R381-100-15: HEALTH AND INFECTION CONTROL

The rules and information in this section are designed to ensure that the child care environment is a healthy one. Keeping the facility clean and sanitary, and washing hands are key factors in preventing and reducing the spread of illness.

Whenever children are together, there is a chance of spreading infection. This is especially true for young children who sneeze, cough, drool, use diapers, and are just learning to use the toilet. They hug, kiss, touch everything, and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. *CFOC 3rd ed. Standard 3.3.0.1. pp. 116-117.*

Cleaning, Sanitizing, and Disinfecting

One of the most important steps in reducing the spread of illness in child care settings is cleaning and sanitizing toys, equipment, counter tops, and other surfaces in the environment.
CFOC 3rd ed. Appendix J. p. 440. However, there is a big difference between cleaning, sanitizing, and disinfecting.

- Cleaning means to physically remove all visible dirt, debris, and substances from areas and items that are accessible to children.

Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting.

The following are suggestions for the proper cleaning of a child care facility:

- Follow a cleaning schedule to ensure that the facility is cleaned on a regular basis.
- Clean up food and liquid spills promptly.
- Vacuum or sweep carpets and floors often.
- Remove garbage and rubbish from the premises on a daily basis and as needed. *CFOC 3rd ed. Appendix K. pp. 442-443.*

- Sanitizing means to reduce germs on objects to levels that are safe for children by using a sanitizing product or process.

Some items and surfaces require the additional step of sanitizing after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease. This procedure is appropriate for surfaces that have contact with food, such as dishes, utensils, cutting boards, and highchair trays; for toys that children may place in their mouths; and for pacifiers. *CFOC, 3rd ed. Appendix J. pp. 440-441.*

When used according to manufacturer instructions, approved methods of sanitizing include:

- Using a steam cleaner, dishwasher, and/or washing machine.
- Applying an approved sanitizing solution directly to a surface.

The following are approved sanitizers when used as specified by the manufacturer:

- Any product that comes with manufacturer instructions for use as a sanitizer.
- A homemade or other household product if documentation and sanitizing instructions exist from a

reputable source such as a university or government agency. For example, a solution of 5% white distilled vinegar is an effective sanitizer when heated to 150 degrees, sprayed on a surface while still warm, and allowed to sit for 1 minute.

- An essential oil, if the provider has and follows the manufacturer's instructions for sanitizing.
- A bleach and water solution of ½ tablespoon of chlorine bleach in 1 gallon of water, or a scant ½ teaspoon of chlorine bleach in 1 quart of water. *CFOC, 3rd ed. Appendix J. pp. 440-441.*

If bleach-water is used to sanitize:

- A fresh solution must be made at least every 24 hours. After 24 hours the bleach mixture loses its ability to sanitize. Bleach water may be kept longer than 24 hours if it is tested with a test strip and it registers at least 50 parts per million on the strip.
- The solution must be left on the surface for at least 2 minutes. *CFOC, 3rd ed. Appendix J. pp. 440-441.*

Bleach-water solution is poisonous and can be dangerous to children. Caregivers must keep children safe from accidental poisoning with these simple tips:

- Clean objects and surfaces when children are not around, or place them out of children's reach while they dry. Do not place a child on a changing table that is still wet.
- Bleach-water and other sanitizers should not be sprayed when children are near enough to inhale the sanitizer.
- Do not allow children to handle a bleach-water solution.
- Store a bleach-water solution in an inaccessible area.
- Be sure to label spray bottles so adults will know what is in them. *eXtension Alliance for Better Child Care. "Disinfect Child Care Surfaces with a Bleach and Water Solution." p. 25414. August 31, 2015.*

- Disinfecting means to kill most germs on objects by using a disinfecting product or process.

As per *Caring for our Children*, disinfecting is appropriate for use on non-porous surfaces such as diaper change tables, counter tops, door and cabinet handles, toilets, and sinks used for toileting routines including faucets, knobs, and basins.

Not all cleaning chemicals are safe and appropriate for use in a child care setting. The following are cautions to be aware of:

- Products that are "hospital grade" germicides (solutions that kill germs) often are promoted for use in child care. But many of these products are dangerous and potentially even toxic to children. It is important to read product labels carefully.
- Providers should be cautious about commercial or industrial products that are advertised as "disinfectants," or being able to "kill germs." If an EPA-approved industrial product is used as a sanitizer, the manufacturer's instructions must be followed exactly. *Alliance for Better Child Care. "Cleaning, Sanitizing, and Disinfecting in Child Care." p. 25770. (2016)*

The provider and caregivers should be aware of the following guidelines:

- Rubbing alcohol is not an approved sanitizer because it does not kill bacterial spores.
- Cracked or porous surfaces, and surfaces repaired with duct tape or similar materials, cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow.
- Peroxide air filtration systems clean the air of many viruses and germs but do not clean and sanitize surfaces. For this reason, air filtration systems are not a substitute for cleaning and sanitizing toys and equipment.
- When the manufacturer of a disinfecting product, such as Quat, lists several times for a solution to be left on a surface for disinfecting, use the shortest time for sanitizing.
- CCL rules do not require the provider to use any type of disinfectant. However, there are certain spills and toileting surfaces that will need to be treated with a disinfectant to make sure all disease-

causing organisms are killed. When this is the case, disinfectants must only be used on surfaces and objects and never on children or when children are present.

(1) The building, furnishings, equipment, and outdoor area shall be kept clean and sanitary including:
(a) walls, and flooring shall be clean and free of spills, dirt, and grime;
(b) areas and equipment used for the storage, preparation, and service of food shall be clean and sanitary;
(c) surfaces used by children shall be free of rotting food or a build-up of food;
(d) the building and grounds shall be free of a build-up of litter, trash, and garbage; and
(e) the facility shall be free of animal feces.

Rationale / Explanation

Few young children practice good hygiene. Messy play is developmentally appropriate in all age groups, and especially among very young children, the same group that is most susceptible to infectious disease. These factors lead to soiling and contamination of equipment, furnishings, toys, and play materials. To avoid transmission of disease, the building, grounds, and materials must be cleaned and sanitized on a regular basis. *CFOC 3rd ed. Standard 5.3.1.4. p. 239.*

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

The removal of litter, trash, and garbage provides proper sanitation and protection of health, prevents infestations by rodents, insects, and other pests, and prevents odors and injuries. *CFOC 3rd ed. Standard 5.2.7.2. p. 225.*

The facility should be free of animal feces because it can spread infection and aggravate allergies. Animal waste and litter should be removed immediately from children's areas and be disposed of in a way where children cannot come in contact with the material, such as in a plastic bag or container with a well-fitted lid, or through the sewage waste system for feces. *CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.*

Compliance Guidelines

- There is a difference between messes made as the consequence of an activity done that day and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.
- Without leaving children unsupervised or the group out of ratio, the provider must ensure that any trash, animal feces, and other hazards are removed from the outdoor area before children play outside.

The following conditions will be considered out of compliance:

- A slippery spill on a floor
- Mold growing as a result of a buildup of food or other substance
- A visible buildup of dirt, soil, grime, etc. that germs could grow in
- A buildup of cobwebs, bugs, or carpets in need of cleaning, when there is a child with asthma or another known respiratory condition enrolled in the group
- A buildup of litter, trash, or garbage in the building or on the grounds
- Dead animals
- Animal waste in accessible areas of the facility (including animal feces or a build-up of rodent

or bird droppings)
- A cleanliness or sanitation violation and there is no other licensing rule that specifically addresses the situation

The following conditions will not be considered out of compliance:
- Litter, trash, and garbage in a covered container and/or that is inaccessible
- Animal feces in a litter box, animal cage, or aquarium
- An animal's waste that is immediately cleaned up if an animal relieves itself in an area being used by children

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

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

Rationale / Explanation
Insects, rodents, and other pests carry disease and may also sting or bite children. Some insects and rodent feces can trigger asthma attacks in children. The purpose of this rule is to reduce these potential hazards to children. *CFOC 3rd ed. Standard 5.1.3.3. p. 105; Standard 5.2.8.1. pp. 226-227.*

The provider should take the following safe and effective measures to prevent and eliminate insects, rodents, and other pests:
- Ensure that the environment is clean and sanitary.
- Clean up food spills promptly.
- Eliminate breeding areas.
- Fill in cracks, crevices, and holes in walls.
- Use fly strips to control flying insects if the fly strips are inaccessible to children.
- Repair water damage.
- Remove wasp nests from the premises to prevent wasps from returning to inactive nests.
- Remove clutter and rubbish from premises. *CFOC 3rd ed. Standard 5.2.8.1. p. 227.*

If physical prevention and intervention methods fail, pesticides should only be used with extreme care. Children must be protected from exposure to these toxic chemicals. These chemicals are only to be applied by individuals who are licensed and certified to do so, and when children are not present. *CFOC 3rd ed. Standard 5.2.8.1. pp. 226-227.*

Compliance Guidelines
It is not out of compliance if:
- Children participate in science activities involving harmless insects.
- Fruit flies, grasshoppers, crickets, and tarantulas are on the premises since they are not a health risk to humans.
- There are spider webs on the premises, unless there is a build up of spider webs and the presence of a poisonous spider is reported or observed in a web. There are three spiders in Utah that are dangerous to humans - black widow, hobo, and brown recluse spiders.
- A child has bed bug bite marks, since bed bugs could be any other place where the child has been.

If insects, rodents, or other pests are on the premises, but the provider can show that they have 1) scheduled an exterminator, and 2) taken extra measures to ensure that the environment is as

clean as possible:

- A rule violation will not be issued at the first assessment.
- The provider will have no more than 30 days from the date of the inspection for the issue to be corrected.
- A focus inspection will be conducted to verify that the extermination took place by the scheduled date.
- If the extermination did not take place by the scheduled date or the pests are again on the premises, a rule violation will be issued at the focus inspection.

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

(3) All toys and materials including those used by infants and toddlers shall be cleaned:
(a) at least weekly or more often if needed,
(b) after being put in a child's mouth and before another child plays with the toy, and
(c) after being contaminated by a body fluid.

Rationale / Explanation
Contamination of toys and other items used by children plays a role in the transmission of disease in child care environments. All toys can spread disease when children put the toys in their mouths, touch the toys after putting their hands in their mouths during play or eating, or after toileting with inadequate handwashing. For this reason, toys that cannot be cleaned and sanitized should not be used. *CFOC 3rd ed. Standard 3.3.0.2. pp.117-118.*

Suggestions for cleaning and sanitizing toys include:

- Toys that children have placed in their mouths or that are otherwise contaminated by a body fluid should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried; or cleaned in a dishwasher.
- Small toys with hard surfaces can be set aside for cleaning by putting them into a dish pan labeled “soiled toys.” This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to bring the soiled toys to an area for cleaning later in the day.
- Using a mechanical dishwasher is an acceptable labor-saving approach for sanitizing plastic toys as long as the dishwasher can wash and sanitize the surfaces, and dishes and utensils are not washed at the same time as toys.

Compliance Guidelines

- Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.

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

(4) Fabric toys and items such as stuffed animals, cloth dolls, pillow covers, and dress-up clothes shall be machine washable and washed weekly, and as needed.

Rationale / Explanation
All contaminated toys and materials used by children (including fabric toys and materials) can spread disease. For this reason, toys that cannot be cleaned and sanitized should not be used. *CFOC 3rd ed. Standard 3.3.0.2. pp.117-118.*

Many children with allergies may be sensitive to dust mites that live in fabric. Dust mites are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Lice infestation, scabies, and ringworm are other common infectious diseases in child care facilities and may be spread by contact with infected fabric articles. It is important that all fabric articles that are used by the children be machine washable. *CFOC 3rd ed. Standard 5.3.1.4. p. 239; Standard 5.4.5.1. p. 252.*

It is recommended that cloth toys and other items made of fabric should be laundered in a washing machine and then dried in a heated dryer. If these fabric articles are laundered when soiled and at least weekly, the facility can achieve cleanliness and sanitation. *CFOC 3rd ed. Standard 3.3.0.2. pp. 117-118; Standard 5.3.1.4. p. 239.*

Compliance Guidelines

- Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.
- Large stuffed animals meant to be used as pillows need to be machine washable or have removable covers that are machine washable.
- Unless accessible to children, stuffed animals that are only used for teaching activities or for decoration are not required to be washed weekly.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(5) Highchair trays shall be cleaned and sanitized before each use.

Rationale / Explanation
According to the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA), food should not be placed directly on highchair trays, as studies have shown that highchair trays can be loaded with infectious microorganisms. If the highchair tray is made of plastic, is in good repair, and is free from cracks and crevices, it can be made safe if it is washed and sanitized before placing a child in the chair for feeding. Food should not be placed directly on highchair trays made of wood or metal, other than stainless steel, to prevent contamination by infectious microorganisms or toxicity from metals. *CFOC 3rd ed. Standard 4.5.0.2. p. 178.*

Compliance Guidelines

- The highchair tray should be cleaned and sanitized before a child is placed in the chair to eat or play.
- Even when a child has only played in the highchair and has not eaten, the tray should be cleaned and sanitized before it is used by another child.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(6) Water play tables or tubs shall be cleaned and sanitized daily, if used by the children.

Rationale / Explanation
The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. *CFOC 3rd ed. Standard 6.2.4.2. p. 275.*

Compliance Guidelines

- This rule applies to water play tables or tubs, not to sensory tables with items, such as rice, beans, or sand in the them.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(7) Bathroom surfaces including toilets, sinks, faucets, and counters shall be cleaned and sanitized each day.

Rationale / Explanation

A clean and sanitary environment helps to prevent the spread of communicable diseases. This is especially important in bathrooms where fecal material can be easily spread to any surface children touch. It is recommended that all bathroom surfaces be cleaned and disinfected daily. Bathroom surfaces include toilets, sinks, faucets, counters, floors, and walls. *CFOC 3rd ed. Standard 3.3.0.1. pp. 116-117; Appendix K. pp. 442-443.*

Compliance Guidelines

This rule will be considered out of compliance if:

- There is mold or mildew on any bathroom surface.
- Bathroom surfaces are not cleaned and sanitized at least once a day.
- Toilet seats are cracked, broken, or made of foam since they cannot be properly sanitized.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(8) Potty chairs shall be cleaned and sanitized after each use.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. *CFOC 3rd ed. Standard 5.4.1.7. pp. 246-247.*

Because of the difficulties in the sanitary handling of potty chairs, the Academy of Pediatrics and the American Public Health Association discourage their use. If potty chairs are used, it is recommended that they be constructed of plastic or similar nonporous synthetic products. Wooden potty chairs should not be used, even if the surface is coated with a finish. The finished surface of wooden potty chairs is not durable and, therefore, may become difficult to wash and disinfect effectively. *CFOC 3rd ed. Standard 5.4.1.7. pp. 246-247.*

Compliance Guidelines

- A toilet training seat is only considered a potty chair if it collects and holds urine or feces. Toddler toilet seats that are placed over a regular toilet are not considered to be potty chairs.
- Only the seat of the potty chair needs to be cleaned and sanitized when a child just sits on it, but does not go to the bathroom. The entire potty chair must be cleaned and sanitized if it has collected urine or feces.

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

(9) Toilet paper shall be accessible to children and kept in a dispenser.

Rationale / Explanation
If toilet paper is not in a dispenser, children may pick it up with hands that may be contaminated with fecal matter that remains on the roll and is transferred to the next child when they pick the roll up. *CFOC 3rd ed. Standard 5.6.0.3. pp. 258-259.*

Compliance Guidelines
- Toilet paper is only considered accessible if the child can reach it while sitting on the toilet.
- Toilet paper does not need to be within reach of a child sitting on a potty chair as long as a caregiver is present to hand sheets of toilet paper to the child.
- For young children, providers may hand sheets of toilet paper directly to the child rather than having the toilet paper on a dispenser. If that is the case, a caregiver must always be available to hand out the toilet paper when a young child is toileting.
- As long as children can get toilet paper without holding the toilet paper roll, any type of dispenser may be used.
- Disposable wipes may be used in place of toilet paper as long as they are in a covered dispenser and within reach of the child while on the toilet.
- A roll of toilet paper must be placed in the dispenser as soon as a caregiver discovers that the dispenser is out of paper.

It is a rule violation if:
- Toilet paper cannot be reached by a child who is using the toilet.
- Toilet paper is not kept in a dispenser.
- A toilet has no toilet paper and there are no spare rolls available to replace it.

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

(10) The provider shall post handwashing procedures that are readily visible from each handwashing sink and shall ensure that the procedures are followed.

Rationale / Explanation
The purpose of the rule is to promote increased handwashing through visual reminders. Pictures of the steps for proper handwashing remind children (especially those who cannot yet read) how to wash their hands thoroughly.

Compliance Guidelines
- This rule only applies to sinks that are used for handwashing.
- Any handwashing sign or list of handwashing procedures meets the requirements of this rule.
- If there are several handwashing sinks in the same area, one set of handwashing procedures that is visible from each sink is adequate.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(11) Staff and volunteers shall wash their hands thoroughly with liquid soap and running water at required times including:
(a) before handling or preparing food or bottles,
(b) before and after eating meals and snacks or feeding a child,
(c) after using the toilet or helping a child use the toilet,
(d) after contact with a body fluid,
(e) when coming in from outdoors, and
(f) after cleaning up or taking out garbage.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Improper handwashing has contributed to many outbreaks of diarrhea and other illnesses among children and caregivers in child care facilities. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*

Compliance Guidelines

If there is no visible dirt, grime, or body fluid on their hands, staff and volunteers may use a hand sanitizer instead of soap and water only in the following situations:

- When coming in from outdoors.
- If a snack is handed directly to a distressed child.
- Before administering medication to a child.
- When a caregiver who is in the bathroom supervising does not touch any child or bathroom surface. However, if the caregiver has given any hands-on help, such as lifting a child on or off the toilet, or turning the water on or off, then the caregiver must wash their hands.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(12) Caregivers shall teach children how to wash their hands thoroughly and shall oversee handwashing whenever possible.

Rationale / Explanation

Children need to be taught how to wash their hands thoroughly and then helped to practice these skills on a regular basis. Training programs may utilize some type of verbal cue such as singing the alphabet or birthday songs during handwashing. Staff training and monitoring of hand hygiene has been shown to reduce transmission of organisms that cause disease. *CFOC 3rd ed. Standard 3.2.2.4. p. 112.*

In facilities that have implemented a hand hygiene training program, the incidents of diarrheal illness have decreased by 50%. Several studies have found that handwashing helped to reduce colds when frequent and proper handwashing practices were part of a child care facility's curriculum. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*

The following hand hygiene procedures are suggested in *Caring for Our Children*:

- Use warm water because it is more comfortable and increases the likelihood that children and adults will adequately wash and rinse their hands.

- Run water over the hands to remove soil and before applying soap.
- Use liquid soap rather than bar soap because bar soaps have been shown to be heavily contaminated with bacteria, and children may not have the dexterity to handle a bar of soap.
- Rub hands together to create a soapy lather because the lather loosens soil and brings it to the surface of the skin.
- Rub hands for at least 20 seconds including the back of hands, between fingers, and under fingernails.
- Rinse the soapy lather completely off to remove the soil from the hands.
- Dry hands with a single-use paper or cloth towel and use the towel to turn off the faucet after handwashing to prevent recontamination of clean hands from touching any germs on the faucet. *CFOC 3rd ed. Standard 3.2.2.2. pp. 111-112.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(13) The provider shall ensure that children wash their hands thoroughly with liquid soap and running water at required times including:
(a) before and after eating meals and snacks,
(b) after using the toilet,
(c) after contact with a body fluid,
(d) before using a water play table or tub, and
(e) when coming in from outdoors.

Rationale / Explanation
According to the Centers for Disease Control and Prevention (CDC), handwashing helps prevent diarrhea and pneumonia, two of the leading causes of death in children around the world. Heavy amounts of diarrhea or intestinal parasites in young children have been linked to delays in development. However, proper handwashing before meals and after going to the toilet can lower exposure to germs. This can lessen illness and chronic inflammation – leading to better nutrition, more energy for growth and development, and better school attendance. In a CDC study, children who were taught about and practiced handwashing as part of their daily routine reached developmental milestones six months earlier and scored better in five areas of development than those children who did not practice regular handwashing. *"Improving Child Development: A New CDC Handwashing Study Shows Promising Results." CDC, 4 May 2015, www.cdc.gov/healthywater/hygiene/programs/child-development.html.*

Washing hands before and after eating is especially important for children who eat with their hands. Good handwashing after playing in sandboxes will help prevent the ingestion of parasites that can be present in contaminated sand and soil. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1.*

Compliance Guidelines
- If there is no visible dirt, grime or body fluid on the hands, children age 2 years and older may use a hand sanitizer if its use is actively supervised by a caregiver and only in the following situations:
  - If when distressed, a snack is handed directly to them.
  - After being diapered.
- During evacuation drills, if the children go outside and go right back inside they are not required to wash their hands. If the children are allowed to play outside during and after the drills, they are required to wash their hands.
- It is not required to wash an infant's hands after a bottle feeding or diaper change unless the infant's hands come in contact with a body fluid. If this is the case, the caregiver may clean

the infant's hands with a baby wipe or soapy washcloth. If a soapy washcloth is used, the cloth must be washed after each use.

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

(14) Only single-use towels from a covered dispenser or an electric hand dryer may be used to dry hands.

Rationale / Explanation
The transmission of bacteria is more likely to occur from wet skin than from dry skin; therefore, the proper drying of hands is a key part of effective hand hygiene procedures. If hands are only shaken dry after washing, some bacteria are likely to remain. According to the Mayo Clinic, most studies suggest that paper towels can dry hands efficiently, remove bacteria effectively, and cause less contamination of the bathroom environment, and from a hygiene viewpoint, single-use towels are superior to electric air dryers. *Huang, C., Ma, W., & Stack, S. (2012). The Hygienic Efficacy of Different Hand-Drying Methods: A Review of the Evidence. Mayo Clinic Proceedings, 87(8), 791–798. http://doi.org/10.1016/j.mayocp.2012.02.019.*

The use of a cloth towel roller is not recommended in child care facilities because 1) children often use cloth roll dispensers improperly resulting in more than one child using the same section of towel, and 2) incidents of accidental strangulation in these devices have been reported. *CFOC 3rd ed. Standard 3.2.2.2. pp. 111-112.*

Compliance Guidelines
- This rule only applies to towels for drying hands and not to the types of towels used for other purposes such as cleaning up spills.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(15) Personal hygiene items, such as toothbrushes, combs, and hair accessories, shall not be shared and shall be stored so they do not touch each other, or they shall be sanitized between each use.

Rationale / Explanation
Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes may be contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. *CFOC 3rd ed. Standard 3.1.5.2. pp. 102-103. Standard 3.6.1.5. p. 136.*

Compliance Guidelines
- If personal hygiene items are shared they must be sanitized before another child uses the shared item.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(16) Pacifiers, bottles, and nondisposable drinking cups shall:
(a) be labeled with each child's name or individually identified; and
(b) not shared, or washed and sanitized before being used by another child.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. *CFOC 3rd ed. Standard 3.3.0.3. p. 118.*

Compliance Guidelines

Approved methods of identifying each child's pacifier, bottle, and cup include:

- Using the child's initials instead of the child's name.
- Using permanent marker or scratching the child's name or initials into the plastic of the pacifier, bottle, or cup.
- Attaching a pacifier to a child's clothing with a clip and short ribbon, and instead of labeling the pacifier, labeling the clip or ribbon with the child's name or initials.
- Using color-coded pacifiers, bottles, and cups instead of labeling with children's names, if each child is assigned a different color and their assigned color is shown on a chart.

Other guidelines that apply to this rule include:

- When a meal is served, if drinking cups are brought to the table for the meal and then removed immediately after the meal to clean and sanitize them, the cups do not need to be labeled with each child's name.
- One way that pacifiers and baby bottles can be effectively sanitized is by submerging them in boiling water for 5 minutes.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(17) A child's clothing shall be promptly changed if the child has a toileting accident.

Rationale / Explanation

Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas while wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. For these reasons, it is important to change wet or soiled clothing promptly. *CFOC 3rd ed. Standard 3.2.1.5. pp. 108-110.*

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Compliance Guidelines

Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:

- The child is changed immediately if spare clothing is available.
- If no spare clothing is available, the child's parent is called and asked to bring spare clothing, and the child is discreetly separated from other children until their parent can bring the clothing.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(18) Children's clothing that is wet or soiled from a body fluid shall:
(a) not be rinsed or washed at the center,
(b) be placed in a leakproof container that is labeled with the child's name,
(c) be returned to the parent, ~~and~~ or (proposed rule change)
(d) thrown away with parent consent.

Rationale / Explanation

Disease caused by bacteria, viruses, and parasites are spread through fecal contamination of caregivers' and children's hands and objects in the environment. Procedures that reduce fecal contamination, such as the minimal handling of soiled clothing and the containment of fecal matter and articles containing fecal matter, control the spread of these diseases. Washing soiled clothing at the child care facility is discouraged because rinsing soiled clothing or putting stool into a toilet increases the likelihood that other surfaces will be contaminated. *CFOC 3rd ed. Standard 3.2.1.1. pp. 104-105.*

Compliance Guidelines

- Plastic grocery and other plastic bags may be used to contain wet or soiled clothing as long as they are leakproof. Grocery or other plastic bags with holes in the bottoms or sides cannot be used because they are not leakproof.
- Containers to store wet or soiled clothing must be inaccessible to children.
- The container does not need to be labeled if put into a child's labeled diaper bag or cubby as long as the diaper bag or cubby is inaccessible.
- If a provider only cares for children from one family, they are not required to label the leakproof container holding the contaminated clothing, but it must be inaccessible.
- If the center has access to a washing machine and dryer, then children's clothing can be washed at the center as long as the wet or soiled clothing is inaccessible to children.
- Fecal matter may be flushed down the toilet before the contaminated clothing is placed in leakproof container.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(19) Staff shall take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or vomit. Except for diaper changes and toileting accidents, staff shall:
(a) wear waterproof gloves;
(b) clean the surface using a detergent solution;
(c) rinse the surface with clean water;
(d) sanitize the surface;
(e) throw away in a leakproof plastic bag the disposable materials, such as paper towels, that were used to clean up the body fluid;
(f) wash and sanitize any nondisposable materials used to clean up the body fluid, such as cleaning cloths, mops, or reusable rubber gloves, before reusing them; and
(g) wash their hands after cleaning up the body fluid.

Rationale / Explanation

Children and adults may unknowingly have a contagious disease such as hepatitis B, HIV, or other infectious agent spread through contact with blood. Other infectious diseases, such as the common cold, influenza, strep throat, and cytomegalovirus (CMV) are spread through contact with saliva, vomit, urine, and feces. Also, some viruses can survive in a dried state for at least a week and perhaps even longer. For this reason, it is important to protect children and adults from

exposure to infection by following safe procedures whenever handling and cleaning up body fluids. *CFOC 3rd ed. Standard 1.4.5.3. pp. 30-31; Standard 3.2.3.4. pp. 114-116.*

For more information about cleaning up body fluids, refer to *CFOC 3rd ed. Appendix L. p. 444* and *Appendix D. p. 428* for information on using and removing disposable gloves when handling body fluids.

Compliance Guidelines

- All of the cleaning steps do not need to be followed when only droplets of a body fluid are present. However, if any body fluid pools on the floor or ground, the precautions as described in this rule must be taken.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(20) A child who is ill with an infectious disease may not be cared for at the center except when the child shows signs of illness after arriving at the center.

Rationale / Explanation

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help limit transmission of disease by preventing the development of new cases. *CFOC 3rd ed. Standard 3.6.1.1. pp. 131-134.*

Compliance Guidelines

Symptoms that may indicate an infectious disease include:

- A fever of 101 degrees Fahrenheit or higher for infants younger than 4 months of age, or a fever of 102 degrees Fahrenheit or higher for children age 4 months and older
- An unexplained rash
- Irritability
- Lethargy
- A persistent cough
- Vomiting
- Diarrhea
- Infected eyes with discharge

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(21) When a child becomes ill while in care:

(a) the provider shall contact the child's parent or, if the parent cannot be reached, an individual listed as the emergency contact to immediately pick up the child; and

(b) if the child is ill with an infectious disease, the child shall be made comfortable in a safe, supervised area that is separated from the other children until the parent arrives.

Rationale / Explanation

When a child becomes ill while in care, the provider should contact the child's parent as soon as possible. In *Caring for Our Children*, it is recommended that a child be sent home if they are too sick to participate in activities, require greater care than the provider can offer, or if they pose a risk of infecting others. *CFOC 3rd ed. Standard 3.6.1.1. pp. 131-135.*

Children who are ill must be separated from other children to prevent them from infecting others. In addition, ill children are often too sick to participate comfortably in regular program activities. *CFOC 3rd ed. Standard 3.6.1.4. p. 136.*

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

(22) When any child or employee has an infectious disease, an unusual or serious illness, or a sudden onset of an illness, the provider shall notify the local health department on the day the illness is discovered.

Rationale / Explanation
Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. *CFOC 3rd ed. Standard 9.2.3.3. p. 355.*

Compliance Guidelines

- Utah Law requires that certain diseases and conditions must be reported to a local health department or the Utah Department of Health. For more information, refer to: http://health.utah.gov/epi/reporting/.

- Providers can check with their local county health department for specific reporting requirements. Some of the diseases that may be required to be reported to local health departments are listed below. For a complete list, refer to: http://health.utah.gov/epi/reporting/Rpt_Disease_List.pdf.

Chickenpox	HIV and AIDS	Rubella
Diarrheal diseases	Influenza	Sexually transmitted diseases
Diphtheria	Measles	Shigellosis
Giardiasis	Meningococcal infections	Viral Meningitis
Hepatitis A, B, and C	Mumps	Whooping Cough

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

(23) The provider shall post a notice at the center when any staff member or child has an infectious disease or parasite. The notice shall:
(a) not disclose any personal identifiable information,
(b) be posted in a conspicuous place where it can be seen by all parents,
(c) be posted and dated on the same day that the disease or parasite is discovered, and
(d) remain posted for at least 5 days.

Rationale / Explanation
Notifying parents of any infectious disease at the facility allows them to closely observe their child for signs and symptoms of illness. Early identification and treatment of infectious diseases are important in reducing further transmission of the disease. *CFOC 3rd ed. Standard 3.6.4.2. p. 145.*

The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.

Compliance Guidelines

Posting the notice of illness on a computerized sign-in program used by all parents is considered posting in a conspicuous place.

A child with bed bug bites does not mean the child has an infectious disease or parasite. A notice does not have to be posted for a child with ed bug bite marks.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(24) To prevent contamination of food, the spread of foodborne illnesses, and other diseases:

(a) individuals who prepare food in the kitchen shall not change diapers or help in toileting children;

(b) caregivers who care for diapered children shall only prepare food for the children in their care, and they shall not prepare food outside of the room used by the diapered children or prepare food for other children and adults in the facility; and

(c) individuals with an infectious disease or showing symptoms such as diarrhea, fever, and vomit shall not prepare or serve foods.

Rationale / Explanation

The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. *CFOC 3rd ed. Standard 4.9.0.2. pp. 188-189.*

Compliance Guidelines

- Caregivers cannot play a dual role of cook and caregiver for children outside of their group. When an individual's role clearly changes, the person may move from caregiver to cook if they wash their hands according to rule before beginning duties as the cook.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning