furniture.

Enforcement

Always Level 2 Noncompliance.

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

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

(a) firearms, ammunition, and other weapons on the premises. Firearms shall be stored separately from ammunition, in a cabinet or area that is locked with a key or combination lock, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law;

Rationale / Explanation

The purpose of this rule is to prevent child injuries or deaths from firearms. Children have a natural curiosity about firearms and have often seen their use glamorized on television. Firearms pose a great potential for tragic accidents with children. CFOC,3rd Ed. pg. 257 Standard 5.5.0.8, pg. 363 Standard 9.2.3.16

Enforcement

A weapon is defined as an item whose intended use can cause harm or death to people or animals. Paintball guns, BB guns, and Airsoft guns, stun guns, tasers, and mace are considered weapons and must be inaccessible to children in care.

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

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

Use of a trigger lock is not an acceptable alternative to storing firearms in a locked cabinet or area.

Level 2 Noncompliance if a firearm with a trigger lock is accessible.

Level 1 Noncompliance otherwise.

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

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

(b) tobacco, open containers of alcohol, illegal substances, and sexually explicit material;

Rationale / Explanation

The age, defenselessness, and lack of mature judgement of children in care make the prohibition of tobacco,

alcohol, and illegal substances an absolute requirement in child care programs. CFOC, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15

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

Enforcement

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

Level 1 Noncompliance if children have access to tobacco, alcohol, or illegal substances.

Level 2 Noncompliance otherwise.

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

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

(c) when in use: portable space heaters, fireplaces, and wood burning stoves;

Rationale / Explanation

Portable space heaters, fireplaces, and wood burning stoves are all hot enough to burn children when in use. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. CFOC, 3rd Ed. pgs. 215-216 Standards 5.2.1.11, 5.2.1.12, 5.2.1.13

Enforcement

Level 1 Noncompliance for accessible wood burning stoves or fireplaces.

Level 2 Noncompliance for accessible portable space heaters.

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

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

(d) toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials;

Rationale / Explanation

All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many flash fire burns admissions to burn units. CFOC, 3rd Ed. pgs. 226-229 Standards 5.2.8.1, 5.2.9.1, pgs. 234-235 Standard 5.2.9.11, pg. 256 Standard 5.5.0.5

Enforcement

All sanitizers, including bleach water, are considered chemicals.

Level 2 Noncompliance if any of the following are accessible to children:

- *insecticide*
- *insect repellent*
- *pesticide*
- *weed killer*

- *gasoline*
- *kerosene*
- *paint thinner*
- *turpentine*
- *linseed oil*
- *jewelry cleaner*
- *bleach*
- *nail polish remover*
- *rubbing alcohol*
- *anti-freeze*
- *windshield washer fluid*
- *gunpowder*
- *WD-40*
- *super glue*
- *liquid correction fluids, such as White Out*
- *rubber cement*
- *spray paint*
- *gun solvent*
- *water sealant*
- *fertilizer with weed killer (such as Weed and Feed)*
- *iodine*
- *model glue*
- *drain cleaners*
- *ammonia*
- *florescent light bulbs not in lamps or other similar light fixtures*

Level 3 Noncompliance if household cleaners, sanitizers, motor oil, or fish bowl/tank cleaners are accessible to children.

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

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

(e) poisonous plants;

Rationale / Explanation

Plants are among the most common household substances that children ingest. Poisonous plants can also cause skin rashes. CFOC, 3rd Ed. pg. 234 Standard 5.2.9.10

See CFOC, 3rd Ed. pgs. 470-471, Appendix Y for a list of safe and poisonous plants.

Enforcement

Poisonous plants include: poison ivy, poison oak, stinging nettle, mushrooms, toadstools, jimson weed, castor bean, and oleander.

Always Level 2 Noncompliance.

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

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

(f) matches or cigarette lighters;

R430-90-12 and R430-50-12: INJURY PREVENTION

Rationale / Explanation

Accidental fires are often started by children playing with matches and cigarette lighters. CFOC, 3rd Ed. pg. 256 Standard 5.5.0.6

Enforcement

Always Level 2 Noncompliance.

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

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

(g) open flames;

Rationale / Explanation

Children are at risk of burns from open flames. Fires may also be accidently started by open flames, such as a burning candle. CFOC, 3rd Ed. pg. 256 Standard 5.5.0.6

Enforcement

This rule does not prevent a provider from having a birthday cake or cupcakes with candles, provided there is constant direct supervision of the lit candles until they are blown out.

Always Level 1 Noncompliance.

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

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

(h) sharp objects, edges, corners, or points which could cut or puncture skin;

Rationale / Explanation

The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. CFOC, 3rd E. pgs. 237-238 Standard 5.3.1.2, pgs. 284-285 Standard 6.4.1.2

Enforcement

This rule does not include hammers, screw drivers, staples, staplers, staple removers, or scrap booking scissors with decorative pattern edges . It also does not include thumb tacks, pins, or corn cob holders, except if they are on the floor.

Sharp objects also include items such as cactus and a running fan with a guard through which children's fingers can fit.

Child scissors, which are not a violation of this rule, are defined as scissors that have a blunt edge and are not more than 6" in length.

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

Always Level 2 Noncompliance.

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

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

(i) for children age 4 and under, ropes and cords, chains, and wires long enough to encircle a child's neck, such as those found on window blinds or drapery cords;

R430-90-12 and R430-50-12: INJURY PREVENTION

Rationale / Explanation

Window covering cords are frequently associated with strangulation of children under five years of age. Cords and ribbons tied to pacifiers can become tightly twisted, or can catch on crib corner posts or other protrusions, causing strangulation. CFOC, 3rd Ed. pg. 129 Standard 3.4.6.1

Enforcement

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

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

Always Level 2 Noncompliance.

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

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

(j) for children age 4 and under, empty plastic bags large enough for a child's head to fit inside, latex gloves, and balloons; and

Rationale / Explanation

Plastic bags pose a suffocation risk for children. Rubber balloons and latex gloves can cause choking if children accidentally swallow them, or bite off parts of them and swallow them. CFOC, 3rd Ed. pg. 257 Standard 5.5.0.7, pgs. 284-285 Standards 6.4.1.2, 6.4.1.5

Enforcement

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

Level 1 Noncompliance if a child is observed playing with an empty plastic bag large enough for a child's head to fit inside, latex gloves, or balloons .

Level 3 Noncompliance otherwise.

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

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

(k) for children age 2 and under, toys or other items with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches, or objects with removable parts that have a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches.

Rationale / Explanation

These items pose a choking hazard for small children. CFOC, 3rd Ed. pgs. 284-285 Standard 6.4.1.2

Enforcement

This rule does not apply to two-year-olds having access to crayons or chalk. This rule also does not apply to items ½" in diameter or smaller, such as rice, beans, small buttons, small beads, sequins, and small craft eyes,

because they are small enough that if a child swallows one, it would not be large enough to block the airway and make a child unable to breathe. For this same reason, paper clips, bobby pins and rubber bands accessible to children are not a violation of this rule.

This rule does not prohibit children age 3 and older from engaging in activities or games that have small pieces, as long as these items are not left on the floor with children age 2 and under in care, or left out on a surface under 36" high, where children age 2 and under could pick them up without opening a drawer, cupboard, lid, or closet.

If children age 2 and under are in a carefully supervised activity, such as a board game or art activity with a caregiver sitting at the art table with them, they may use art materials smaller than the allowed size, such as cotton balls or craft eyes larger than ½" in diameter. However, these items may not be accessible to these children unless a caregiver is at the table with the children supervising their use of these items.

Always Level 2 Noncompliance.

Licensed Family 90-12:

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

Residential Certificate 50-12:

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

Rationale / Explanation

The purpose of this rule is so that a toxic or hazardous chemical is not mistaken for a harmless material. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. CFOC, 3rd Ed. pgs. 228-229 Standard 5.2.9.1

Enforcement

Always Level 2 Noncompliance.

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

(6) Electrical outlets and surge protectors accessible to children age four and younger shall have protective caps or safety devices when not in use.

Rationale / Explanation

Preventing children from placing fingers or sticking objects into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. The combination of electricity and mouth moisture closes the electrical circuit, and can lead to serious life-long injuries. CFOC, 3rd Ed. pgs. 219-220 Standard 5.2.4.2

Enforcement

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

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

R430-90-12 and R430-50-12: INJURY PREVENTION

Always Level 2 Noncompliance.

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

(7) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.

Rationale / Explanation

Tap water burns are the leading cause of nonfatal burns, and children under 6 years of age are the most frequent victims. Water heated to 130 degrees Fahrenheit takes only 30 seconds to burn the skin. Water heated to 120 degrees takes 2 minutes to burn the skin. CFOC, 3rd Ed. pg. 216 Standard 5.2.1.14

Enforcement

Due to the variable accuracy of hot water thermometers, this rule is not considered out of compliance unless the temperature measures 123 degrees or hotter.

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

Level 3 Noncompliance if the water temperature is between 123 and 127.9 degrees.

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

(8) High chairs shall have T-shaped safety straps or devices that are used whenever a child is in the chair.

Rationale / Explanation

The purpose of this rule is to prevent children from sliding out of a high chair and falling to the ground, or sliding partway out and becoming entrapped, which poses a strangulation hazard. CFOC, 3rd Ed. pgs. 241-242

Enforcement

If the chair is low enough to the ground that the child's feet can touch the ground while sitting in the chair, a T-shaped strap or other device is not required.

Level 1 Noncompliance if the high chair is used by infants or toddlers.

Level 2 Noncompliance otherwise.

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

(9) If a wading pool is used:

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

Rationale / Explanation

The purpose of this rule is to minimize the risk of spreading disease through shared wading pool water, and to prevent drowning. Small children can drown within 30 seconds in as little as 2 inches of water. CFOC, 3rd Ed. pgs. 68-29 Standard 2.2.0.4, pg. 283 Standard 6.3.5.3

The licensee/certificate holder should check with their local health department before allowing children to use a wading pool because some local health departments prohibit the use of wading pools in child care facilities. R430-90/50-8(2) requires Licensees/Certificate Holders to comply with local laws and rules such as these.

Enforcement

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

R430-90-12 and R430-50-12: INJURY PREVENTION

Always Level 1 Noncompliance.

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

(9) If a wading pool is used:

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

Rationale / Explanation

The purpose of this rule is to minimize the risk of spreading cryptosporidiosos, a diarrheal disease caused by a microscopic parasite. Utah Department of Health rule requires any child under three years old, any child not toilet trained, and anyone who lacks control of defecation shall wear a water resistant swim diaper and waterproof swimwear. Swim diapers and waterproof swimwear shall have waist and leg openings fitted such that they are in contact with the waist or leg around the entire circumference (R392-302-30).

The Licensee/Certificate Holder should check with his/her local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-90/50-8(2) requires Licensees/Certificate Holders to comply with local laws and rules such as these.

Enforcement

Always Level 2 Noncompliance.

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

(9) If a wading pool is used:

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

Rationale / Explanation

The purpose of this rule is to minimize the risk of spreading disease through shared wading pool water, and to prevent drowning. Small children can drown within 30 seconds in as little as 2 inches of water. CFOC, 3rd Ed. pgs. 68-29 Standard 2.2.0.4, pg. 283 Standard 6.3.5.3

The Licensee/Certificate Holder should check with his/her local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-90/50-8(2) requires Licensees/Certificate Holders to comply with local laws and rules such as these.

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-12:

(9) If a wading pool is used:

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

Residential Certificate 50-12:

(9) If a wading pool is used:

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

Rationale / Explanation

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

R430-90-12 and R430-50-12: INJURY PREVENTION

The Licensee/Certificate Holder should check with his/her local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-90/50-8(2) requires Licensees/Certificate Holders to comply with local laws and rules such as these.

Enforcement

Always Level 3 Noncompliance.

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

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

(a) a provider must be at the pool supervising each child whenever a child in care is using the pool or has access to the pool;

Rationale / Explanation

The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4

Enforcement

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

Always Level 1 Noncompliance.

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

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

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

Rationale / Explanation

The purpose of this rule is to minimize the risk of spreading cryptosporidiosos, a diarrheal disease caused by a microscopic parasite. Utah Department of Health rule requires any child under three years old, any child not toilet trained, and anyone who lacks control of defecation shall wear a water resistant swim diaper and waterproof swimwear. Swim diapers and waterproof swimwear shall have waist and leg openings fitted such that they are in contact with the waist or leg around the entire circumference (R392-302-30).

Enforcement

Always *Level 2 Noncompliance.*

Licensed Family 90-12:

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

(c) the licensee shall ensure that children in care are protected from unintended access to the pool in one of the following ways:

(i) the pool is enclosed within a fence or other solid barrier at least four feet high that is kept locked whenever the pool is not in use by any child in care; or

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

Residential Certificate 50-12:

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

(c) the certificate holder shall ensure that children in care are protected from unintended access to the pool in one of the following ways:

(i) the pool is enclosed within a fence or other solid barrier at least four feet high that is kept locked whenever the pool is not in use by any child in care; or

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

Rationale / Explanation

The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4

Enforcement

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

Always Level 1 Noncompliance.

Licensed Family 90-12:

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

(d) the licensee shall maintain the pool in a safe manner;

Residential Certificate 50-12:

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

(d) the certificate holder shall maintain the pool in a safe manner;

Rationale / Explanation

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

Enforcement

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

Licensed Family 90-12:

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

(e) the licensee shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool;

Residential Certificate 50-12:

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

(e) the certificate holder shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool;

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

R430-90-12 and R430-50-12: INJURY PREVENTION

Licensed Family 90-12:

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

(f) if the pool is over six feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the licensee can demonstrate to the Department to be equivalent to Red Cross certification, any time any child in care has access to the pool; and

Residential Certificate 50-12:

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

(f) if the pool is over six feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the certificate holder can demonstrate to the Department to be equivalent to Red Cross certification, any time any child in care has access to the pool; and

Rationale / Explanation

The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC,3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4

Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-12:

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

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

Residential Certificate 50-12:

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

(g) before each child in care uses the pool, the certificate holder shall obtain parental permission for the child to use the pool.

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-12:

(11) If there is a hot tub on the premises with water in it, the licensee shall ensure that children in care are protected from unintended access to the hot tub in one of the following ways:

(a) it shall have a properly working locking cover that is kept locked whenever there is any child in care on the premises; or

(b) it shall be surrounded by a four foot fence.

Residential Certificate 50-12:

(11) If there is a hot tub on the premises with water in it, the certificate holder shall ensure that children in care are protected from unintended access to the hot tub in one of the following ways:

R430-90-12 and R430-50-12: INJURY PREVENTION

(a) it shall have a properly working locking cover that is kept locked whenever there is any child in care on the premises; or
(b) it shall be surrounded by a four foot fence.

Rationale / Explanation

The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, pg. 6 Standard 1.005, pg. 257 Standard 5.176; pgs. 264-265 Standard 5.198; pgs. 267-270 Standards 5.204, 5.205, 5.206, 5.207, 5.208, 5.209, 5.210, 5.215, 5.216, 5.217, 5.218.

Enforcement

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

Always Level 1 Noncompliance.

Licensed Family 90-12:

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

Residential Certificate 50-12:

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

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

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

R430-90-12 and R430-50-12: INJURY PREVENTION

Enforcement

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

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

Always Level 1 Noncompliance.

Licensed Family 90-12:

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

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

Residential Certificate 50-12:

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

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

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

- *Do not allow more than one person on the trampoline. Use by more than one person at the same time can result in serious injury. (ASTM F 381, 7.5.1.2.)*
- *Use trampoline only with mature, knowledgeable supervision. (ASTM F 381, 7.5.1.3.)*

Enforcement

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

Always Level 1 Noncompliance.

Licensed Family 90-12:

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

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

Residential Certificate 50-12:

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

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

R430-90-12 and R430-50-12: INJURY PREVENTION

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

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

- *DO NOT attempt or allow somersaults. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the bed. (ASTM F 381, 7.5.1.1.)*
- *Use trampoline only with mature, knowledgeable supervision. (ASTM F 381, 7.5.1.3.)*

Enforcement

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

Always Level 1 Noncompliance.

Licensed Family 90-12:

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

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

Residential Certificate 50-12:

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

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

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

- *Inspect the trampoline before each use. Make sure the frame padding is correctly and securely positioned. Replace any worn, defective, or missing parts. (ASTM F 381, 7.5.1.5.)*

Enforcement

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

R430-90-12 and R430-50-12: INJURY PREVENTION

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

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

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

Level 1 Noncompliance otherwise.

Licensed Family 90-12:

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

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

Residential Certificate 50-12:

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

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

Enforcement

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

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

Always Level 1 Noncompliance.

Licensed Family 90-12:

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

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

R430-90-12 and R430-50-12: INJURY PREVENTION

Residential Certificate 50-12:

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

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

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

- *Use trampoline only with mature, knowledgeable supervision. (ASTM F 381, 7.5.1.3.)*
- *Trampolines over 20 inches tall are not recommended for use by children under 6 years of age. (ASTM F 381, 7.5.1.4.)*

Enforcement

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

Always Level 2 Noncompliance.

Licensed Family 90-12:

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

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

Residential Certificate 50-12:

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

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

Enforcement

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

Always Level 1 Noncompliance.

R430-90-12 and R430-50-12: INJURY PREVENTION

Licensed Family 90-12:

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

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

Residential Certificate 50-12:

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

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

Enforcement

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

Always Level 3 Noncompliance.

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

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

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

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

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

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

Rationale / Explanation

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

- *Falling or jumping off the trampoline.*
- *Falling on the trampoline springs or frame.*
- *Colliding with another person on the trampoline.*
- *Landing improperly while jumping or doing stunts on the trampoline.*

R430-90-12 and R430-50-12: INJURY PREVENTION

Enforcement

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

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

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

Level 1 Noncompliance otherwise.

R430-90-13 and R430-50-13: PARENT NOTIFICATION AND CHILD SECURITY

Licensed Family 90-13:

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

Residential Certificate 50-13:

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

Rationale / Explanation

The purpose of this rule is to inform parents of the existence of child care licensing regulations, and how they can contact the Department if they have a complaint regarding a licensing violation in a regulated child care facility. CFOC, 3rd Ed. pgs. 380-381 Standard 9.4.1.6

Enforcement

In order for the child care guide to be considered posted, it must be posted in a place where parents can review it.

Always Level 3 Noncompliance.

Licensed Family 90-13:

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

Residential Certificate 50-13:

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

Rationale / Explanation

Allowing parents unrestricted access to the home and the outdoor play area at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. CFOC, 3rd Ed. pg. 78 Standard 2.3.1.2, pgs. 380-381 Standard 9.4.1.6

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-13:

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

Residential Certificate 50-13:

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

Rationale / Explanation

Proper departure procedures and identification are necessary to prevent unauthorized individuals from taking a

child from the facility. CFOC, 3rd Ed. pgs. 371-372 Standards 9.2.4.8, 9.2.4.9

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

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

Enforcement

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

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

Level 3 Noncompliance otherwise.

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

(4) Only parents or persons with written authorization from the parent may pick up any child. In an emergency, a provider may accept verbal authorization if the provider can confirm the identity of the person giving the verbal authorization and the identity of the person picking up the child.

Rationale / Explanation

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

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

Enforcement

Level 1 Noncompliance if an unauthorized person took a child and the parent does not give approval after the fact.

Level 3 Noncompliance if an unauthorized person took a child and the parent gave approval after the fact.

Licensed Family 90-13:

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

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without an injury report, parents may not know to watch their child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall but have a concussion. Incident reports can also allow Licensees/Certificate Holders to recognize injury patterns and possible abuse to a child. CFOC, 3rd Ed. pg. 382 Standard 9.4.1.9

R430-90-13 and R430-50-13: PARENT NOTIFICATION AND CHILD SECURITY

Enforcement

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

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

If the person picking up a child refuses to sign or take the incident report, Licensees/Certificate Holders will not be found out of compliance with this rule, provided they can demonstrate they have an effective process in place to get same-day signatures on reports and have made a good faith effort to follow that process.

If the parent does not pick up the child (for example, if the caregiver dropped the child off at school and the parent picked the child up at school) or if it is a serious injury that requires him/her to take the child out of the facility, the Licensee/Certificate Holder may get the parent signature and give the parent a copy of the report the next time the parent is at the Licensee's/Certificate Holder's home.

Always Level 3 Noncompliance.

Licensed Family 90-13:

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

Residential Certificate 50-13:

(5) The certificate holder shall ensure that parents are informed of every incident, accident, or injury involving their child within 24 hours of occurrence.

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without an injury report, parents may not know to watch their child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall but have a concussion. Incident reports can also allow Licensees/Certificate Holders to recognize injury patterns and possible abuse to a child. CFOC, 3rd Ed. pg. 382 Standard 9.4.1

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-13:

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

Residential Certificate 50-13:

(6) In the case of a life threatening incident or injury to a child, or an incident or injury that poses a threat of the loss of vision, hearing, or a limb, a provider shall contact emergency personnel immediately,

R430-90-13 and R430-50-13: PARENT NOTIFICATION AND CHILD SECURITY

before contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, a provider shall attempt to contact the child's emergency contact person.

Rationale / Explanation

A delay in contacting emergency personnel in the case of a life threatening injury could result in permanent disability or death. This is why emergency personnel must be contacted before anyone else when a child has a potentially life threatening injury. CFOC, 3rd Ed. pg. 458 Appendix P

Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-13:

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

Residential Certificate 50-13:

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

Rationale / Explanation

The purpose of this rule is to ensure that parents are informed of and can make decisions regarding the care of their child after a serious injury.

Enforcement

Level 1 Noncompliance if the parent is not notified.

Level 3 Noncompliance otherwise.

R430-90-14 and R430-50-14: CHILD HEALTH

Licensed Family 90-14:

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

Residential Certificate 50-14:

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

Rationale / Explanation

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

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

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

Enforcement

Always Level 1 Noncompliance.

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

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

Rationale / Explanation

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

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

Enforcement

Always Level 1 Noncompliance.

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

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

Rationale / Explanation

The age, defenselessness, and lack of mature judgement 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

R430-90-14 and R430-50-14: CHILD HEALTH

Enforcement

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

- *Level 1 Noncompliance if a provider is intoxicated or impaired and transports a child.*
- *Level 1 Noncompliance if a provider is intoxicated or impaired while a child is in care.*
- *Level 3 Noncompliance if a provider or anyone in the home has been drinking or using an illegal substance, but is not intoxicated or impaired.*
- *Level 3 Noncompliance if another person in the home is intoxicated or impaired.*

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

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

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

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

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

Rationale / Explanation

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

Enforcement

An entrance also includes open windows.

Level 1 Noncompliance if tobacco is used indoors or in vehicles when a child in care is in the vehicle.

Level 3 Noncompliance if tobacco is used outdoors.

Licensed Family 90-14:

(5) The licensee shall not enroll any child for care without documentation of:

- **(a) proof of current immunizations as required by Utah law;**
- **(b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or**
- **(c) written documentation of an immunization exemption due to personal, medical or religious reasons.**

(6) The licensee shall not provide ongoing care to a child without documentation of:

- **(a) proof of current immunizations as required by Utah law; or**
- **(b) written documentation of an immunization exemption due to personal, medical or religious reasons.**

Residential Certificate 50-14:

R430-90-14 and R430-50-14: CHILD HEALTH

(5) The certificate holder shall not enroll any child for care without documentation of:
- **(a) proof of current immunizations, as required by Utah law;**
- **(b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or**
- **(c) written documentation of an immunization exemption due to personal, medical or religious reasons.**

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

Rationale / Explanation

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

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

Enforcement

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

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

Always Level 3 Noncompliance.

Licensed Family 90-14:

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

Residential Certificate 50-14:

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

(e) any other special health instructions for the certificate holder.

Rationale / Explanation

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

Enforcement

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

The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. As long as the health assessment asks about any medical conditions the child has, this rule is in compliance.

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

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

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

Level 3 Noncompliance otherwise.

Licensed Family 90-14:

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

Residential Certificate 50-14:

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

Rationale / Explanation

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

Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-14:

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

Residential Certificate 50-14:

(9) The certificate holder shall ensure that each child's parent reviews, updates, and signs or initials

R430-90-14 and R430-50-14: CHILD HEALTH

the child's health information at least annually.

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

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

Licensed Family 90-15:

(1) If food service is provided:

(a) The licensee shall ensure that his or her meal service complies with local health department food service regulations.

Residential Certificate 50-15:

(1) If food service is provided:

(a) The certificate holder shall ensure that his or her meal service complies with local health department food service regulations.

Rationale / Explanation

The purpose of this rule is to ensure that food preparation and service are sanitary in order to reduce the possibility of foodborne illness. Minimum standards for food safety are based on scientific data that demonstrate the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness.

Enforcement

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

Licensed Family 90-15:

(1) If food service is provided:

(b) Foods served by license holders not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, current menus provided by the CACFP, or menus approved by a registered dietician. Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years.

Rationale / Explanation

Nourishing food is the cornerstone for children's health, growth, and development. Because young children grow and develop more rapidly during the first few years of life than at any other time, they must be provided food that is adequate in amount and type to meet their basic metabolic, growth, and energy needs. The CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition. CFOC, 3rd Ed. pgs. 152-154, Standards 4.2.0.1, 4.2.0.3

Enforcement

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

Level 2 Noncompliance, except as specified in Level 3.

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

Licensed Family 90-15:

(1) If food service is provided:

(c) License holders not currently participating and in good standing with the CACFP shall keep a one week record of foods served at each meal or snack.

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

Rationale / Explanation

The purpose of this rule is to verify that foods actually served to children by providers not participating in CACFP meet children's basic nutritional requirements. CFOC, 3rd Ed. pgs. 152-154, Standards 4.2.0.1, 4.2.0.3

Enforcement

The one week record of foods served at each meal must be dated so licensors can determine which foods were served on which dates.

Always Level 3 Noncompliance.

Licensed Family 90-15:

(1) If food service is provided:

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

Residential Certificate 50-15:

(1) If food service is provided:

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

Rationale / Explanation

Making menus available to parents by posting them in a prominent area or in the sign-in/sign-out book helps to inform parents about proper nutrition and allows parents to know if a food is being served that their child has an allergy to. It also allows parents to plan meals at home that do not duplicate what the child ate at the provider's home that day. CFOC, 3rd Ed. pgs. 159-160 Standard 4.2.0.9

Enforcement

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

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

Always Level 3 Noncompliance.

Licensed Family 90-15:

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

Residential Certificate 50-15:

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

Rationale / Explanation

Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake of food. CFOC, 3rd Ed. pgs. 156-157 Standard 4.2.0.5

Enforcement

Meal times will be counted from the end of one meal time to the start of the next meal time. An extra 30 minutes

will be allowed at the end of nap time, if needed, to allow children time to wake up from their nap and get ready for snack.

For Licensees/Certificate Holders who provide late evening or overnight care, meals or snacks do not need to be served every three hours after children have gone to bed for the night.

Always Level 3 Noncompliance.

Licensed Family 90-15:

(3) Providers shall serve each child's food on dishes, napkins, or sanitary high chair trays, except for individual serving size items, such as crackers, if they are placed directly in the child's hands. Providers shall not place food on a bare table.

Residential Certificate 50-15:

(3) Providers shall serve each child's food on dishes, napkins, or sanitary high chair trays, except for individual serving size items, such as crackers, if they are placed directly in the child's hands. The provider shall not place food on a bare table.

Rationale / Explanation

Using clean food service dishes and utensils prevents the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Food should not be put directly on the table surface for two reasons. First, even washed and sanitized tables are more likely to be contaminated than washed and sanitized dishes or disposable plates. Second, eating from plates reduces contamination of the table surface when children put down their partially eaten food. CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2

Highchair trays function as plates for seated children. Therefore, they should be washed and sanitized the same way as plates and other food service utensils. CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-15:

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

Residential Certificate 50-14:

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

Rationale / Explanation

The purposes of this rule are to ensure that children are not accidently served food brought by another child, and to ensure that food brought from home does not cause foodborne illness. Foodborne illness and poisoning is a common occurrence when food has not been properly refrigerated and covered. Although many of these illnesses are limited to vomiting and diarrhea, some are life-threatening. CFOC, 3rd Ed. pg. 182 Standard 4.6.0.1

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

Enforcement

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

Always Level 3 Noncompliance.

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

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

(1) All providers and volunteers shall wash their hands with soap and running water at the following times:

- **(a) before handling or preparing food or bottles;**
- **(b) before and after eating meals and snacks or feeding a child;**
- **(c) after diapering each child;**
- **(d) after using the toilet or helping a child use the toilet;**
- **(e) after coming into contact with any body fluid;**
- **(f) after playing with or handling animals;**
- **(g) when coming in from outdoors; and**
- **(h) before administering medication.**

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care program's curriculum. CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1

Washing hands after eating is especially important for children who eat with their hands to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- *in human waste (urine, stool)*
- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
- *through cuts or skin sores*
- *by direct skin-to-skin contact*
- *by touching an object that has germs on it*
- *in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1*

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to

handle a bar of soap and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, 3rd Ed. pgs. 111-112 Standard 3.2.2.2

Enforcement

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

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

Level 3 Noncompliance otherwise.

Licensed Family 90-16:

(2) The licensee shall ensure that each child washes his or her hands with soap and running water at the following times:
- **(a) before and after eating meals and snacks;**
- **(b) after using the toilet;**
- **(c) after coming into contact with any body fluid; and**
- **(d) when coming in from outdoors.**

Residential Certificate 50-16:

(2) The certificate holder shall ensure that each child washes his or her hands with soap and running water at the following times:
- **(a) before and after eating meals and snacks;**
- **(b) after using the toilet;**
- **(c) after coming into contact with any body fluid; and**
- **(d) when coming in from outdoors.**

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care program's curriculum. CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1

Washing hands after eating is especially important for children who eat with their hands to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:
- *in human waste (urine, stool)*
- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*

- *through cuts or skin sores*
- *by direct skin-to-skin contact*
- *by touching an object that has germs on it*
- *in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1*

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, 3rd Ed. pgs. 111-112 Standard 3.2.2.2

Enforcement

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

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

Level 3 Noncompliance otherwise.

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

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

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care program's curriculum. CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1

Washing hands after eating is especially important for children who eat with their hands to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help

prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- *in human waste (urine, stool)*
- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
- *through cuts or skin sores*
- *by direct skin-to-skin contact*
- *by touching an object that has germs on it*
- *in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1*

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, 3rd Ed. pgs. 111-112 Standard 3.2.2.2

Licensed Family 90-16:

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

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

(4) The certificate holder shall ensure that toilet paper is accessible to each child, and that it is kept in

a dispenser.

Rationale / Explanation

The purpose of this rule to prevent the spread of disease through fecal matter. If toilet paper is not on a dispenser, children pick it up with hands that may be contaminated with fecal matter, which remains on the roll and is transferred to the next child when he or she picks the roll up. CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

(5) The certificate holder shall ensure that children are taught proper hand washing techniques, and shall oversee hand washing whenever possible.

Rationale / Explanation

Children need to be taught effective handwashing procedures, and helped to use them in actual practice. This will help to ensure that proper handwashing takes place at needed times. For more information on the importance of proper handwashing, see numbers (1) and (2) above. CFOC, 3rd Ed. pgs. 112-113 Standards 3.2.2.3, 3.2.2.4

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-16:

(7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by a provider on more than one child. Each child's items shall be stored so that they do not touch another child's items.

Residential Certificate 50-15:

(6) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by a provider on more than one child. Each child's items shall be stored so that they do not touch another child's items.

Rationale / Explanation

Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. CFOC, 3rd Ed. pgs. 102-103 Standard 3.1.5.2 pg. 136 Standard 3.6.1.5

Enforcement

Personal hygiene items include make-up and lip balm (such as Chap Stick).

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

Always Level 3 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can wash and sanitize the surfaces. CFOC, 3rd Ed. pgs. 116-118, Standards 3.3.0.1, 3.3.0.2

Enforcement

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

Always Level 3 Noncompliance.

Licensed Family 90-16:

(9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The licensee shall ensure that all stuffed animals, cloth dolls, dress-up clothes, and pillows or covers are washed after each 5 days of use, or more often if needed.

Residential Certificate 50-15:

(8) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The certificate holder shall ensure that all stuffed animals, cloth dolls, dress-up clothes, and pillows or covers are washed after each 5 days of use, or more often if needed.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. CFOC, 3rd Ed. pgs. 116-118, Standards 3.3.0.1, 3.3.0.2

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

Lice, scabies, and ringworm can also be spread through fabrics. CFOC, 3rd Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5

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

Enforcement

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

Level 2 Noncompliance if an item is visibly dirty with feces.

Level 3 Noncompliance otherwise.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

Rationale / Explanation

The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. CFOC, 3rd Ed. pg. 275 Standard 6.2.4.2

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, 3rd Ed. pgs. 39-40 Standard 1.7.0.1

Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

Rationale / Explanation

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

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. CFOC, 3rd Ed. pgs. 108-110 Standard 3.2.1.5

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Enforcement

Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:

- *the child is changed immediately if spare clothing is available.*
- *if no spare clothing is available, the child's parent is called and asked to bring spare clothing.*
- *if no spare clothing is available, the child is separated from other children until his/her parent can bring spare clothing.*

Always Level 2 Noncompliance.

Licensed Family 90-16:

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

(a) the clothing is washed and dried; or

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

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC,3rd Ed. pgs. 108-110 Standard 3.2.1.5

Enforcement

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

Plastic grocery bags may be used for wet or soiled clothing only if they don't have holes in the bottom or sides. Grocery bags with holes in the bottom or sides cannot be used because they are not leakproof. A bag without holes that still leaks when holding wet or soiled clothes cannot be used.

Always Level 3 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. CFOC, 3rd Ed. pgs.

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

246-247 Standard 5.4.1.7

Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association recommend that they not be used.

Enforcement

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

Level 3 Noncompliance otherwise.

Licensed Family 90-16:

(15) Except for diaper changes, which are covered in Section R430-90-23, and children's clothing that is soiled from a toileting accident, which is covered in Subsection R430-90-16(16), the licensee shall ensure that the following precautions are taken when cleaning up blood, urine, feces.

- **(a) The person cleaning up the substance shall wear waterproof gloves;**
- **(b) the surface shall be cleaned using a detergent solution;**
- **(c) the surface shall be rinsed with clean water;**
- **(d) the surface shall be sanitized;**
- **(e) if disposable materials such as paper towels or other absorbent materials are used to clean up the body fluid, they shall be disposed of in a leakproof plastic bag;**
- **(f) if non-disposable materials, such as a cleaning cloth, mop, or re-usable rubber gloves are used to clean up the body fluid, they shall be washed and sanitized before reuse; and**
- **(g) the person cleaning up the fluid shall wash his or her hands after cleaning up the body fluid.**

Residential Certificate 50-16:

(13) Except for diaper changes, which are covered in Section R430-50-23,the certificate holder shall ensure that the following precautions are taken when cleaning up blood, urine, feces, vomit.

- **(a) The person cleaning up the substance shall wear waterproof gloves;**
- **(b) the surface shall be cleaned using a detergent solution;**
- **(c) the surface shall be rinsed with clean water;**
- **(d) the surface shall be sanitized;**
- **(e) if disposable materials such as paper towels or other absorbent materials are used to clean up the body fluid, they shall be disposed of in a leakproof plastic bag;**
- **(f) if non-disposable materials, such as a cleaning cloth, mop, or re-usable rubber gloves are used to clean up the body fluid, they shall be washed and sanitized before reuse; and**
- **(g) the person cleaning up the fluid shall wash his or her hands after cleaning up the body fluid.**

Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk, because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, 3rd Ed. pgs. 30-31 Standard 1.4.5.3 pgs. 114-116 Standard 3.2.3.4

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

See CFOC, 3rd Ed. pg. 444 Appendix L for an instruction page on proper clean up of body fluids. See CFOC, 3rd Ed. pg. 428 Appendix D for information on removing disposable gloves after cleaning up body fluids.

Enforcement

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

Always Level 3 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular program activities. CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help to limit transmission of the disease by preventing the development of new cases. CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

Symptoms which may indicate an infectious disease include:

(1) a fever of 101 degrees or higher for infants younger than 4 months of age, or a fever of 102 or greater for children age 4 months and older
(2) an unexplained rash
(3) irritability
(4) lethargy
(5) a persistent cough
(6) vomiting
(7) diarrhea
(8) infected eyes with discharge

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

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

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular program activities. CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-16:

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

Residential Certificate 50-16:

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

Rationale / Explanation

Notification of parents also allows them to closely observe their child for early signs and symptoms of illness. Early identification and treatment of infectious disease are important in reducing further transmission of the disease. CFOC, 3rd Ed. pg. 145 Standard 3.6.4.2

Enforcement

Always Level 2 Noncompliance.

R430-90-17 and R430-50-17: MEDICATIONS

Licensed Family 90-17:

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

Rationale / Explanation

The purpose of this rule is to avoid harm to children through errors in administering medications. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-17:

(2) All over-the-counter and prescription medications shall:

- **(a) be labeled with the child's name;**
- **(b) be kept in the original or pharmacy container;**
- **(c) have the original label; and,**
- **(d) have child-safety caps.**

Residential Certificate 50-17:

(1) All over-the-counter and prescription medications shall:

- **(a) be labeled with the child's name;**
- **(b) be kept in the original or pharmacy container;**
- **(c) have the original label; and,**
- **(d) have child-safety caps.**

Rationale / Explanation

The purposes of this rule are to avoid harm to children through errors is administering medications, and to prevent children from getting into and ingesting medications by themselves. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

Level 2 Noncompliance for (a).

Level 3 Noncompliance otherwise.

Licensed Family 90-17:

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

Residential Certificate 50-17:

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

Rationale / Explanation

The purpose of this rule is to prevent children from getting into and ingesting medications by themselves. CFOC,

R430-90-17 and R430-50-17: MEDICATIONS

3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

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

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

Always Level 2 Noncompliance.

Licensed Family 90-17:

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

Residential Certificate 50-17:

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

Rationale / Explanation

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

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

Enforcement

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

Always Level 1 Noncompliance.

Licensed Family 90-17:

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

- **(a) the name of the child:**
- **(b) the name of the medication;**
- **(c) written instructions for administration; including:**
  - **(i) the dosage;**
  - **(ii) the method of administration;**
  - **(iii) the times and dates to be administered; and**
  - **(iv) the disease or condition being treated; and**
- **(d) the parent's signature and the date signed.**

Residential Certificate 50-17:

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

parent for his or her child. The permission form must include:

(a) the name of the child:

(b) the name of the medication;

(c) written instructions for administration; including:

(i) the dosage;

(ii) the method of administration;

(iii) the times and dates to be administered; and

(iv) the disease or condition being treated; and

(d) the parent's signature and the date signed.

Rationale / Explanation

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

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

Enforcement

A finding to this rule is issued when medication is given and there is parental permission but the permission form does not include all required information.

For the purposes of this rule, a parent can leave over-the-counter medication with the provider with an ongoing permission form asking that the medication be given as indicated by the parents.

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

Always Level 2 Noncompliance.

Licensed Family 90-17:

(5) If the licensee keeps over-the-counter medication that is not brought in by a parent for his or her child's use, the medication shall not be administered to any child without prior parental consent for each instance it is given. The consent must be either:

(a) prior written consent; or

(b) oral consent for which a provider documents in writing the date and time of the consent, and which the parent signs upon picking up the child.

Residential Certificate 50-17:

(4) If the certificate holder keeps over-the-counter medication that is not brought in by a parent for his or her child's use, the medication shall not be administered to any child without prior parental consent for each instance it is given. The consent must be either:

(a) prior written consent; or

(b) oral consent for which a provider documents in writing the date and time of the consent, and which the parent signs upon picking up the child.

Rationale / Explanation

R430-90-17 and R430-50-17: MEDICATIONS

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

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-17:

(6) When administering medication, the person administering the medication shall:

- **(a) wash his or her hands;**
- **(b) if the parent supplies the medication, check the medication label to confirm the child's name;**
- **(c) if the parent supplies the medication, compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that recommended by the health care provider or the manufacturer;**
- **(d) if the licensee supplies the medication, check the product package to ensure that a child is not given a dosage larger than that recommended by the manufacturer;**
- **(e) administer the medication; and**

Residential Certificate 50-17:

(5) When administering medication, the person administering the medication shall:

- **(a) wash his or her hands;**
- **(b) if the parent supplies the medication, check the medication label to confirm the child's name;**
- **(c) if the parent supplies the medication, compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that recommended by the health care provider or the manufacturer;**
- **(d) if the certificate holder supplies the medication, check the product package to ensure that a child is not given a dosage larger than that recommended by the manufacturer;**
- **(e) administer the medication; and**

Rationale / Explanation

The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

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

Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

Level 1 Noncompliance if a child is given the wrong medication.

Level 2 Noncompliance otherwise.

R430-90-17 and R430-50-17: MEDICATIONS

Licensed Family 90-17:

(6) When administering medication, the person administering the medication shall:

(f) immediately record the following information:

(i) the date, time, and dosage of the medication given;

(ii) the signature or initials of the provider who administered the medication; and,

(iii) any errors in administration or adverse reactions.

Residential Certificate 50-17:

(5) When administering medication, the person administering the medication shall:

(f) immediately record the following information:

(i) the date, time, and dosage of the medication given;

(ii) the signature or initials of the provider who administered the medication; and,

(iii) any errors in administration or adverse reactions.

Rationale / Explanation

The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

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

Level 2 Noncompliance if failure to record the administration of medication results in a child being given an extra dose of a medication or missing a needed dose of medication.

Level 3 Noncompliance otherwise.

Licensed Family 90-17:

(7) The licensee shall ensure that any adverse reaction to a medication or any error in administration is reported to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

Residential Certificate 50-17:

(6) The certificate holder shall ensure that any adverse reaction to a medication or any error in administration is reported to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

Rationale / Explanation

The purpose of this rule is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

Always Level 1 Noncompliance.

R430-90-18 and R430-50-18: NAPPING

Licensed Family 90-18:

(1) The licensee shall ensure that children in care are offered a daily opportunity for rest or sleep in an environment that provides a low noise level and freedom from distractions.

Rationale / Explanation

Most preschool children benefit from scheduled rest periods. This rest may take the form of actual napping or a quiet time. Children who are overly tired can exhibit behavior problems. School age children should have the opportunity for periods of more restful activities, such as reading or board games. Conditions conducive to rest and sleep include a quiet place, a regular time for rest, and a consistent caregiver. CFOC, 3rd Ed. pgs. 100-101 Standard 3.1.4.4

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-18:

(2) If the licensee has a scheduled nap time for children, it shall not exceed two hours daily.

Rationale / Explanation

The purpose of limiting scheduled nap times to two hours is so children are not forced to lie still on a mat when they are no longer tired or in need of rest.

Enforcement

Children who are tired may sleep more than two hours but awake children should not be forced to remain on a cot or mat beyond the scheduled nap time, which is not to exceed two hours.

Always Level 3 Noncompliance.

Licensed Family 90-18:

(3) If a child uses sleeping equipment, sleeping bags, a pillow, a pillow case, sheets, or blankets while in care, the licensee shall meet the following requirements:

(a) The licensee shall maintain sleeping equipment in good repair.

Rationale / Explanation

The purpose of this rule is to prevent injury to children from broken equipment (for example, a broken cot or crib), and to ensure that equipment remains able to be effectively cleaned and disinfected.

Enforcement

Porta cribs will not be considered to be "in good repair" if they have tears greater then 2 3/8 inches in them. This is because, as with crib slats, a child's body part could become entrapped in the tear.

Level 1 Noncompliance if infant/toddler sleeping equipment is in poor repair to a degree that the equipment could fail.

Level 2 Noncompliance otherwise.

Licensed Family 90-18:

(3) If a child uses sleeping equipment, sleeping bags, a pillow, a pillow case, sheets, or blankets while in care, the licensee shall meet the following requirements:

(b) If sleeping equipment, sleeping bags, pillow cases, sheets, or blankets are clearly assigned to

and used by an individual child, a provider must clean and sanitize them as needed, but at least weekly.

Rationale / Explanation

Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, 3rd Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5

Enforcement

Level 2 Noncompliance if an item is visibly dirty with feces.

Level 3 Noncompliance otherwise.

Licensed Family 90-18:

(3) If a child uses sleeping equipment, sleeping bags, a pillow, a pillow case, sheets, or blankets while in care, the licensee shall meet the following requirements:

(c) If sleeping equipment, sleeping bags, pillow cases, sheets, or blankets are not clearly assigned to and used by an individual child, a provider must clean and sanitize them prior to each use.

Rationale / Explanation

Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, 3rd Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5

Enforcement

Level 2 Noncompliance if an item is visibly dirty with feces.

Level 3 Noncompliance otherwise.

Licensed Family 90-18:

(4) If a child uses a pillow without a pillow case while in care, then the provider must clean and sanitize the pillow as required in Subsection (3). If a child uses a pillow with a pillow case while in care, then the provider must clean and sanitize the pillow case as required in Subsection (3).

Rationale / Explanation

Lice, scabies, and ringworm are among the most common infectious diseases in child care. CFOC, 3rd Ed. pg. 118 Standard 3.3.0.4

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-18:

(5) Sleeping equipment may not block exits at any time.

Residential Certificate 50-18:

(1) Sleeping equipment may not block exits at any time.

Rationale / Explanation

R430-90-18 and R430-50-18: NAPPING

The purpose of this rule is to allow quick exit from the home in the event of an emergency, and to avoid sleeping children getting stepped on by people exiting or entering the room. CFOC, 3rd Ed. pg. 207 Standard 5.1.4.3

Enforcement

Always Level 2 Noncompliance.

R430-90-19 and R430-50-19: CHILD DISCIPLINE

Licensed Family 90-19:

(1) The licensee shall inform non-emergency substitutes, caregivers, parents, and children of the licensee's behavioral expectations for children.

Residential Certificate 50-19:

(1) The certificate holder shall inform non-emergency substitutes, parents, and children of the certificate holder's behavioral expectations for children.

Rationale / Explanation

Behavioral expectations for children should be based on the age and developmental level of the children. The purpose of this rule is to ensure that expectations for children's behavior are age-appropriate, and that all parties involved, including parents, children, and caregivers understand the provider's behavioral expectations. Children cannot be expected to conform to behavioral expectations if they do not know what those expectations are.
CFOC, 3rd Ed. pgs. 70-72 Standard 21.2.0.6, pgs. 349-350 Standard 9.2.1.3

Enforcement

Examples of age-appropriate behavioral expectations for children include:

Infants: Ages Birth to 11 Months

- *May cry because they are under distress or trying to communicate.*
- *Cries or screams when dropped off because they have separation anxiety.*
- *Puts everything in their mouth because they explore through taste.*
- *Feels and touches everything because they learn and explore by using their 5 senses.*

Toddlers: Ages 12 Months to 24 Months

- *Everything goes in their mouths because they explore through taste.*
- *Feels and touches everything because they learn and explore by using their 5 senses.*
- *May cry, hit or bite to get their way or to communicate with others.*
- *Give hugs, smiles, hit or bite because they do not have verbal skills. This is their only way of expressing their emotions.*
- *May show signs of anxiety especially during change. This is shown by withdrawing, crying, clinging and a desire to be held.*

Two Year-Olds:

- *Like to assert their independence.*
- *Often express the word no and mine because they want to play with others but they do not know how.*
- *Have a hard time sharing.*
- *Exhibit mood swings because they want to express themselves and do not know how.*

3 – 5 Years-Olds:

- *Have a great desire to please adults.*
- *May still have a hard time sharing and taking turns or playing with others.*
- *May have outbursts of emotions.*
- *Independent. They do well when given choices so they can prove to themselves and others that they can be successful.*
- *Often tell on others. They do this to prove that they know the rule and want others to know they know.*
- *Like to play in small groups but may need some guidance.*

School-age Children:

- *As a general rule these children have a desire to cooperate.*

- *Like to play with others but want to be recognized as an individual.*
- *Decision makers. They do well when they are part of classroom decisions.*
- *Will often stretch the truth to meet their social needs.*

Always Level 3 Noncompliance.

Licensed Family 90-19:

(2) Providers and volunteers may discipline children using positive reinforcement and redirection, and by setting clear limits that promote a child's ability to become self-disciplined.

Rationale / Explanation

The word "discipline" originates from a Latin root that implies learning and education. The modern dictionary defines discipline as "training that develops self-control, character, or orderliness and efficiency." Unfortunately, common usage has corrupted the word so that many consider discipline synonymous with punishment, most particularly corporal punishment. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural consequences (for example, when a child breaks a toy, the toy no longer works) and logical consequences (for example, not being able to play in the sandbox for a period of time as a consequence for throwing sand) for negative behaviors. Research studies have found that corporal punishment has limited effectiveness and potentially harmful side effects. Time out should not be used with infants and toddlers because they are too young to cognitively understand this consequence. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Discipline should be an ongoing process of teaching that helps children develop inner control so that they can manage their own behavior in a socially acceptable manner. Children must be given understandable guidelines for their behavior if they are to develop inner control of their actions. The aim of discipline is to develop personal self-discipline. CFOC,3rd Ed. pgs. 70-72 Standard 2.2.0.6

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Licensed Family 90-19:

(3) A provider may use gentle, passive restraint with a child only when it is needed to stop the child from injuring himself or herself or others or from destroying property.

Residential Certificate 50-19:

(2) A provider may use gentle, passive restraint with a child only when it is needed to stop the child from injuring himself or herself or others or from destroying property.

Rationale / Explanation

Children in out of home care in the United States have been shown to demonstrate more aggressive behavior than children reared at home or children in child care facilities in other countries. Children mimic adult behavior:

R430-90-19 and R430-50-19: CHILD DISCIPLINE

adults who demonstrate loud or violent behavior serve as models for children. Caregiver intervention when children behave aggressively protects children and encourages them to exhibit more acceptable behavior. CFOC, 3rd Ed. pgs. 72-73 Standard 2.2.0.7

When a child's behavior makes it necessary, for his/her own or others' protection, to restrain the child, the most desirable method of restraint is holding the child as gently as possible to accomplish the restraint. The child should not be physically restrained any longer than is necessary to control the situation. No bonds, ties, or straps should be used to restrain children. CFOC, 3rd Ed. pg. 76 Standard 2.2.0.10

Licensed Family 90-19:

(4) Disciplinary measures shall not include any of the following:

(a) any form of corporal punishment such as hitting, spanking, shaking, biting, pinching, or any other measure that produces physical pain or discomfort;

Residential Certificate 50-19:

(3) Disciplinary measures shall not include any of the following:

(a) any form of corporal punishment such as hitting, spanking, shaking, biting, pinching, or any other measure that produces physical pain or discomfort;

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Enforcement

Corporal punishment includes squirting a child with water or putting hot sauce or soap in a child's mouth.

Always Level 1 Noncompliance.

Licensed Family 90-19:

(4) Discipline measures shall not include any of the following:

(b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds that specified in Subsection (3) above;

Residential Certificate 50-19:

(3) Discipline measures shall not include any of the following:

(b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds that specified in Subsection (2) above;

R430-90-19 and R430-50-19: CHILD DISCIPLINE

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC,3rd Ed. pgs. 75-76 Standard 2.2.0.9

Enforcement

Placing a child in a harness or leash is considered restraining a child's movements.

Always Level 1 Noncompliance.

Licensed Family 90-19:

(4) Discipline measures shall not include any of the following:
- **(c) shouting at any child;**

Residential Certificate 50-19:

(3) Discipline measures shall not include any of the following:
- **(c) shouting at any child;**

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Enforcement

This rule is not intended to prevent a caregiver from shouting to a child in an emergency situation where there is a danger if imminent serious physical harm. For example, to prevent a child from running into the street.

Always Level 1 Noncompliance.

Licensed Family 90-19:

(4) Discipline measures shall not include any of the following:
- **(d) any form of emotional abuse;**

Residential Certificate 50-19:

(3) Discipline measures shall not include any of the following:
- **(d) any form of emotional abuse;**

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily

R430-90-19 and R430-50-19: CHILD DISCIPLINE

become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Enforcement

A provider's use of profanity in the presence of children is considered emotional abuse and inappropriate discipline.

For the purposes of this rule, using humiliation to discipline a child, such as putting an older child in a highchair or crib to make the child look like a "baby", is considered emotional abuse.

Always Level 1 Noncompliance.

Licensed Family 90-19:

(4) Discipline measures shall not include any of the following:

(e) forcing or withholding of food, rest, or toileting; and,

Residential Certificate 50-19;

(3) Discipline measures shall not include any of the following:

(e) forcing or withholding of food, rest, or toileting; and,

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Enforcement

Always Level 1 Noncompliance.

R430-90-19 and R430-50-19: CHILD DISCIPLINE

Licensed Family 90-19:

(4) Discipline measures shall not include any of the following:

(f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Residential Certificate 50-19:

(3) Discipline measures shall not include any of the following:

(f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Enforcement

A child may not be put in an enclosure for time out purposes. This is considered confining a child.

Always Level 1 Noncompliance.

R430-90-20 and R430-50-20: ACTIVITIES.

Licensed Family 90-20:

(1) The licensee shall develop a daily activity plan that offers activities to support each child's healthy physical, social-emotional, and cognitive-language development.

(2) The licensee shall ensure that the toys and equipment needed to carry out the activity plan are accessible to children.

Residential Certificate 50-20:

(1) The certificate holder shall offer daily activities to support each child's healthy physical, social-emotional, and cognitive-language development.

(2) The certificate holder shall ensure that the toys and equipment necessary to carry out the activities are accessible to children.

Rationale / Explanation

The purpose of this rule is to ensure that providers have a plan for supporting children's healthy development, and they communicate this plan to parents. Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, 3rd Ed. pg. 50 Standard 2.1.1.2, pgs. 61-63 Standards 2.1.3.1-2.1.2.7, pgs. 63-64 Standards 2.1.4.1 - 2.1.4.4

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain*, by Rima Shore;* Ten Things Every Child Needs for the Best Start in Life*, the Robert T. McCormick Tribune Foundation;* How a Child's Brain Develops and What it Means for Child Care and Welfare Reform*, Time, February 3, 1997.*

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-20:

(3) If off-site activities are offered:

(a) the licensee shall obtain parental consent for off-site activities in advance;

Residential Certificate 50-20:

(3) If off-site activities are offered:

(a) the certificate holder shall obtain parental consent for off-site activities in advance;

Rationale / Explanation

The purpose of this rule is to protect both children and providers by ensuring that children are never taken off-site without parental permission. CFOC, 3rd Ed. pg. 338 Standard 9.4.2.3

Examples of possible harm when this happens include a child who has a health care need that is not met because his/her parent didn't know he/she was being taken on an off-site activity. (For example, if a child with an ear infection is taken swimming.)

Enforcement

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage

R430-90-20 and R430-50-20: ACTIVITIES.

in an activity. Children and caregivers may walk to and from the activity or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-90-21 or R430-50-21.

This rule means that parents must be informed of the days and times when children will be taken on off-site activities. If Licensees/Certificate Holders have a regularly repeating off-site activity, they may get parental permission once for all instances of that activity, provided the permission informs the parents of both the day and time when the activity will occur. For example, a provider may get a one-time permission to take the children on a neighborhood walk every Tuesday morning at 10 am or to take the children to swimming lessons every Wednesday afternoon at 4 pm.

Prior parental permission is not needed for spontaneous walking field trips when the children are away from the facility for no more than 60 minutes and are within ½ mile of the facility if a notice is posted that includes when the children left the home, the time children will return to the home, the final destination of the trip, and the route to and from that location.

Always Level 3 Noncompliance.

Licensed Family 90-20:

(3) If off-site activities are offered:

(b) a provider who meets all the caregiver requirements of this rule shall accompany the children and shall take a copy of each child's admission form as specified in Subsection R430-90-9(2)(a).

Residential Certificate 50-20:

(3) If off-site activities are offered:

(b) the certificate holder shall accompany the children and shall take a copy of each child's emergency contact information.

Rationale / Explanation

Injuries are more likely to occur when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety rules. Emergency information is the key to obtaining needed care in emergency situations. Both caregivers and emergency personnel must have access to this information in an emergency. CFOC, 3rd Ed. pgs. 287-288 Standard 6.5.1.1, pgs. 387-388 Standard 9.4.2.2

Enforcement

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-90-21 or R430-50-21.

To be in compliance with this rule, caregivers only need to take a copy of each child's admission form, not his/her health assessment.

Caregivers must take a copy of the Admission Agreement with them when children are being taken off-site to and from school, including being walked to and from school.

Always Level 3 Noncompliance.

R430-90-20 and R430-50-20: ACTIVITIES.

Licensed Family 90-20, and Residential Certificate 50-20:

(3) If off-site activities are offered:

(d) at least one provider present shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification. Equivalent CPR certification must include hands-on testing. And

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, pgs. 287-288 Standard 6.5.1.1

Enforcement

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-90-21 or R430-50-21.

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

Level 2 Noncompliance for no CPR certification.

Level 3 Noncompliance for no first aid certification.

Licensed Family 90-20:

(3) If off-site activities are offered:

(e) a provider shall ensure that there is a way for each provider, volunteer, and child to wash his or her hands as specified in R430-90-16(1) and (2). If there is no source of running water, providers, volunteers, and children may clean their hands with individual disposable wet wipes and hand sanitizer.

Residential Certificate 50-20:

(3) If off-site activities are offered:

(e) the certificate holder shall ensure that there is a way for each provider, volunteer, and child to wash his or her hands as specified in R430-50-16(1) and (2). If there is no source of running water, providers, volunteers, and children may clean their hands with individual disposable wet wipes and hand sanitizer.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care programs. In programs that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care program's curriculum. CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1

R430-90-20 and R430-50-20: ACTIVITIES.

Washing hands after eating is especially important for children who eat with their hands to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

For more information on handwashing, see R430-90-16(1) and (2) or R430-50-16(1) and (2).

Enforcement

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-90-21 or R430-50-21.

Hand sanitizers may be used to be in compliance with the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

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

Level 3 Noncompliance otherwise.

Licensed Family 90-20, and Residential Certificate 50-20:

(4) If off-site swimming activities are offered, providers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the provider to child ratio.

Rationale / Explanation

Constant vigilant supervision of children near any body of water is essential. Each year approximately 1,500 children under age 20 drown, many in swimming pools. In a comprehensive study of drowning and submersion incidents involving children under 5 years of age, the Consumer Product Safety Commission found that pool submersions involving children happen quickly. Seventy-seven percent of the victims had been missing from sight for 5 minutes or less and splashing often did not occur to alert anyone that the child was in trouble. Careful supervision is also needed to ensure that children do not engage in dangerous behavior around swimming pools. CFOC, 3rd Ed. pgs. 68-69 Standards 2.2.0.4, 2.2.0.5

Enforcement

Always Level 2 Noncompliance.

R430-90-21 and R430-50-21: TRANSPORTATION

Licensed Family 90-21 and Residential Certificate 50-21:

(1) Any vehicle used for transporting any child in care shall:

(a) be enclosed;

Rationale / Explanation

The purpose of this rule is to ensure that children are not at risk for falling out of an open vehicle while it is in motion or being thrown from the vehicle in an accident.

Enforcement

Enclosed means that the vehicle has a top/roof. It does not mean the windows must be rolled up.

Always Level 2 Noncompliance.

Licensed Family 90-21 and Residential Certificate 50-21:

(1) Any vehicle used for transporting any child in care shall:

(b) be equipped with individual, size appropriate safety restraints, properly installed and in working order, for each child being transported;

Rationale / Explanation

The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. CFOC, 3rd Ed. pgs. 289-291 Standard 6.5.2.2

Enforcement

"Safety restraints" refers to seat belts, car seats, booster seats, etc. used individually and as required by Utah law. Utah code states the following regarding the use of child restraints:

41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.

(1) (a) The operator of a motor vehicle operated on a highway shall:

(i) wear a properly adjusted and fastened safety belt;

(ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and

(iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

Always Level 2 Noncompliance.

Licensed Family 90-21 and Residential Certificate 50-21:

(1) Any vehicle used for transporting any child in care shall:

(c) be maintained in a safe condition and have a current vehicle registration and safety inspection;

Rationale / Explanation

The purpose of this rule is to ensure that children are transported in a safe vehicle that meets all legal

requirements for the operation of a vehicle in Utah. CFOC, 3rd Ed. pgs. 373-374 Standards 9.2.5.1, 9.2.5.2

Enforcement

Level 1 Noncompliance if the vehicle has a serious safety problem. Examples of serious safety problems include broken windows with exposed glass edges, broken doors that do not close, seats have become unattached from the floor of the vehicle, carbon dioxide coming into the vehicle due to a faulty muffler, bald tires, and faulty brakes.

Level 3 Noncompliance if there is not documentation of a current registration.

Licensed Family 90-21 and Residential Certificate 50-21:

(1) Any vehicle used for transporting any child in care shall:

(d) be maintained in a clean condition;

Rationale / Explanation

Regular cleaning helps to ensure that the vehicle is kept free of visible accumulation of soil and litter inside the vehicle. CFOC, 3rd Ed. pgs. 373-374 Standards 9.2.5.1, 9.2.5.2

Enforcement

No vehicle used by multiple children can be expected to be free of all debris. Maintaining vehicles in clean condition should allow for normal daily use. This rule applies to situations in which there is a buildup of dirt or debris such that it endangers children's health or safety. Examples of this are if there is so much debris that it causes a tripping hazard or if there is a buildup of soil, food, or other debris that provides a place where disease-causing bacteria can grow.

Always Level 3 Noncompliance.

Licensed Family 90-21 and Residential Certificate 50-21:

(1) Any vehicle used for transporting any child in care shall:

(e) maintain temperatures between 60-90 degrees Fahrenheit when in use; and

Rationale / Explanation

Some children have problems with temperature variations. Whenever possible, opening windows to provide fresh air to cool a hot interior is preferable before using air conditioning. Over-use of air conditioning can increase problems with respiratory infections and allergies. Excessively high temperatures in vehicles can cause neurological damage in children. Temperatures in hot cars can reach dangerous levels within 15 minutes. CFOC, 3rd Ed. pgs. 291-292 Standard 6.5.2.4

Enforcement

Level 1 Noncompliance if the temperature in a vehicle is 100 degrees Fahrenheit or higher or 0 degrees Fahrenheit or lower and an infant or toddler was in the vehicle for 15 minutes or more.

Level 2 Noncompliance if the temperature in a vehicle is 100 degrees Fahrenheit or higher or 0 degrees Fahrenheit or lower and a preschool or school age child was in the vehicle for 15 minutes or more.

Level 3 Noncompliance otherwise.

Licensed Family 90-21:

R430-90-21 and R430-50-21: TRANSPORTATION

(1) Any vehicle used for transporting any child in care shall:
(f) contain first aid supplies, including at least antiseptic, band-aids, and tweezers.

Rationale / Explanation

Providers must be able to respond to the needs of children in case of injury, which requires that adequate emergency supplies be available in all conditions, including when children are being transported. CFOC, 3rd Ed. pgs. 257-258 Standard 5.6.0.1

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-21:

(2) At least one adult in each vehicle transporting any child in care shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification. Equivalent CPR certification must include hands-on testing.

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

Enforcement

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

Level 2 Noncompliance for no CPR certification.

Level 3 Noncompliance for no first aid certification.

Licensed Family 90-21:

(3) The adult transporting any child in care shall:
(a) have and carry with him or her a current valid Utah driver's license, for the type of vehicle being driven whenever he or she is transporting any child in care;

Residential Certificate 50-21:

(2) The adult transporting any child in care shall:
(a) have and carry with him or her a current valid Utah driver's license, for the type of vehicle being driven whenever he or she is transporting any child in care;

Rationale / Explanation

Driving children is a significant responsibility. The purpose of this rule is to ensure that anyone who drives children is competent to drive the vehicle being driven. CFOC, 3rd Ed. pgs 288-289, Standard 6.5.1.2

In Utah, a person who drives a vehicle designed to carry 16 or more passengers, including the driver, is required to have a commercial driver's license (CDL). See Utah Code, Title 53, Section 3, Subsection 102(4) & (5).

R430-90-21 and R430-50-21: TRANSPORTATION

Enforcement
Always Level 3 Noncompliance.

Licensed Family 90-21:
(3) The adult transporting any child in care shall:
(b) have with him or her a copy of each child's admission form as specified in Subsection R430-90-9(2)(a);

Residential Certificate 50-21:
(2) The adult transporting any child in care shall:
(b) have with him or her a copy of each child's emergency contact information;

Rationale / Explanation
The purpose of this rule is to ensure that children's contact and emergency information is available any time they are being transported. In the event of an accident or a missing child, both caregivers and emergency response personnel may need access to children's emergency and contact information. CFOC, 3rd Ed. pgs. 257-258 Standard 5.6.0.1

Enforcement
Always Level 3 Noncompliance.

Licensed Family 90-21:
(3) The adult transporting any child in care shall:
(c) ensure that each child in care being transported is wearing an appropriate individual safety restraint;

Residential Certificate 50-21:
(2) The adult transporting any child in care shall:
(c) ensure that each child in care being transported is wearing an appropriate individual safety restraint;

Rationale / Explanation
The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. CFOC, 3rd Ed. pgs. 289-291 Standard 6.5.2.2

Enforcement
"Safety restraints" refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:

41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.
(1) (a) The operator of a motor vehicle operated on a highway shall:
(i) wear a properly adjusted and fastened safety belt;
(ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
(iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each

person.

Always Level 2 Noncompliance.

Licensed Family 90-21:

(3) The adult transporting any child in care shall:

(d) ensure that each child is always attended by an adult while in the vehicle;

Residential Certificate 50-21:

(2) The adult transporting any child in care shall:

(d) ensure that each child is always attended by an adult while in the vehicle;

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. This includes supervising children during transport. The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. (Temperatures in hot cars can reach dangerous levels within 15 minutes.) CFOC, 3rd Ed. pgs. 6-7 Standard 1.1.1.4, pgs. 64-66 Standard 2.2..0.1, pgs. 287-288 Standard 6.5.1.1.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-21:

(3) The adult transporting any child in care shall:

(e) ensure that all children remain seated while the vehicle is in motion;

Residential Certificate 50-21:

(2) The adult transporting any child in care shall:

(e) ensure that all children remain seated while the vehicle is in motion;

Rationale / Explanation

The purpose of this rule is to ensure that children are not injured by falling or being thrown when a vehicle moves, such as in a sudden stop or start. Moving children may also distract the driver and cause an increased risk of an accident. CFOC, 3rd Ed. pg. 291 Standard 6.5.2.3

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-21:

(3) The adult transporting any child in care shall:

(f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,

Residential Certificate 50-21:

(2) The adult transporting any child in care shall:

(f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,

R430-90-21 and R430-50-21: TRANSPORTATION

Rationale / Explanation

The purpose of this rule is to prevent children from starting and/or moving a vehicle in the absence of a responsible driver.

Enforcement

Level 1 Noncompliance if keys are in the ignition and the driver is not in the vehicle.

Level 2 Noncompliance if keys are in the ignition and the driver is in the vehicle but not in the driver's seat.

Licensed Family 90-21:

(3) The adult transporting any child in care shall:

(g) ensure that the vehicle is locked during transport.

Residential Certificate 50-21:

(2) The adult transporting any child in care shall:

(g) ensure that the vehicle is locked during transport.

Rationale / Explanation

The purpose of this rule is to prevent an intruder from getting into the vehicle, and to prevent children from accidentally falling out of the vehicle or opening a door before a vehicle comes to a stop.

Enforcement

Always Level 3 Noncompliance.

R430-90-22 and R430-50-22: ANIMALS

Licensed Family 90-22:

(1) The licensee shall inform parents of the types of animals permitted on the premises.

Residential Certificate 50-22:

(1) The certificate holder shall inform parents of the types of animals permitted on the premises.

Rationale / Explanation

The purpose of this rule is to ensure that parents are aware of any animals their child may come in contact with at the home. This is important because the risk of injury, infection, and aggravation from allergies due to contact between children and animals is significant. CFOC, 3rd Ed. pgs. 119-121 Standard 3.4.2.1, pgs. 349-350 Standard 9.2.1.3

Enforcement

This rule includes fish and frogs.

Always Level 3 Noncompliance.

Licensed Family 90-22:

(2) The licensee shall ensure that all animals on the premises and accessible to any child in care :

(a) are clean and free of obvious disease or health problems that could adversely affect any child in care; and

Residential Certificate 50-22:

(2) The certificate holder shall ensure that all animals on the premises and accessible to any child in care:

(a) are clean and free of obvious disease or health problems that could adversely affect any child in care; and

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3

Enforcement

This rule includes fish and frogs.

Always Level 3 Noncompliance.

Licensed Family 90-22:

(2) The licensee shall ensure that all animals on the premises and accessible to any child in care :

(b) have current vaccinations for all vaccine preventable diseases that are transmissible to humans. The licensee shall have documentation of the vaccinations.

Residential Certificate 50-22:

(2) The certificate holder shall ensure that all animals on the premises and accessible to any child in care:

(b) have current vaccinations for all vaccine preventable diseases that are transmissible to humans. The certificate holder shall have documentation of the vaccinations.

R430-90-22 and R430-50-22: ANIMALS

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3

Enforcement

Licensors will look for documentation of rabies vaccinations for cats, dogs, and ferrets to verify compliance with this rule.

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

Always Level 2 Noncompliance.

Licensed Family 90-22:

(3) The licensee shall ensure that there is no animal on the premises that has a history of dangerous, attacking, or aggressive behavior, or a history of biting even one person.

Residential Certificate 50-22:

(3) The certificate holder shall ensure that there is no animal on the premises that has a history of dangerous, attacking, or aggressive behavior, or a history of biting even one person.

Rationale / Explanation

The purpose of this rule is to prevent injury to children by an aggressive animal. CFOC, 3rd Ed. pg. 121, Standard 3.4.2.2.

Enforcement

This rule includes fish and frogs.

If an animal bites a person and the Licensee/Certificate Holder immediately removes the animal from the premises and does not allow it back, the Licensee/Certificate Holder is in compliance with this rule.

Pythons and boa constrictors are naturally aggressive animals and are very dangerous. Therefore, they cannot be on the premises when there are children in care.

Level 1 Noncompliance if the animal is accessible to a child in care or bites a person.

Level 2 Noncompliance otherwise.

Licensed Family 90-22:

(4) The licensee shall ensure that no child in care assists with the cleaning of animals or animal cages, pens, or equipment.

Residential Certificate 50-22:

(4) The certificate holder shall ensure that no child in care assists with the cleaning of animals or animal cages, pens, or equipment.

Rationale / Explanation

Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. A pet's food can also become contaminated by standing at room temperature. The purpose of this rule is to prevent the spread of disease to children from animal food or droppings. CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3

R430-90-22 and R430-50-22: ANIMALS

Enforcement
This rule includes fish and frogs.

Always Level 3 Noncompliance.

Licensed Family 90-22:
(5) The licensee shall ensure that there is no animal or animal equipment in food preparation or eating areas during food preparation or eating times.

Residential Certificate 50-22:
(5) The certificate holder shall ensure that there is no animal or animal equipment in food preparation or eating areas during food preparation or eating times.

Rationale / Explanation
The presence of animals in food preparation or eating areas can increase the risk of contaminating food. CFOC, 3rd Ed. pgs. 185-186 Standard 4.8.0.1

Enforcement
Animals and animal equipment must be at least 36 inches from food preparation or eating surfaces in order to be in compliance with this rule.

Licensees/Certificate Holders who have airtight, watertight covers on animal food and water dishes that are in food preparation or eating areas during food preparation or eating times are in compliance with this rule.

This rule does not prohibit fish bowls or tanks in food preparation or eating areas.

Always Level 3 Noncompliance.

Licensed Family 90-22:
(6) The licensee shall ensure that no child in care handles reptiles or amphibians while in care.

Residential Certificate 50-22:
(6) The certificate holder shall ensure that no child in care handles reptiles or amphibians while in care.

Rationale / Explanation
The purpose of this rule is to prevent the spread of salmonella. CFOC, 3rd Ed. pg. 121 Standard 3.4.2.2

Amphibians are cold-blooded animals that are able to live both on land and in water. Examples of amphibians include frogs and salamanders.

Reptiles are cold-blooded air-breathing animals covered with scales. Examples of reptiles include snakes, lizards, and turtles.

Enforcement
This rule applies to reptiles and amphibians brought in by a zoo or visiting program or when on a field trip. Touching reptiles and amphibians is the same as handling reptiles and amphibians .

Always Level 2 Noncompliance.

R430-90-23 and R430-50-23: DIAPERING

Licensed Family 90-23 and Residential Certificate 50-23:
If children in care are diapered on the premises, the following applies:
(1) The diapering area shall not be located in a food preparation or eating area.

Rationale / Explanation
The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and disinfected, in order to prevent the spread of disease-causing agents. It is difficult, if not impossible, to disinfect porous surfaces or surfaces that cannot be completely cleaned. CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4

Enforcement
Diapering areas must be at least 36 inches away from food preparation or eating areas for providers to be in compliance with this rule.

This rule applies to diapering the providers' own children.

Always Level 2 Noncompliance.

Licensed Family 90-23 and Residential Certificate 50-23:
If children in care are diapered on the premises, the following applies:
(2) Children shall not be diapered directly on the floor, or on any surface used for another purpose.

Rationale / Explanation
The purpose of this rule is to decrease the likelihood of contamination and spreading of infectious disease agents. CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4

Enforcement
If they are diapered in an area that is accessible to other children in care, this rule applies to diapering the providers' own children.

Always Level 2 Noncompliance.

Licensed Family 90-23 and Residential Certificate 50-23:
If children in care are diapered on the premises, the following applies:
(3) The diapering surface shall be smooth, waterproof, and in good repair.

Rationale / Explanation
The purpose of this rule is to decrease the likelihood of contamination and spreading of infectious disease agents. CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4

Enforcement
A smooth waterproof surface means one that does not absorb liquid or retain soil. In good repair means that there are no tears or holes in the waterproof surface, which makes it difficult to adequately sanitize the surface.

If they are diapered in an area that is accessible to other children in care, this rule applies to diapering the providers' own children.

Always Level 2 Noncompliance.

Licensed Family 90-23, Residential Certificate 50-23:

R430-90-23 and R430-50-23: DIAPERING

If children in care are diapered on the premises, the following applies:

(4) A provider shall clean and sanitize the diapering surface after each diaper change, or use a disposable non-permeable diapering surface that is thrown away after each diaper change.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4

Enforcement

If they are diapered in an area that is accessible to other children in care, this rule applies to diapering the providers' own children.

If there are feces on the diapering surface after a diaper change, the surface must be cleaned before the sanitizing solution is applied.

Level 2 Noncompliance if there are visible feces left on the diapering surface after a diaper change.

Level 3 Noncompliance otherwise.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

(5) The provider shall wash his or her hands after each diaper change.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4, pgs. 110-111 Standard 3.2.2

Enforcement

Hand sanitizers may be used to be in compliance with the hand washing requirements for adults and children age 2 and older without visibly dirty hands.

Level 2 Noncompliance if there were feces in the diaper.

Level 3 Noncompliance otherwise.

Licensed Family 90-23 and Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

(6) The provider shall place soiled disposable diapers in a container that has a disposable plastic lining and a tightly fitting lid, or place soiled diapers directly in an outdoor garbage container that has a tightly fitting lid or is inaccessible to children.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease-causing agents. Separate, plastic-lined waste containers that do not require touching with contaminated hands and that children cannot access encloses odors and prevents children from coming into contact with body fluids. CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4, pg. 226 Standard 5.2.7.4

Enforcement

If the bag containing the diaper is placed in an outdoor area that is inaccessible to children, soiled diapers may be

placed in a tied plastic bag (a "garbage container") outside.

Always Level 2 Noncompliance.

Licensed Family 90-23:
If children in care are diapered on the premises, the following applies:
(7) A provider shall daily clean and sanitize indoor containers where soiled diapers are placed.

Rationale / Explanation
The purpose of this rule is to prevent noxious odors and the spread of disease. CFOC, 3rd Ed. pg. 226 Standard 5.2.7.5

Enforcement
This rule includes cleaning and sanitizing that part of the outside of the container the provider touches when s/he puts a soiled diaper into the container.

If a provider uses a diaper genie according to the manufacturer's instructions the inside of the container does not need to be cleaned and sanitized daily.

Always Level 3 Noncompliance.

Licensed Family 90-23:
If children in care are diapered on the premises, the following applies:
(8) If cloth diapers are used:
(a) they shall not be rinsed at the facility; and

Rationale / Explanation
Containing and minimizing the handling of soiled diapers so they do not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing a cloth diaper or putting stool into a toilet in the facility increases the likelihood that other surfaces will be contaminated. CFOC, 3rd Ed. pg. 105 Standard 3.2.1.2.

Enforcement
Always Level 2 Noncompliance.

Licensed Family 90-23:
If children in care are diapered on the premises, the following applies:
(8) If cloth diapers are used:
(b) after a diaper change, the provider shall place the cloth diaper directly into a leakproof container that is inaccessible to any child and labeled with the child's name, or a leakproof diapering service container.

Rationale / Explanation
Containing and minimizing the handling of soiled diapers so they do not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing a cloth diaper or putting stool into a toilet in the facility increases the likelihood that other surfaces will be contaminated. CFOC, 3rd Ed. pg. 105 Standard 3.2.1.2

Enforcement
Always Level 2 Noncompliance.

Licensed Family 90-23:

R430-90-23 and R430-50-23: DIAPERING

If children in care are diapered on the premises, the following applies:

(9) The licensee shall ensure that each child's diaper is checked at least once every two hours, and that each child's diaper is changed promptly if it is wet or soiled. If a child is napping at the end of a two-hour period, the child's diaper must be checked when the child awakes.

Residential Certificate 50-23:

If children in care are diapered on the premises, the following applies:

(7) The certificate holder shall ensure that each child's diaper is checked at least once every two hours, and that each child's diaper is changed promptly if it is wet or soiled. If a child is napping at the end of a two-hour period, the child's diaper must be checked when the child awakes.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend checking children's diapers at least once every hour, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The reason for this is because the frequency and severity of diaper rash is lessened when diapers are changed more often. CFOC, 3rd Ed. pgs. 105-106 Standard 3.2.1.3

Enforcement

For the purposes of this rule, "diapers" include pull-ups.

Always Level 3 Noncompliance.

R430-90-24 and R430-50-24: INFANT AND TODDLER CARE

Licensed Family 90-24:

If the licensee accepts infants or toddlers for care, the following applies:

(1) If an infant is not able to sit upright and hold his or her own bottle, a provider shall hold the infant during bottle feeding. Bottles shall not be propped.

Residential Certificate 50-24:

If the certificate holder cares for infants or toddlers, the following applies:

(1) If an infant is not able to sit upright and hold his or her own bottle, a provider shall hold the infant during bottle feeding. Bottles shall not be propped.

Rationale / Explanation

Propping bottles can cause choking and aspirating, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. CFOC, 3rd Ed. pgs. 170-171

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-24 and Residential Certificate 50-24:

(2) A provider shall clean and sanitize high chair trays prior to each use.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of microorganisms that can cause disease. CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2

Enforcement

If a child is in a high chair playing with toys and puts a toy in his/her mouth and back on the tray, the tray needs to be sanitized before it is used by another child.

Always Level 3 Noncompliance.

Licensed Family 90-24 and Residential Certificate 50-24:

(3) A provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. A provider shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.

Rationale / Explanation

These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking because infants are not able to chew and toddlers often swallow pieces of food whole without chewing. CFOC, 3rd Ed. pgs. 181-182 Standard 4.5.0.10

Enforcement

Examples of solid foods that must be cut into small pieces include solid meat, hard cheeses, and fresh or frozen fruits and vegetables.

Always Level 2 Noncompliance.

R430-90-24 and R430-50-24: INFANT AND TODDLER CARE

Licensed Family 90-24 and Residential Certificate 50-24:

(4) If there is more than one infant or toddler in care, baby food, formula, and breast milk for each child that is brought from home must be labeled with the child's name or another unique identifier.

Rationale / Explanation

The purposes of this rule are to ensure that a child is not accidently fed another child's food (which can lead to an allergic reaction). CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 173-174 Standard 4.3.1.12

Enforcement

Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name or another unique identifier.

Always Level 3 Noncompliance.

Licensed Family 90-24 and Residential Certificate 50-24:

(5) Baby food, formula, and breast milk that is brought from home for an individual child's use must be:

(a) kept refrigerated if needed; and

Rationale / Explanation

The purposes of this rule are to ensure that a child does not become ill from eating spoiled food. CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12

Enforcement

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food.

Level 3 Noncompliance otherwise.

Licensed Family 90-24 and Residential Certificate 50-24:

(5) Baby food, formula, and breast milk that is brought from home for an individual child's use must be:

(b) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.

Rationale / Explanation

The purposes of this rule are to ensure that a child does not become ill from eating spoiled food. CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12

Enforcement

Breast milk that is collected and frozen immediately after collection is not considered "prepared" or "opened", and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up 24 hours, after which, it should be discarded.

Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food.

Level 3 Noncompliance otherwise.

Licensed Family 90-24:

R430-90-24 and R430-50-24: INFANT AND TODDLER CARE

(6) The licensee shall ensure that formula and milk, including breast milk, is discarded after each feeding, or within two hours of initiating a feeding.

Residential Certificate 50-24:

(6) The certificate holder shall ensure that formula and milk, including breast milk, is discarded after each feeding, or within two hours of initiating a feeding.

Rationale / Explanation

The purpose of this rule is to prevent children from eating spoiled milk or formula, and to prevent the spread of disease. Bacteria introduced by saliva makes milk consumed over a period of more than an hour unsuitable and unsafe for consumption. CFOC, 3rd Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 167-169 Standard 4.3.1.5, pgs. 170-171 Standard 4.3.1.8

Enforcement

Level 2 Noncompliance: if failure to follow this rule results in a child being served spoiled milk or formula.

Level 3 Noncompliance otherwise.

Licensed Family 90-24 and Residential Certificate 50-24:

(7) To prevent burns, a provider shall shake each heated bottle and test it for temperature before the bottle is fed to a child.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend warming infant bottles by placing them under warm running tap water or placing them in a container of water that is no warmer than 120 degrees for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for an extended period of time provide an ideal medium for bacteria to grow. In addition, infants have received burns from hot water dripping from a bottle that was removed from a crock pot or by pulling the crock pot down on themselves by a dangling cord. CFOC, 3rd Ed. Pgs. 171-172 Standard 4.3.1.9

Gently shaking warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle shaking is important, because excessive shaking of human breast milk may damage some of the cellular components of the milk that are valuable to infants, as may excessive heating. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-24 and Residential Certificate 50-24:

(8) If there is more than one infant or toddler in care, pacifiers and bottles shall be:

- **(a) labeled with each child's name or another unique identifier; or**
- **(b) washed and sanitized after each individual use, before use by another child.**

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. CFOC, 3rd Ed. pg. 118 Standard 118

Enforcement

If labeling rubs off plastic items, caregivers can scratch the child's name or initials into the item with a safety pin

or other sharp object or attach a clip with a short ribbon that is labeled with the child's name or initials.

If each child is assigned a different color, caregivers may use color coded pacifiers, bottles, or cups instead of labeling each with the child's name.

Boiling water can be used to sanitize baby bottles and pacifiers. The items should be submerged in boiling water for 5 minutes to effectively sanitize.

Always Level 3 Noncompliance.

Licensed Family 90-24:

(9) The licensee shall ensure that only one infant or toddler occupies any one piece of equipment, such as a crib, playpen, stroller, or swing, at any time, unless the equipment has individual seats for more than one child.

Residential Certificate 50-24:

(9) The certificate holder shall ensure that only one infant or toddler occupies any one piece of equipment, such as a crib, playpen, stroller, or swing, at any time, unless the equipment has individual seats for more than one child.

Rationale / Explanation

The purpose of this rule is to prevent infants from accidentally injuring one another.

Enforcement

Level 2 Noncompliance if 2 or more mobile infants occupy the same piece of equipment.

Level 3 Noncompliance otherwise.

Licensed Family 90-24:

(10) The licensee shall ensure that infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen. The licensee shall ensure that infants are not placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment, unless the licensee has written permission from the infant's parent.

Residential Certificate 50-24:

(10) The certificate holder shall ensure that infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen. The certificate holder shall ensure that infants are not placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment, unless the certificate holder has written permission from the infant's parent.

Rationale / Explanation

The purpose of this rule is to prevent injury to children from entrapment, falls, or other children, and to reduce the risk of Sudden Infant Death Syndrome, which increases when children are not put to sleep lying on their backs. CFOC, 3rd Ed. pgs. 96-99 Standard 3.1.4.1

Enforcement

A bed is considered a similar piece of equipment that caregivers should not place infants on to sleep.

The Boppy website (www.boppy.com) states that a boppy should never, ever be used for a baby to sleep on. It

*goes on to state that it should not be used in a crib, cradle, bassinet, playpen, play yard or bed, and that improper use of this product could result in serious injury or death. Therefore, a boppy is **not** equipment designed for sleeping.*

Always Level 1 Noncompliance.

Licensed Family 90-24:

(11) The licensee shall ensure that each crib used by a child in care:

(a) has a tight fitting mattress;

Residential Certificate 50-24:

(11) The certificate holder shall ensure that each crib used by a child in care:

(a) has a tight fitting mattress;

Rationale / Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. CFOC, 3rd Ed. pgs. 253-254 Standard 5.4.5.2

Enforcement

This rule is not intended to apply to the thin mats in porta-cribs.

Always Level 2 Noncompliance.

Licensed Family 90-24:

(11) The licensee shall ensure that each crib used by a child in care:

(b) has slats spaced no more than 2-3/8 inches apart;

Residential Certificate 50-24:

(11) The certificate holder shall ensure that each crib used by a child in care:

(b) has slats spaced no more than 2-3/8 inches apart;

Rationale / Explanation

The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. CFOC, 3rd Ed. pgs. 253-254 Standard 5.4.5.2

Enforcement

Cribs include full-sized cribs, porta cribs, play pens, and play yards.

Always Level 2 Noncompliance

Licensed Family 90-24:

(11) The licensee shall ensure that each crib used by a child in care:

(c) has at least 20 inches from the top of the mattress to the top of the crib rail, or at least 12 inches from the top of the mattress to the top of the crib rail if the child using the crib cannot sit up without assistance; and

R430-90-24 and R430-50-24: INFANT AND TODDLER CARE

Residential Certificate 50-24:

(11) The certificate holder shall ensure that each crib used by a child in care:

(c) has at least 20 inches from the top of the mattress to the top of the crib rail, or at least 12 inches from the top of the mattress to the top of the crib rail if the child using the crib cannot sit up without assistance; and

Rationale / Explanation

The purpose of this rule is to prevent injuries to children. Children can be injured falling from a crib if the top of the crib rail is not high enough to prevent falls. (Depending on the age, size, and mobility of the child, there may need to be more than 20 inches from the top of the mattress to the top of the crib rail to prevent standing children from falling out of the crib.) CFOC, 3rd Ed. pgs. 253-254 Standard 5.4.5.2

Enforcement

Cribs include full-sized cribs, porta cribs, play pens, and play yards.

Always Level 2 Noncompliance.

Licensed Family 90-24:

(11) The licensee shall ensure that each crib used by a child in care:

(d) does not have strings, cords, ropes, or other entanglement hazards strung upon the crib rails or within reach of the child.

Residential Certificate 50-24:

(11) The certificate holder shall ensure that each crib used by a child in care:

(d) does not have strings, cords, ropes, or other entanglement hazards strung upon the crib rails or within reach of the child.

Rationale / Explanation

The purpose of this rule is to prevent injuries to children. The presence of strings or cords strung across crib rails presents a strangulation hazard. CFOC, 3rd Ed. pg. 285 Standard 6.4.1.3

This rule will be considered out of compliance when electrical cords longer than 12 inches are accessible to children in the cribs.

Enforcement

Cribs include full-sized cribs, porta cribs, play pens, and play yards.

Always Level 2 Noncompliance

Licensed Family 90-24:

(12) The licensee shall ensure that infants are not placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.

Residential Certificate 50-24:

(12) The certificate holder shall ensure that infants are not placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.

Rationale / Explanation

R430-90-24 and R430-50-24: INFANT AND TODDLER CARE

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. CFOC, 3rd Ed.pgs. 96-99 Strandard 3.1.4.1

Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-24:

(13) The licensee shall ensure that each infant and toddler is allowed to follow his or her own pattern of sleeping and eating.

Residential Certificate 50-24:

(13) The certificate holder shall ensure that each infant and toddler is allowed to follow his or her own pattern of sleeping and eating.

Rationale / Explanation

Feeding infants on demand meets their nutritional and emotional needs and helps to ensure the development of trust and feelings of security. Allowing children to sleep when they are tired meets their basic physical need for rest. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. CFOC, 3rd Ed. pgs. 100-101 Standards 3.1.4.4, 3.1.4.5, pg. 118 Standard 4.3.1.2 pgs. 164-165 Standard 4.3.1.2

Children's brain development can also be harmed by excess levels of cortisol, which result when children are under stress for extended periods of times because their immediate physical needs are not met. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain, by Rima Shore, Families and Work Institute

Enforcement

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.

Always Level 3 Noncompliance.

Licensed Family 90-24, and Residential Certificate 50-24:

(14) Infant walkers with wheels are prohibited.

Rationale / Explanation

Because many injuries, some fatal, have been associated with the use of walkers and because there is no clear

developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used. Walkers are dangerous because they move children around too fast and to hazardous areas. The upright position also brings children close to objects they can pull down on themselves. Walkers are the cause of more injuries than any other baby product. Each year an estimated 21,300 children are treated in U.S. hospital emergency rooms for injuries related to walkers. CFOC, 3rd Ed. pgs. 242-243 Standard 5.3.1.10

Enforcement

An infant walker with wheels cannot be used or accessible any time there is an infant or toddler in care.

Always Level 2 Noncompliance.

Licensed Family 90-24:

(15) The licensee shall ensure that infants and toddlers do not have access to objects made of styrofoam.

Residential Certificate 50-24:

(15) The certificate holder shall ensure that infants and toddlers do not have access to objects made of styrofoam.

Rationale / Explanation

Styrofoam can break into pieces that can become choking hazards for young children. CFOC, 3rd Ed. pg. 178 Standard 4.5.0.2

Enforcement

Swimming noodles are not made of Styrofoam and do not need to be inaccessible to the children.

Always Level 2 Noncompliance.

Licensed Family 90-24:

(16) The licensee shall ensure that a provider responds as promptly as possible to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.

Residential Certificate 50-24:

(16) The certificate holder shall ensure that a provider responds as promptly as possible to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.

Rationale / Explanation

Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when children experience stress, the level of cortisol in their brain increases. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of

cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain*, by Rima Shore, Families and Work Institute; CFOC, 3rd Ed. pg. 57 Standard 2.1.2.1*

While it is not always possible for one adult caring for four infants or toddlers to respond immediately to children who are in distress, a caregiver who is not able to immediately respond to a child's needs may still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-24:

(17) The licensee shall ensure that awake infants and toddlers receive positive physical stimulation and positive verbal interaction with a provider at least once every 20 minutes.

Residential Certificate 50-24:

(17) The certificate holder shall ensure that awake infants and toddlers receive positive physical stimulation and positive verbal interaction with a provider at least once every 20 minutes.

Rationale / Explanation

Opportunities for active learning are vitally important for the development of motor skills and sensory motor intelligence. In addition, children's cognitive development depends in large part on their developing language skills. The richness of a child's language increases when it is nurtured by verbal interactions and learning experiences with adults and peers. CFOC, 3rd Ed. pgs. 57-59 Standards 2.1.2.2, 2.1.2.3

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-24:

(18) The licensee shall ensure that awake infants and toddlers are not confined for more than 30 minutes in one piece of equipment, such as swings, high chairs, cribs, play pens, or other similar pieces of equipment.

Residential Certificate 50-24:

(18) The certificate holder shall ensure that awake infants and toddlers are not confined for more than 30 minutes in one piece of equipment, such as swings, high chairs, cribs, play pens, or other similar pieces of equipment.

Rationale / Explanation

The purpose of this rule is to ensure that children have the freedom of movement needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

Always Level 2 Noncompliance.

R430-90-24 and R430-50-24: INFANT AND TODDLER CARE

Licensed Family 90-24:

(19) The licensee shall ensure that mobile infants and toddlers have freedom of movement in a safe area.

Residential Certificate 50-24:

(19) The certificate holder shall ensure that mobile infants and toddlers have freedom of movement in a safe area.

Rationale / Explanation

The purpose of this rule is to ensure that children have the freedom of movement in a safe environment needed to develop basic motor skills, such as crawling, standing, walking, and climbing.

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-24:

(20) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. The licensee shall ensure that there are enough toys for each child in the group to be engaged in play with toys.

Residential Certificate 50-24:

(20) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. The certificate holder shall ensure that there are enough toys for each child in the group to be engaged in play with toys.

Rationale / Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain*, by Rima Shore;* Ten Things Every Child Needs for the Best Start in Life*, the Robert T. McCormick Tribune Foundation;* How a Child's Brain Develops and What it Means for Child Care and Welfare Reform*, Time, February 3, 1997; CFOC, 3rd Ed. pgs. 58-59 Standard 2.1.2.3*

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-24:

(21) The licensee shall ensure that all toys used by infants and toddlers are cleaned and sanitized:

- **(a) weekly;**
- **(b) after being put in a child's mouth before another child uses it; and**
- **(c) after being contaminated by any body fluid.**

Residential Certificate 50-24:

R430-90-24 and R430-50-24: INFANT AND TODDLER CARE

(21) The certificate holder shall ensure that all toys used by infants and toddlers are cleaned and sanitized:

(a) weekly;

(b) after being put in a child's mouth before another child uses it; and

(c) after being contaminated by any body fluid.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. The purpose of this rule is to prevent the spread of disease. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing.

Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to hold toys until they can be cleaned later. (In order to use this method, there must be enough toys to rotate them through the cleaning process.) Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can clean and sanitize the surfaces. CFOC, 3rd Ed. pgs. 116-118 Standards 3.3.0.1, 3.3.0.2

Enforcement

Always Level 3 Noncompliance.