

## R430-90-14. Rule Interpretation Manual: Emergency Preparedness, Response, and Recovery



This section addresses the rules and guidance on preparing for and responding to an emergency. No one expects an emergency – yet emergencies can strike anyone, anytime, and anywhere. The best preparedness is planning how to respond to an emergency before it happens. Few people can think clearly and logically in a crisis, so it is important to prepare in advance when there is time to be thorough.

- (1) The provider shall have a written emergency preparedness, response, and recovery plan that:**
- (a) includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations;**
  - (b) includes procedures for accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions;**
  - (c) is available for review by parents, staff, and the departments during business hours; and**
  - (d) is followed if an emergency happens, unless otherwise instructed by emergency personnel.**

### **Rationale/Explanation**

Facilities should consider how to prepare for and respond to emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, tsunamis or flash floods, storms, and volcanoes) and all hazards/disasters that could occur in any location including acts of violence, bioterrorism/terrorism, exposure to hazardous agents, facility damage, fire, missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place. Facilities should develop and implement a written plan that describes the practices and procedures they use to prepare for and respond to emergency or disaster situations. CFOC 4th ed. Standard 9.2.4.3 p.p. 394-395.

For guidance and resources, visit the [Child Care Licensing: Emergency and Disaster Preparedness](#) page.

### **Compliance Guidelines**

- An emergency preparedness, response and recovery plan sample document is available on the CCL website, under [Forms and Documents](#), as technical assistance.
- The provider must complete their emergency preparedness, response and recovery plan before the Pre-License Inspection.
- If the provider’s policies, procedures, or services change, the emergency preparedness, response and recovery plan must be updated.
- The document may be kept and made available either as a hardcopy or electronically.

- The provider must, in the event of an emergency, have the children’s emergency contact information available to them.

**Risk Level**

Moderate

**Corrective Action for 1st Instance**

Citation Warning

**(2) The provider shall post the facility's street address and emergency numbers, including at least fire, police, and poison control, near the telephone in the home or in an area clearly visible to anyone needing the information.**

**Rationale/Explanation**

In an easily available space that parents/guardians are made aware of and able to access, facilities should make available the phone numbers and instructions for contacting the fire department, police, emergency medical services, physicians, dentists, rescue and ambulance services, and the poison center, child abuse reporting hotline; the address of the facility; and directions to the facility from major routes north, south, east, and west (this information should be conspicuously posted adjacent to the telephone). CFOC 4th ed. Standard 9.4.1.6 p.p. 410-411.

**Compliance Guidelines**

- Posting 911 meets the requirement of posting emergency numbers for fire, and police, but not the requirement for posting the poison control number and the facility’s street address.
- If a portable or cell phone is used in the facility, emergency numbers must be posted in plain view so that anyone needing the information can easily find it. Emergency numbers can be posted either on the phone, on or near the base, or in a conspicuous place. They cannot be posted behind a closet or cupboard door.

**Risk Level**

High

**Corrective Action for 1st Instance**

Citation and CMP Warning when:

- Failure to post required information resulted in emergency personnel not being contacted in an emergency or being unable to respond in a timely manner.

**Risk Level**

Moderate

**Corrective Action for 1st Instance**

Citation Warning when:

- The required emergency information is not posted near a telephone or in a place clearly visible to anyone who may need the information

**Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning when:

- Some but not all of the required emergency information is posted.

### **(3) The provider shall keep first aid supplies in the facility, including at least antiseptic, bandages, and tweezers.**

#### **Rationale/Explanation**

The facility should maintain first aid and emergency supplies in each location where children are cared for CFOC 4th ed. Standard 5.6.0.1 p.p. 274-275.

#### **Compliance Guidelines**

- The required first aid supplies must be in a location that is easily available and known to those who may need to use the supplies.
- The provider may keep either a topical antiseptic, such as alcohol wipes, or a topical antibacterial, such as Neosporin, available for use as needed.

#### **Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning

### **(4) The provider shall conduct fire evacuation drills quarterly and make sure drills include a complete exit of each child, staff, and volunteers from the building.**

#### **Rationale/Explanation**

Regular emergency and evacuation drills/exercises constitute an important safety practice in areas where these natural or human generated disasters might occur. The routine practice of such drills fosters a calm, competent response to a natural or human generated disaster when it occurs. The extensive turnover of both staff and children, in addition to the changing developmental abilities of the children to participate in evacuation procedures in child care, necessitates frequent practice of the exercises. CFOC 4th ed. Standard 9.2.4.5 p.p. 399-400.

#### **Compliance Guidelines**

- Conducting fire drills quarterly means that an evacuation drill is conducted 4 times a year, at least once in each 3-month period of the licensing or calendar year.
- A fire evacuation drill needs to be conducted some time during the quarter (the 3-month period), but does not need to be held exactly three months apart.
- An evacuation due to an actual fire counts as one of the fire drills as long as it is documented as required by rule.
- If the facility has been open for less than 12 months, only one drill for each full quarter the facility has been open will be required.

#### **Risk Level**

Moderate

### **Corrective Action for 1st Instance**

Citation Warning

- (5) The provider shall document each fire drill, including:**
- (a) the date and time of the drill;**
  - (b) the number of children participating;**
  - (c) the name of the individual supervising the drill;**
  - (d) the total time to complete the evacuation; and**
  - (e) any problems encountered and remediation**

### **Rationale/Explanation**

A record of evacuation drills, shelter-in-place drills, lock down drills, and of facility participation in community evacuation drills should be kept on file. Type of drill, date and time should be recorded. CFOC 4th ed. Standard 9.4.1.16 p.p. 416-417.

### **Compliance Guidelines**

- The provider may use any form of documentation as long as it contains all required information and is available for review by CCL.
- A sample form is available under [Forms and Documents](#), titled: Fire & Disaster Drill Log, as technical assistance.
- This rule is out of compliance if a fire drill was conducted, but not documented.

### **Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning

- (6) The provider shall conduct drills for disasters other than fires at least once every 12 months.**

### **Rationale/Explanation**

The only way to prepare for disasters is to consider various worst case or unique scenarios, and to develop contingency plans. By brainstorming and thinking through a variety of “what if...” situations and developing records, protocols/ procedures, and checklists, facilities will be better able to respond to an unusual emergency or disaster situation. CFOC 4th ed. Standard 9.2.4.3. p.p. 395-397.

### **Compliance Guidelines**

- An evacuation or a lock-down due to an actual emergency situation counts as one of the disaster drills as long as it is documented as required by rule.
- Disasters other than fires include earthquakes, floods, prolonged power or water outage, tornados, chemical spills, an active shooter, etc.

- The provider may hold a separate fire and disaster drill on the same day, but they may not hold one drill and count it as both a fire drill and a disaster drill.
- A sample form is available under [Forms and Documents](#), titled: Fire & Disaster Drill Log, as technical assistance.

### **Risk Level**

Moderate

### **Corrective Action for 1st Instance**

Citation Warning

## **(7) The provider shall document each disaster drill, including:**

- (a) the type of disaster, such as earthquake, flood, prolonged power or water outage, or tornado;**
- (b) the date and time of the drill;**
- (c) the number of children participating;**
- (d) the name of the individual supervising the drill; and (e) any problems encountered and remediation.**

### **Rationale/Explanation**

The facility should have a policy documenting that emergency drills/exercises should be regularly practiced for geographically appropriate natural disasters and human generated events such as fire, tornadoes, floods, earthquakes, hurricanes, threatening persons, rabid animals, toxic chemical spills, and nuclear event CFOC 4th ed. Standard 9.2.4.5 p.p. 399-400.

### **Compliance Guidelines**

- The provider may use any form of documentation as long as it contains all required information and is available for review by CCL.
- This rule is out of compliance if a disaster drill was conducted, but not documented.

### **Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning

## **(8) The provider shall vary the days and times on which fire and other disaster drills are held.**

### **Rationale/Explanation**

Evacuation drills/exercises should be practiced at various times of the day, including nap time, during varied activities and from all exits. Children should be accounted for during the practice.. CFOC 4th ed. Standard 9.2.4.5 p.p. 399-400.

### **Compliance Guidelines**

Drills must be conducted on at least two different days of the week and two different times of the day.

### **Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning

- (9) The provider shall keep documentation of the previous 12 months of fire and disaster drills on-site for review by the department.**

### **Rationale/Explanation**

Documented drills help providers evaluate practices and implement improvements whenever needed. CCL is responsible to verify that these practices are in place. Documentation is factual information providers can use to demonstrate compliance with the requirements of this rule.

### **Compliance Guidelines**

- The provider must have the last 12 months of documentation available for review by CCL. To comply with this rule, the provider may need to keep records from the previous licensing year.
- This rule is out of compliance if drills were conducted and documented, but the documentation is unavailable for review by CCL.

### **Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning

- (10) The provider shall:**
- (a) give parents a written report on the day of occurrence of each incident, accident, or injury involving their child;**
  - (b) ensure the report has the signatures of the caregivers involved, the provider, and the individual picking up the child; and**
  - (c) if school-age children sign themselves out of the facility, send a copy of the report to the parent on the day following the occurrence.**

### **Rationale/Explanation**

Injury patterns and child abuse and neglect can be discerned from such records and can be used to prevent future problems. A report form is also necessary for providing information to the child's parents/guardians and primary care provider and other appropriate health or state agencies. CFOC 4th ed. Standard 9.4.1.9 p.p. 412-413.

### **Compliance Guidelines**

Written incident reports are not required if the incident occurred before a child was signed in or after a child was signed out of the program.

The following are examples of incidents that must be documented and reported to parents if they

occur while a child is in care:

- Any injury that requires first aid or medical attention
- A bite that breaks the skin and/or a child bites or is bitten frequently
- Falls, burns, broken limbs, tooth loss, other injury
- Blows to the head
- A reportable infectious disease (Refer to: [health.utah.gov/epi/reporting/Rpt\\_Disease\\_List.pdf](https://health.utah.gov/epi/reporting/Rpt_Disease_List.pdf).)
- Recurring aggressive behavior or aggressive behavior that results in injury (For example, if children fight and one needs medical treatment, a report should be completed for each child.)
- Sudden and/or unusual behavior that is not typical for the child
- A child is neglected, abused, sexually assaulted, or inappropriately touched (also report to Child Protective Services).
- A caregiver forgets to pick up a child from school or other activity
- Ingestion of non-food substances
- A lost or missing child, and/or a child leaving the premises without a caregiver
- A motor vehicle accident when a child was being transported
- Death

When obtaining the signature of the parent or a person who picks up the child, the following guidelines apply:

- Occasionally, the provider may not immediately see the parent to obtain their signature. For example, the parent may pick their child up from school rather than from the facility, or due to a serious injury, the parent would immediately take their child for medical treatment. In these cases, the provider has 5 working days to obtain the required signature.
- If the person picking up a child refuses to sign or accept the incident report, the rule will not be found out of compliance if the provider can demonstrate that 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 refuses to sign the report or does not bring the child back for care, the provider may write on the report "parent refused to sign" and/or "child is no longer enrolled."
- Provider may provide Incident and Accident Report Forms to parents or guardians in a digital format, without a signature of receipt, if the provider has received written permission from the parent or guardian to use this method of communication. This written permission must be kept on file for review by the department.

### **Risk Level**

Moderate

### **Corrective Action for 1st Instance**

Citation Warning

**(11) If a child is injured and the injury appears serious but not life-threatening, the provider shall contact the child's parent immediately.**

### **Rationale/Explanation**

It is important that parents are informed of any serious injury to their child so that they can make

the necessary decisions about the care and medical treatment that their child receives.

### **Compliance Guidelines**

- The provider must first try the most immediate means of contacting the parent.
- The provider may use the parent's preferred means of electronic contact, such as text, email, or instant messaging.
- The provider must contact the parents immediately after the child's critical needs are met and the other children are in a situation where their safety is not jeopardized.

### **Risk Level**

High

### **Corrective Action for 1st Instance**

Citation and CMP Warning when:

- A parent was not notified of a serious injury.

### **Risk Level**

Moderate

### **Corrective Action for 1st Instance**

Citation Warning when:

A parent was notified, but not immediately after a serious injury to their child.

- (12) If a life-threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb happens, the provider shall:**
- (a) call emergency personnel immediately;**
  - (b) contact the parent after emergency personnel are called; and**
  - (c) if the parent cannot be reached, try to contact the child's emergency contact individual.**

### **Rationale/Explanation**

Call Emergency Medical Services (EMS) immediately if:

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing, is having an asthma exacerbation, or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/ or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.



- Multiple children affected by injury or serious illness at the same time.
- When in doubt, call EMS.
- After you have called EMS, remember to contact the child's legal guardian.  
CFOC 4th ed. Appendix P. p.p. 458.

### **Risk Level**

High

### **Corrective Action for 1st Instance**

Citation and CMP Warning

**(13) If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall:**

- (a) submit a completed accident report form to the department within the next business day of the incident; or**
- (b) contact the department within the next business day and submit a completed accident report form within five business days of the incident.**

### **Rationale/Explanation**

The licensing agency should be notified according to state regulations regarding any of the events listed above because each involves special action by the licensing agency to protect children, their families, and/or the community. If death, serious injury, or illness or any of the events in item d) occur due to negligence by the caregiver/teacher, immediate suspension of the license may be necessary. Public health staff can assist in stopping the spread of the infectious disease if they are notified quickly by the licensing agency or the facility. The action by the facility in response to an illness requiring medical attention is subject to licensing review. CFOC 4th ed. Standard 9.4.1.10 p.p. 413.

### **Compliance Guidelines**

- Receiving medical attention means the child is seen (either in person or online) by a health care professional or is assisted by any emergency personnel (police, ambulance, fire department, or EMS).
- An accident report must be submitted according to rule for any child in care who is injured and receives medical attention, including the provider's and caregivers' children younger than 4 years old.
- The provider may call CCL within 24 hours of a child's injury that required medical treatment, and then submit a report within 5 business days; or in place of the call, the provider may notify CCL within 24 hours by emailing, or submitting the accident report through the provider's Child Care Licensing portal.
- Occasionally, the provider may not know that a child who was injured while in care received medical attention. For example, a parent may have taken their child to the doctor after they left the child care facility, and the provider did not find out until a day or two after the injury occurred. In this case, after being informed that the child received medical attention, the provider must report the incident by the end of CCL's next business day.

### **Risk Level**

High

### **Corrective Action for 1st Instance**

Citation and CMP Warning when:

A fatality is not reported to CCL, or is not reported within the required time frame.

### **Risk Level**

Moderate

### **Corrective Action for 1st Instance**

Citation Warning when:

An injury requiring medical attention (not resulting in death) is not reported to CCL.

### **Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning when:

An injury requiring medical attention is reported, but not within the required time frame.

- (14) The provider shall keep a six-week record of each incident, accident, and injury report on-site for review by the department**

### **Rationale/Explanation**

Injury patterns and child abuse and neglect can be detected from such records and can be used to prevent future problems. A report form is also necessary for providing information to the child's parents/guardians, primary care provider and other appropriate health agencies. CFCO 4th ed. Standard 9.4.1.11 p.p. 414.

### **Compliance Guidelines**

- Records may be kept as a hard copy or electronically.
- CCL rules require that accident reports for serious incidents, accidents, or injuries be kept for at least six weeks. However, other agencies or insurance companies may require documentation to be kept for longer periods of time.

### **Risk Level**

Low

### **Corrective Action for 1st Instance**

Warning

- (15) If the provider must leave the children due to an emergency and a background checked covered individual who is at least 18 years old or older is not available to stay with the children, the provider may leave the children in the care of an emergency substitute who:**
- (a) is at least 18 years old;**
  - (b) substitutes the caregiver for the minimum time possible and for less than one business day; and**

**(c) signs a written background statement before being left alone with the children.**

**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.

Supervision is basic to safety and the prevention of injury and maintaining quality child care. Parents/guardians have a contract with caregivers/teachers to supervise their children. CFOC 4th ed Standard 2.2.0.1 p.p.64-66.

**Compliance Guidelines**

*Emergency Substitute Variance*

When the caregiver-to-child ratio is out of compliance because a caregiver unexpectedly left, and the provider cannot come into compliance within 45 minutes, CCL may grant an emergency variance to the emergency substitute rules for up to ten working days. This will give the provider time to use an emergency substitute longer than 24 hours until they bring in a new caregiver in order to be in compliance with ratios. This variance will also allow for the use of a 16 or 17-year-old emergency substitute.

To obtain this variance, the provider must:

- Contact their licensor within 24 hours (or contact other CCL staff if the licensor is unavailable), and
- Give CCL the name and/or the Covered Individual Number of the person who left.

Refer to the following guidelines:

- The provider must maintain compliance with supervision rules. A variance for supervision will not be granted.
- All emergency substitutes must sign a written statement that they:
  - Have not been convicted of a felony or misdemeanor;
  - Do not have a substantiated background finding; and
  - Are not being investigated for abuse or neglect by any federal, state, or local government agency.
- The emergency substitute's written statement must be submitted to CCL within 5 working days after the occurrence.
- There is an Emergency Substitute Statement form available for use on the CCL website under [Forms and Documents](#).
- An emergency substitute may not be left unsupervised until they have met the requirements to become a caregiver.
- A Focus Inspection will be conducted to verify compliance with ratios after the variance expires.

**Risk Level**

High

**Corrective Action for 1st Instance**

Citation and CMP Warning when:

- The emergency substitute was younger than 16 years of age.

### **Risk Level**

Moderate

### **Corrective Action for 1st Instance**

Citation Warning when:

- The emergency substitute was 16 or 17 years of age

**(16) Before leaving for the emergency, the provider shall obtain a signed, written background statement from the emergency substitute stating that the emergency substitute:**

- (a) has not been convicted of a felony;**
- (b) has not been convicted of a crime against a person;**
- (c) is not listed on the state or national sex offender registry; and**
- (d) is not being investigated for abuse or neglect by any federal, state, or local government agency.**

### **Rationale/Explanation**

To ensure their safety and physical and mental health, children should be protected from any risk of abuse or neglect. CFOC 4th ed Standard 1.2.0.1 p.p. 9.

**(17) Within five working days after the occurrence, the provider shall submit emergency substitute's written background statements to the department for review.**

### **Rationale/Explanation**

The purpose of this rule is to ensure that individuals who have a criminal history do not have contact with children in child care programs as outlined in Utah Code 26-39-404.

### **Compliance Guidelines**

- The provider should be aware of each individual's criminal history before they are allowed contact with the children in care.
- Providers should not use individuals as emergency substitutes if their names are listed on the Utah Sex Offender Registry.
- The emergency substitute's signed, written statement may be emailed or faxed to CCL, or submitted through the provider's Child Care Licensing portal.

### **Risk Level**

Moderate

### **Corrective Action for 1st Instance**

Citation Warning