R381-70-15. 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.

Young children sneeze, cough, drool, use diapers and are just 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 4th ed. Standard 3.3.0.1. pp. 125.

Cleaning, Sanitizing, and Disinfecting
One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff. Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in the child care setting. However, most items and surfaces in a child care setting require sanitizing or disinfecting after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease. CFOC 4th ed. Appendix J. p.p. 484.

Cleaning	Sanitizing	Disinfecting
Remove all visible dirt, debris, and substances from areas and items that are accessible to children.	Reduce germs on objects to levels that are safe for children by using a sanitizing product or process.	Kill 99.9% of germs on objects by using a disinfecting product or process.

There is a 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 4th ed. Appendix K. p.p. 491-292.

- Sanitizing means to reduce germs on objects to levels that are safe for children by using a sanitizing product or process.
Sanitizer is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers. CFOC, 4th ed. Appendix J. p.p. 484.

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.
• 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, 4th 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.

- Disinfecting means to kill 99.9% of germs on objects by using a disinfecting product or process.
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.
A product that is not chlorine bleach can be used in child care settings IF:
• it is registered with the EPA;
• it is also described as a sanitizer or as a disinfectant;
• it is used according to the manufacturer's instructions.

CFOC, 4th ed. Appendix J. p.p. 484-485.

The provider and staff members 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.
• Air filtration systems clean the air of viruses and germs but do not clean and sanitize surfaces.

(1) The provider shall keep the building, furnishings, equipment, and outdoor area clean and sanitary including:
- **(a) walls and flooring clean and free of spills, dirt, and grime;**
- **(b) areas and equipment used for the storage, preparation, and service of food clean and sanitary;**
- **(c) surfaces free of rotting food or a build-up of food;**
- **(d) the building and grounds free of a build-up of litter, trash, and garbage;**
- **(e) frequently touched surfaces, including doorknobs and light switches, cleaned and sanitized; and**
- **(f) the facility 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 within the group, these materials must be easy to clean and sanitize. CFOC 4th ed. Standard 5.3.1.4 p.p. 254-255.

Outbreaks of foodborne illness have occurred in child care settings. Many of these infectious diseases can be prevented through appropriate hygiene and sanitation methods. Keeping hands clean reduces soiling of kitchen equipment and supplies. Education of child care staff regarding routine cleaning procedures can reduce the occurrence of illness in the group of children with whom they work. Sponges harbor bacteria and are difficult to clean and sanitize between cleaning surface areas. CFOC 4th ed. Standard 4.9.0.9 p.p. 204.

This practice provides proper sanitation and protection of health, prevents infestations by rodents, insects, and other pests, and prevents odors and injuries. CFOC 4th ed. Standard 5.2.7.2 p.p. 239.

All animal waste and litter should be removed immediately from children's areas and will 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 via the sewage waste system for feces. CFOC 4th ed. Standard 3.4.2.3 p.p. 130-131.

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 spill on a floor that could result in injury
• 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 container
• 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.

Risk Level

Moderate

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

Screens prevent the entry of insects, which may bite, sting, or carry disease. Following the use of pesticides, herbicides, fungicides, or other potentially toxic chemicals, the treated area should be ventilated for the period recommended on the product label. For further information about pest control, contact the state pesticide regulatory agency, the Environmental Protection Agency (EPA), or the National Pesticide Information Center. For possible poison exposure, contact the local poison center at 1-800-222-1222. CFOC 4th ed. Standard 5.1.3.3 p.p. 218; Standard 5.2.8.1 p.p. 241-242.

Facilities should adopt an integrated pest management program (IPM) to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. IPM is a simple, common-sense approach to pest management that eliminates the root causes of pest problems, providing safe and effective control of insects, weeds, rodents, and other pests while minimizing risks to human health and the environment. Pest Prevention: Facilities should prevent pest infestations by ensuring sanitary conditions. This can be done by eliminating pest breeding areas, filling in cracks and crevices; holes in walls, floors, ceilings and water leads; repairing water damage; and removing clutter and rubbish on the premises. CFOC 4th ed. Standard 5.2.8.1 p.p. 241-242.

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. According to Utah State University Extension's Spiders of Utah, by Laura Allard and Dr. Frey there are four spiders in Utah that are dangerous to humans - black widow, hobo, brown recluse, and yellow sack 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 written at the focus inspection.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(3) The provider shall clean and sanitize any toys and materials used by children:
- **(a) at least once a week or more often if needed; and**
- **(b) after being contaminated by a body fluid.**

Rationale/Explanation
Contamination of hands, toys and other objects in child care areas has played a role in the transmission of diseases in child care settings. 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 hand hygiene. 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 cutlery are not washed at the same time. CFOC 4th ed. Standard 3.3.0.2 p.p.126.

Suggestions for cleaning and sanitizing toys include:
- Toys that children have 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.
- 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.

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

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(4) The provider shall ensure that fabric toys and items such as stuffed animals, cloth dolls, pillow covers, and dress-up clothes are machine washable and if used, washed at least each week or as needed.

Rationale/Explanation

Equipment, furnishings, toys, and play materials should have smooth, nonporous surfaces or washable fabric surfaces that are easy to clean and sanitize, or be disposable. CFOC 4th ed. Standard 5.3.1.4 p.p. 254-255.

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 carpeting and fabric but can be killed by frequent washing and use of a clothes dryer or mechanical, heated dryer. CFOC 4th ed Standard 5.3.1.4 p.p. 255.

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.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(5) The provider shall clean and sanitize water play tables or tubs daily if used by the children.

Rationale/Explanation

Contamination of hands, toys, and equipment in the room in which play tables are located seems to play a role in the transmission of diseases in child care settings. Proper handwashing, supervision of children, and cleaning and sanitizing of the water table will help prevent the transmission of disease. Children have drowned in very shallow water. CFOC 4th ed. Standard 6.2.4.2 p.p. 294.

Compliance Guidelines

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

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(6) The provider shall clean and sanitize bathroom surfaces including toilets, sinks, faucets, toilet and sink handles, and counters each day the facility is open for business.

Rationale/Explanation

Illnesses may be spread by way of:

- Human waste (such as urine and feces);
- Body fluids (such as saliva, nasal discharge, eye discharge, open skin sores, and blood);
- Direct skin-to-skin contact;
- Touching a contaminated object;
- The air (by droplets that result from sneezes and coughs).

Since many infected people carry communicable diseases without symptoms, and many are contagious before they experience a symptom, caregivers/teachers need to protect themselves and the children they serve by carrying out, on a routine basis, standard precautions and sanitation procedures that approach every potential illness-spreading condition in the same way. CFOC 4th ed. Standard 9.2.3.10 p.p. 387-388; Appendix K. p.p. 490-492.

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.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(7) The provider shall keep toilet paper in a dispenser that is accessible to children.

Rationale/Explanation

Supplies must be within arm's reach of the user to prevent contamination of the environment with waste, water, or excretion. CFOC 4th ed. Standard 5.6.0.3. p.p. 276.

Compliance Guidelines

- Toilet paper is only considered accessible if the child can reach it while sitting on the toilet.
- 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.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(8) 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.

Risk Level
Low
Corrective Action for 1st Instance
Warning

(9) The provider shall ensure that staff and volunteers wash their hands thoroughly with liquid soap and running water:
- **(a) upon arrival;**
- **(b) before handling or preparing food or bottles;**
- **(c) before and after eating meals and snacks or feeding a child;**
- **(d) after using the toilet or helping a child use the toilet;**
- **(e) after contact with a body fluid;**

(f) when coming in from outdoors; and
(g) after cleaning up or taking out garbage.

Rationale/Explanation

Hand hygiene is the most important way to reduce the spread of infection. Many studies have shown that improperly cleansed hands are the primary carriers of infections. Deficiencies in hand hygiene have contributed to many outbreaks of diarrhea among children and caregivers/ teachers in child care centers.

Child care centers that have implemented good hand hygiene techniques have consistently demonstrated a reduction in diseases transmission. When frequent and proper hand hygiene practices are incorporated into a child care center's curriculum, there is a decrease in the incidence of acute respiratory tract diseases. Thorough handwashing with soap for at least twenty seconds using clean running water at a comfortable temperature removes organisms from the skin and allows them to be rinsed away. CFOC 4th ed. Standard 3.2.2.1 p.p. 118.

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.
- When a staff member who is in the bathroom supervising does not touch any child or bathroom surface. However, if the staff member 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 staff member must wash their hands.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(10) The provider shall ensure that staff teach children how to wash their hands thoroughly and oversee handwashing when possible.

Rationale/Explanation

Education of the staff and children regarding hand hygiene and other cleaning procedures can reduce the occurrence of illness in the group of children in care. Staff training and monitoring of hand hygiene has been shown to reduce transmission of organisms that cause disease. Periodic training and monitoring is needed to result in sustainable changes in practice. CFOC 4th ed. Standard 3.2.2.4 p.p. 120.

The following hand hygiene procedures are suggested in Caring for Our Children:
• Check to be sure a clean, disposable paper (or single-use cloth) towel is available;
• Turn on clean, running water to a comfortable temperature;
• Moisten hands with water and apply soap (not antibacterial) to hands;
• Rub hands together vigorously until a soapy lather appears, hands are out of the water stream, and continue for at least twenty seconds (sing Happy Birthday silently twice). Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands. Nails should be kept short; acrylic nails should not be worn;
• Rinse hands under clean, running water that is at a comfortable temperature until they are free of soap and dirt. Leave the water running while drying hands;
• Dry hands with the clean, disposable paper or single use cloth towel;
• If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel;
• Throw the disposable paper towel into a lined trash container; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.
CFOC 4th ed. Standard 3.2.2.2 p.p. 119.

Risk Level
Low
Corrective Action for 1st Instance
Warning

(11) The provider shall ensure that children wash their hands thoroughly with liquid soap and running water:
- **(a) upon arrival;**
- **(b) before and after eating meals and snacks;**
- **(c) after using the toilet;**
- **(d) after contact with a body fluid;**
- **(e) before using a water play table or tub; and**
- **(f) when coming in from outdoors.**

Rationale/Explanation
Washing hands before and after eating is especially important for children who eat with their hands. Good handwashing should follow after playing in sandboxes, applying sunscreen and/or insect repellent. Hand hygiene after exposure to soil and sand will reduce opportunities for the ingestion of zoonotic parasites that could be present in contaminated sand and soil. CFOC 4th ed. Standard 3.2.2.1 p.p. 118.

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 staff member 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 staff member 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.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(12) The provider shall ensure that only single-use towels from a covered dispenser or an electric hand dryer is used to dry hands.

Rationale/Explanation

The proper drying of hands should be an essential component of effective hand hygiene procedures. Coates reported that washing hands with either soap and water or water alone combined with drying on paper towels can effectively remove bacteria from the hands. However, if hands are only shaken dry after washing, some bacteria are likely to remain. 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.

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.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(13) The provider shall store personal hygiene items, such as toothbrushes, combs, and hair accessories separate, so they do not touch each other, and ensure they are not shared or they

are sanitized between each use.

Rationale/Explanation

Respiratory and gastrointestinal infections are common infectious diseases in child care. These diseases are transmitted by direct person-to-person contact or by sharing personal articles such as combs, brushes, towels, clothing, and bedding. Prohibiting the sharing of personal articles and providing space so that personal items may be stored separately helps prevent these diseases from spreading. CFOC 4th ed. Standard 3.6.1.5 p.p. 147.

Compliance Guidelines

• If personal hygiene items are shared they must be sanitized before another child uses the shared item.
• Toothbrush bristles must not touch each other when stored.
• Providers are not required to offer hair brushing or tooth brushing, but if they do, personal hygiene items must be stored and used appropriately.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(14) The provider shall ensure that a child's clothing is promptly changed if the child has a toileting accident.

Rationale/Explanation

Children who are learning to use the toilet may still wet/soil their pull-ups or underwear and clothing. Development is not a straight trajectory, but rather a cycle of forward and backward

steps as children gain mastery over their bodies in a wide variety of situations. It is normal and developmentally appropriate for children to revert to immature behaviors as they gain developmental milestones while simultaneously dealing with immediate struggles which they are internalizing. Even for preschool and kindergarten aged children, these accidents happen and these incidents are called 'accidents' because of the frequency of these episodes among normally developing children. It is important for caregivers/teachers to recognize that the need to assist young children with toileting is a critical part of their work and that their attitude regarding the incident and their support of children as they work toward self-regulation of their bodies is a component of teaching young children. CFOC 4th ed. Standard 3.2.1.5 p.p. 117.

Compliance Guidelines

Being changed promptly means that as soon as the staff member 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.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(15) The provider shall ensure that children's clothing that is wet or soiled from a body fluid is:

- **(a) not rinsed or washed at the center;**
- **(b) placed in a leakproof container that is labeled with the child's name; and**
- **(c) returned to the parent, or**
- **(d) thrown away with parental consent.**

Rationale/Explanation

Children who are learning to use the toilet may still wet/soil their pull-ups or underwear and clothing. To avoid contamination of the environment and/or the increased risk of spreading germs to the other children in the room, do not rinse the soiled clothing in the toilet or elsewhere. Place all soiled garments in a plastic-lined, hands-free plastic bag to be cleaned at the child's home; CFOC 4th ed. Standard 3.2.1.1 p.p.115-116.

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.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(16) The provider shall take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or vomit, and ensure that, except for diaper changes and toileting accidents, staff cleaning these bodily fluids:

(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
Providing first aid in situations where blood is present is an intrinsic part of a caregiver's/teacher's job. Split lips, scraped knees, and other minor injuries associated with bleeding are common in child care. All caregivers/teachers who are at risk of occupational exposure to blood or other blood-containing body fluids should be offered hepatitis B immunizations and should receive annual training in Standard Precautions and exposure control planning. Training should be consistent with applicable standards of the Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030. CFOC 4th ed. Standard 1.4.5.3 p.p. 33.

For more information about cleaning up body fluids, refer to CFOC 4th ed. Appendix L. p.p. 493 and Appendix D. p.p. 460 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.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(17) The provider shall not care for a child who is ill with an infectious disease at the center except when the child shows signs of illness after arriving at the center.

Rationale/Explanation

When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home (i.e., should be temporarily "excluded" from child care). Most illnesses do not require exclusion. CFOC 4th ed. Standard 3.6.1.1. p.p. 141-145.

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

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(18) If 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 provider shall make the child comfortable in a safe, supervised area that is separated from the other children until the parent arrives.

Rationale/Explanation

The caregiver/teacher should determine if the illness: a. Prevents the child from participating comfortably in activities; b. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children; c. Poses a risk of spread of harmful diseases to others. If any of the above criteria are met, the child should be excluded, regardless of the type of illness. Most conditions that require exclusion do not require a primary health care provider visit before reentering care. CFOC 4th ed. Standard 3.6.1.1 p.p. 141-145.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(19) If 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 to the health department provides the department with knowledge of illnesses within the community and ability to offer preventive measures to children and families exposed to the outbreak of a disease. In some states, caregivers/teachers may not be a mandatory reporter. In those states, caregivers/teachers are encouraged to report any infectious disease to the responsible health authority. CFOC 4th ed. Standard 9.2.3.3 p.p. 381.

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/.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(20) If any staff member or child has an infectious disease or parasite, the provider shall post a notice at the center that:

- **(a) does not disclose any personal identifiable information;**
- **(b) is posted in a conspicuous place where it can be seen by all parents;**
- **(c) is posted and dated on the same day that the disease or parasite is discovered; and**
- **(d) remains posted for at least five business days.**

Rationale/Explanation

Early identification and treatment of infectious diseases are important in minimizing associated morbidity and mortality as well as further reducing transmission. Notification of parents/guardians will permit them to discuss with their child's primary care provider the implications of the exposure and to closely observe their child for early signs and symptoms of illness. CFOC 4th ed. Standard 3.6.4.2 p.p. 156.

The purpose for leaving the notice posted for 5 days is so that parents, of children who do not attend every day, have an opportunity to 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 bed bug bite marks.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(21) To prevent contamination of food, the spread of foodborne illnesses, and other diseases, the provider shall ensure that:

- **(a) individuals who prepare food in the kitchen do not change diapers or help in toileting children;**
- **(b) caregivers who care for diapered children only prepare food for the children in their care, and they do 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, coughing, or vomiting do not prepare or serve foods.**

Rationale/Explanation

Food handlers who are ill can easily transmit their illness to others by contaminating the food they prepare with the infectious agents they are carrying. Frequent and proper handwashing before and after using plastic gloves reduces food contamination. Caregivers/teachers who work with infants and toddlers are frequently exposed to feces and to children with infections of the intestines (often with diarrhea) or of the liver. Education of child care staff regarding handwashing and other cleaning procedures can reduce the occurrence of illness in the group of children with whom they work. CFOC 4th ed. Standard 4.9.0.2 p.p. 200-201.

Compliance Guidelines

Staff members 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.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning