

R381-70. Rule Interpretation Manual: Out of School Time Introduction

DHHS Vision

The Department of Health and Human Services will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.

OL Vision

Quality health and safety services for people in Utah!

Introduction to Child Care Licensing

Every day, thousands of Utah children are being cared for outside of their own homes. Child Care Licensing serves Utah's communities by ensuring that child care facilities meet standards that keep children healthy and safe while in out-of-home care.

Child Care Licensing (CCL) is a program within the Office of Licensing (OL) under the authority of the Utah Department of Health and Human Services (DHHS). The purpose of the program is to ensure a healthy and safe environment for the children in child care settings through regulation of both residential and commercial child care facilities.

CCL staff are accountable to:

- Monitor child care facilities for compliance with federal and state laws and regulations.
- Offer technical assistance and training to child care providers.
- Ensure that all individuals involved with child care pass background checks.
- Investigate complaints that allege rule noncompliance and unlicensed care.
- Inform parents and the public about child care in Utah. Each child care provider's public licensing record is available on the Child Care Licensing website at: childcarelicensing.utah.gov.

Child Care Licensing Vision

Access to safe, healthy child care for Utah families.

Child Care Licensing Mission

To support the child care community by protecting the health and safety of children in child care programs we oversee. This is accomplished by:

- Establishing, monitoring, and assessing health and safety standards;
- Training, guiding, and supporting providers in meeting the established standards; and
- Providing the public with accurate information about child care standards, processes, and provider compliance history.

Code of Ethics

CCL has adopted the Code of Ethics published by the National Association for Regulatory Administration (NARA). The Code requires CCL employees to use their authority with integrity, thus prohibiting certain actions.

CCL employees will not:

- Use their positions for personal gain from those they regulate.
- Apply regulations inconsistently because of favoritism, nepotism, or personal bias.
- Regulate someone with whom they have or have recently had a significant financial or personal relationship.
- Exceed the authority delegated to them by laws and regulations.
- Accept services, favors or gifts, including food, treats, gift certificates, or handmade gifts from those they regulate.
- Depart from established CCL procedures therefore ensuring fair and objective enforcement.

[NARA Code of Ethics](#)

Child Care Licensing Rules

Utah wants the best for its children and therefore laws are enacted to promote the healthy growth, development, and protection of children. The Utah Child Care Licensing Act authorizes the Utah Department of Health and Human Services, in conjunction with the Child Care Center Licensing Committee, to establish rules regarding child care that implement state law. The Department of Health and Human Services's Child Care Licensing program is delegated with the authority to interpret and enforce these rules that have the same effect as law. It is the child care provider's responsibility to understand and follow licensing rules in order to keep children safe and healthy.

Licensing rules focus on the foundational standards necessary to keep children safe and healthy while in care. The rules are based on current research and guidance from recognized experts in the field. A primary source of information is the publication *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Edition (CFOC)*. It is published by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

Licensing rules also reflect recommendations from the Consumer Product Safety Commission (CPSC) and ASTM International (ASTM). CPSC is a U.S. government agency responsible for ensuring the safety of consumer products including toys, cribs, and household chemicals. ASTM is a recognized leader in researching and setting standards that improve product quality and safety.

Licensors

To make sure inspections are conducted equitably, effectively, efficiently, and in accordance with local and federal requirements, our licensors go through extensive training.

First, we hire individuals with experience in child care and with degrees in child development or other related fields.

Second, new licensors go through at least 480 hours of targeted training before they conduct inspections on their own. Training includes, but is not limited to:

- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication
- Prevention and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility)
- Handling and storage of hazardous materials and the appropriate disposal of biocontaminants
- Appropriate precautions in transporting children
- Pediatric first aid and cardiopulmonary resuscitation
- Recognition and reporting of child abuse and neglect
- Disease Prevention and Control (Immunizations)
- Caseload management
- Handling difficult conversations and effective communication
- Child Development
- Time management
- Cultural and linguistic diversity awareness
- Inclusiveness
- Equity
- Teamwork, professionalism, and work ethics

Third, Child Care Licensing staff receive at least 50 hours of ongoing annual training. This training includes all previously stated topics in addition to our program specific and HR related topics.

Licensors are organized in specialized teams and according to provider setting: **Homes, Centers, and License Exempt**. Their caseloads vary depending on their individual teams and other assignments.

The licensor's average caseload is: **Homes licensor 1/120, Centers licensor 1/100, and License Exempt licensor 1/140.**

Some of our licensors are also trained and assigned to conduct complaint investigations.

Inspection Process

CCL ensures compliance to licensing rules through ongoing inspections of child care facilities, thus preventing the continued operation of substandard child care programs. Inspections are conducted onsite, and on very rare occasions they are conducted remotely. To make sure inspections are conducted in a timely manner, licensors receive automated inspection required alerts. These and other required assignments are closely monitored by their supervisor.

During inspections, a licensor will:

- Inspect all rooms, indoor and outdoor areas (including sheds, garages, storage areas, campers, etc.), playground equipment, and items that are accessible to children in care.
- Check that there are no children or illegal items in rooms and areas that are inaccessible to children. A locked room will not need to be opened if there is a way for the licensor to view the entire room without unlocking it.

Please refer to "[Section 2 - Definitions](#)" to better understand the definition of "inaccessible".

To verify compliance with the rules and depending on the inspection type, a licensor may:

- Ask for a government issued photo ID to confirm all covered individuals have passed a CCL background check.
- Open and observe the contents of any container, drawer, cupboard, room, or area, etc. that is accessible to children.
- Ask clarifying questions.
- Review records – the facility's general paperwork, each covered individual's records, and the records kept for each child in care. A list of required records is found in the Appendix of this manual.
- Observe a diaper change if there are diapered children in care at the time of the inspection.
- Inspect each vehicle used to transport the children.
- Take pictures of items in order to better explain a situation to their manager and/or to be used as documentation of a rule noncompliance.
- Interview staff, children, and/or parents of enrolled children.
- Ask for written statements.
- Record audio statements.
- Bring additional CCL staff to help with the inspection, depending on the size of the facility or as instructed by their supervisor.

The licensors use standardized checklists to ensure consistency for each inspection. These checklists are published on the CCL website under "[Forms and Documents](#)". Once inspections receive managerial approval, checklists used during those inspections are posted on our website to show all items observed during the inspection. Normally, licensors have two business days to complete their report after the inspection is complete, then managers have two more business days to review and approve. These inspection checklists are part of the full monitoring and inspection report found at [Child Care Facility Record](#). We display three years of each provider's compliance history on our website.

If there are any inaccuracies on any of our reports or inspection results, providers have the opportunity to contact us and request that correction. They can also use their **10-day right to appeal** and submit a manager review request to facilitate any needed corrections.

If anyone is interested in a provider's compliance history and does not have access to the internet, they can contact any of our staff and get that information on the phone as a file review.

CCL conducts several types of inspections that are described below. However, every facility will normally have one annual announced and one annual unannounced inspection each year.

Pre-License Inspection

This inspection is conducted before a new child care license is issued. At the Pre-License Inspection, an applicant for a child care license must demonstrate that they are in compliance with all licensing rules. It is also at this time that a licenser will measure the facility's area with a laser distance measure to calculate square footage, and assess other requirements in determining the facility's capacity.

Announced Inspection

An Announced Inspection is conducted annually at each facility to ensure that all licensing rules are in compliance. This inspection is scheduled with the child care provider and usually takes place 30 to 90 days before the license expiration date. Depending on the size of the facility and the number of staff and enrolled children, the Announced Inspection takes approximately one to four hours to complete. The inspection process will proceed more quickly and smoothly if:

- The provider is not scheduled for other duties during the inspection, such as transporting children, preparing meals, etc.
- Keys to locked areas of the facility are readily available. Rooms and areas that are locked to make them inaccessible should not be unlocked until requested by the licenser.
- Providers tell the licenser when a child is ready to be diapered.
- Vehicles are available to be inspected some time during the inspection.
- Required paperwork is completed, organized, and available for review.

Unannounced Inspection

Each facility will receive an Unannounced Inspection annually. This inspection is not scheduled with the provider and takes place sometime during the licensing year. Its purpose is for CCL to ensure that a child care provider is in compliance with licensing rules at all times a child is in care, even when an inspection is unexpected. The Unannounced Inspection takes the same amount of time as an Announced Inspection.

Follow-up Inspection

Licensors conduct a Follow-up Inspection to verify that any rule noncompliance found in previous inspections is corrected, and to ensure that there are no new, serious noncompliances. Follow-up Inspections are always unannounced.

Complaint Investigation

In addition to the previously mentioned regular inspections, reports that allege rule noncompliances are investigated by a complaint investigator. The type and scope of each investigation vary based on the information received in the complaint. Complaint Investigations can be announced or unannounced. Depending on the information received or witnessed, Complaint Follow-up Inspections may be conducted.

Monitoring Inspection

This inspection is unannounced and conducted to check for specific compliance issues in facilities that are under a conditional license or certificate. The frequency of these inspections depends on the conditions set by CCL when the facility's child care license was placed on a conditional status.

Focus Inspection

This type of inspection is conducted when there is a specific issue, unrelated to a complaint, that needs to be addressed outside of the regular Announced and Unannounced Inspections.

After Each Inspection

At the end of or after each inspection, the licensor will:

- Inform the provider of the results of the inspection.
- Explain any rule noncompliance to the provider.
- Give the provider an opportunity to discuss each item and provide feedback.
- Decide, with the provider, on a correction date for each noncompliance. However, if a noncompliance poses a serious risk to the children, a date of correction may not be negotiated, but will be set by the licensor.
- Ask the provider to sign the electronic checklist as acknowledgment that the inspection was conducted and concluded. The provider's signature does not indicate their agreement with the results of the inspection.
- Email the checklist to the provider before leaving the facility.
- After management approval, send an Inspection Report to the provider explaining any rules found out of compliance, each rule noncompliance's level of risk or harm, CCL's corrective action, and a due date for each rule noncompliance to be corrected.
- Conduct an unannounced Follow-up Inspection to verify that all rule noncompliances have remained or been corrected, and that there are no new, serious noncompliances.

The provider will have an opportunity to give [feedback](#) to CCL about each inspection. Additionally, providers have 10 working days to appeal any action taken by CCL. This includes appealing CCL's determination of a rule noncompliance, a corrective action, and the assessment of a Civil Money Penalty. The appeal period begins on the date that the provider receives official notification of a CCL action, such as receiving the Inspection Report.

[Child Care Provider Bill of Rights](#)

Purpose and Use of the Interpretation Manual

This manual has been prepared for child care owners, providers, caregivers, parents, and licensing staff to ensure statewide consistency in the understanding and enforcement of CCL rules. It provides a general overview of licensing rules and gives additional information to broaden knowledge about the intent and meaning of specific rules.

The manual is divided by rule categories into 24 sections with each section containing four main types of information:

- **Rule** – The actual rule text is printed in a black bold font.
- **Rationale / Explanation** – This explains the reason for a specific rule or section of rules, it frequently describes best practice but not rule assessment.
- **Compliance Guidelines** – This provides guidance in achieving and maintaining compliance with a specific rule.
- **Risk Level** - This describes the level of risk or harm that occurred or is likely to occur due to a rule noncompliance.
- **Corrective Action** for 1st Instance – This describes the first corrective action that CCL will take if the rule is violated. See "[Section 5: Rule Noncompliances & Penalties](#)" for more information.

As our knowledge of what is best for children grows and as CCL engages in continuous improvement, this manual will be periodically updated. The manual is found on the CCL website at: child.care.licensing.utah.gov.

R381-70-1. Rule Interpretation Manual: Legal Authority and Purpose



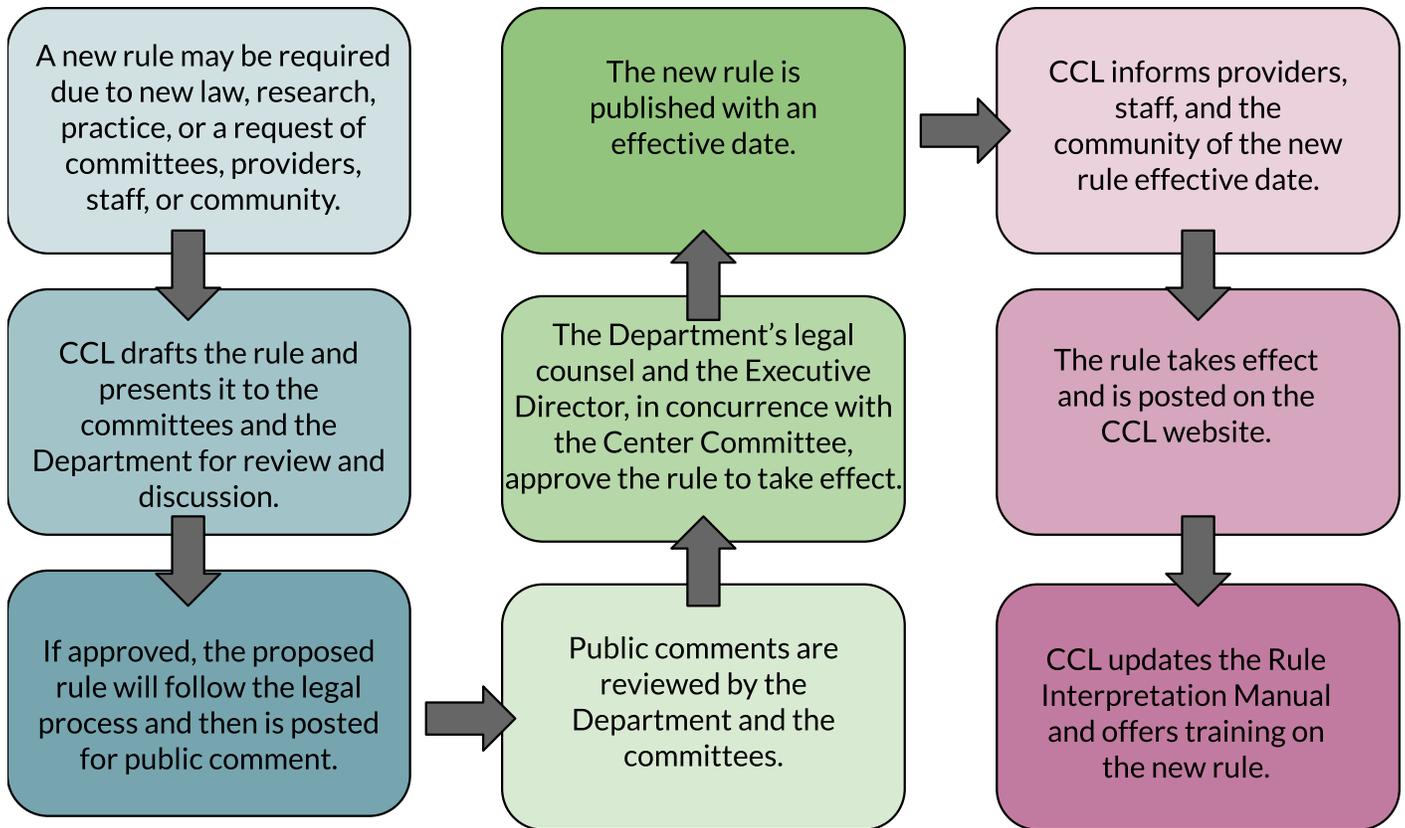
The authority to enforce licensing rules and the purpose of these rules is explained in this section.

- (1) This rule is enacted and enforced in accordance with Title 26, Chapter 39, Utah Child Care Licensing Act.**
- (2) This rule establishes the foundational standards necessary to protect the health and safety of children in out-of-school-time programs and defines the general procedures and requirements to get and maintain a license.**

Rationale/Explanation

The Utah Department of Health and Human Services (DHHS) and the Child Care Center Licensing Committee have the legal responsibility to regulate child care providers as outlined in Utah Code, Title 26, Chapter 39, also known as the Utah Child Care Licensing Act. Child Care Licensing (CCL) in the Office of Licensing (OL) with the Department of Health and Human Services (DHHS), is the program delegated with the authority to make and enforce rules to carry out the Child Care Licensing Act. The purpose of the rules is to ensure the health and safety of children in child care facilities. The rules also explain how to obtain and keep a license to provide child care in Utah.

CHILD CARE LICENSING RULE MAKING PROCESS



- Occasionally, a proposed rule may not be approved, including when a concern can be addressed by an update to the Rule Interpretation Manual or the enforcement protocol.
- The Rule Interpretation Manual and updates are posted on the CCL website. The Manual is generally updated annually.
- CCL offers training on licensing rules on a regular basis.

This section provides definitions of words that are specific to Child Care Licensing (CCL) or are used multiple times in licensing rules.

(1) "Applicant" means a person or business who has applied for a new or a renewal of a license from Child Care Licensing.

(2) "Background Finding" means information in a background check that Child Care Licensing uses to determine if a covered individual is or is not eligible to be involved with child care.

Rationale/Explanation

Refer to "Section 8: Background Checks" for a complete description of the reasons why individuals will not pass a CCL background check. According to Utah statute 26-39-404, a licensee or an exempt provider may not permit a person who has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for any felony or misdemeanor to provide child care, volunteer, reside, or serve in any ownership or administrative capacity in a child care facility or program.

(3) "Barrier" means an enclosing structure such as a fence, wall, bars, railing, or solid panel to prevent accidental or deliberate movement through or access to something.

(4) "Body Fluid" means blood, urine, feces, vomit, mucus, or saliva.

(5) "Business Days and Hours" means the days of the week and times the facility is open for business.

(6) "Caregiver" means a covered individual who protects the health and safety of children. A covered individual is a caregiver when they:

- (a) count in the caregiver-to-child ratio;**
- (b) meet the physical or emotional needs of the children, including toileting, feeding, or protecting them from harm; or**
- (c) supervise children.**

(7) "Capacity" means the maximum number of children the provider is allowed to care for at any given time.

(8) "CCL" means the Child Care Licensing Program in the Department of Health that is delegated with the responsibility to enforce the Utah Child Care Licensing Act.

- (9) "Child Care Center Licensing Committee" means the Child Care Center Licensing Committee created in the Utah Child Care Licensing Act.
- (10) "Conditional Status" means that the provider is at risk of losing their child care license because compliance with licensing rules has not been maintained.
- (11) "Covered Individual" means any of the following individuals involved with the program:
- (a) an owner;
 - (b) a director;
 - (c) a member of the governing body;
 - (d) an employee;
 - (e) a volunteer, except a parent of a child enrolled in the program; and
 - (f) anyone who has unsupervised contact with a child in the program.
- (12) "Department" means the Utah Department of Health.
- (13) "Designated Play Surface" means any accessible elevated surface for standing, walking, crawling, sitting or climbing; or an accessible flat surface at least two by two inches in size and having an angle less than 30 degrees from horizontal.
- (14) "Director" means an individual who meets the director qualifications in this rule, and who assumes the child care program's day-to-day responsibilities for compliance with Child Care Licensing rules.
- (15) "Eligible" means that there were no findings in a covered individual's background check that could prohibit that covered individual from being involved with child care.
- (16) "Emotional Abuse" means behavior that could harm a child's emotional development, such as threatening, intimidating, humiliating, demeaning, criticizing, rejecting, using profane language, or using inappropriate physical restraint.
- (17) "Entrapment Hazard" means an opening greater than 3-1/2 by 6-1/4 inches and less than nine inches in diameter where a child's body could fit through but the child's head could not fit through, potentially causing a child's entrapment and strangulation.
- (18) "Facility" means a program or the premises approved by the Department and licensed by Child Care Licensing.

Rationale/Explanation

The "premises" means the provider's building (or buildings) and grounds.

(19) "Group" means the children who are assigned to and supervised by one or more staff members.

Rationale/Explanation

This definition applies whenever children are under the responsibility of the out-of-school-time provider, both on the premises and offsite.

(20) "Group Size" means the total number of children in a group per room or area.

(21) "Guest" means an individual who is not a covered individual and is at the facility with the provider's permission.

(22) "Health Care Provider" means a licensed health professional, such as a physician, dentist, nurse practitioner, or physician's assistant.

(23) "Homeless" means anyone who lacks a fixed, regular, and adequate nighttime residence.

(24) "Inaccessible" means out of reach of children by being:

- (a) locked, such as in a locked room, cupboard, or drawer;**
- (b) secured with a safety device;**
- (c) behind a properly secured safety gate;**
- (d) located in a cupboard or on a shelf that is at least 48 inches above the floor; or**
- (e) in a bathroom, locked or secured with a safety device.**

Rationale/Explanation

Providers must ensure that children are safe by making potential hazards inaccessible.

Approved locking equipment includes:

- Devices specifically manufactured as child safety products such as baby safety gates, child safety locks, and other child safety fastening devices. Child-resistant packaging (such as a medicine bottle safety cap) is not approved locking equipment.
- Locks that use a key or combination to unlock them.
- Locks that use a coin, allen wrench, or similar additional tool to unlock them except when used to lock firearms.
- Locks that do not use a key or combination, such as a deadbolt or hook-and-eye latch, when they are installed at least 60 inches high.
- Properly secured homemade or manufactured child safety gates that are at least 24 inches high from the floor to the top of the gate. The gap between the floor and the bottom of the gate cannot exceed 5 by 5 inches.
- Zip ties, except when used to lock firearms.

To be considered locked and therefore inaccessible:

- A room, area, cabinet, or item is locked or secured with an approved locking device. If a key or combination lock is used, the key hole or combination pad must be on the side child care is taking place.
- A key or other device used to open the lock is not in the lock.
- A safety gate is latched and secure even when bumped or shaken.
- All doors that access the same area, cupboard, closet, or cabinet are locked.

To be considered out of reach of children and therefore inaccessible:

- Items are on counters or shelves and/or in cupboards or drawers that are at least 48 inches high.
- Items are on securely stacked objects that are at least 48 inches high. To create a surface that is 48 inches or higher, stacking furniture may be used, or items may be firmly on or attached to another structure. If stacked furniture or items are unsecured, they are accessible. Unsecured means loose, unbound or unattached.
- In bathrooms, items are at least 48 inches above any fixture, furniture, or equipment on which a child could stand or climb, such as a toilet, bathtub, counter, cart, chair, stepstool, or ladder.
 - If the fixtures, furniture, or other items have 12 inches or more between them, they will not be considered close enough for a child to move from one surface to another.
- Measurements are taken with a wood or metal measuring tool.

(25) "Infectious Disease" means an illness that is capable of being spread from one person to another.

(26) "Involved with Children" means to do any of the following at or for an out-of-school-time program:

- (a) supervise or be assigned to work with children ;**
- (b) volunteer;**
- (c) own, operate, direct;**
- (d) reside;**
- (e) count in the staff-to-child ratio; or**
- (f) have unsupervised contact with a child in care.**

(27) "License" means a license issued by the Department to provide out-of-school-time program services.

(28) "Licensee" means the legally responsible person or business that holds a valid license from Child Care Licensing.

- (29) "LIS Supported Finding" means background check information from the Licensing Information System (LIS) database for child abuse and neglect, maintained by the Utah Department of Human Services.
- (30) "Over-the-Counter Medication" means medication that can be purchased without a written prescription including herbal remedies, vitamins, and mineral supplements.
- (31) "Parent" means the parent or legal guardian of a child in the program.
- (32) "Person" means an individual or a business entity.
- (33) "Physical Abuse" means causing non accidental physical harm to a child.
- (34) "Play Equipment Platform" means a flat surface on a piece of stationary play equipment intended for more than one child to stand on, and upon which the children can move freely.
- (35) "Protective Barrier" means a structure such as bars, lattice, or a panel that is around an elevated platform and is intended to prevent accidental or deliberate movement through or access to something.
- (36) "Protective Cushioning" means a shock-absorbing surface under and around play equipment that reduces the severity of injuries from falls.
- (37) "Provider" means the legally responsible person or business that holds a valid license from Child Care Licensing.

Rationale/Explanation

The provider, namely the licensee, is legally responsible for all aspects of the child care program's operation and management, and for compliance with all licensing rules.

- (38) "Qualifying Child" means:
- (a) a child who is between five and 13 years old and is the child of a person other than the provider or a staff member, and
 - (b) a child with a disability who is between five and 18 years old and is the child of a person other than the provider or a staff member.
- (39) "Related Child" means a child for whom a provider is the parent, legal guardian, step-parent, grandparent, step-grandparent, great-grandparent, sibling, step-sibling, aunt, step-aunt, great-aunt, uncle, step-uncle, or great-uncle.

(40) "Room" is defined by the department as follows: If a large room is divided into smaller rooms or areas with barriers such as furniture or with half walls, the room or area is considered:

- (a) One room, if the room is divided by a solid barrier that is less than 24 inches, whether the barrier is movable or immovable.**
- (b) One room, if the room is divided by a solid barrier that is between 24 and 40 inches in height and there is an opening in the barrier through which caregivers and children can move freely.**
- (c) Two rooms, if the room is divided by a solid barrier that is between 24 and 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. This also applies to a diaper changing station that is located behind a closed gate.**
- (d) Two rooms, if the room is divided by a solid barrier that is over 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. If there is an opening through which caregivers and children can move freely and the opening is not blocked, refer to the instructions for a large opening, archway, or doorway.**

If two rooms or areas are connected by a large opening, archway, or doorway, the rooms or areas are considered:

- (e) One room, if the width of the opening or archway is equal to or greater than the combined width of the walls on each side of the opening or archway, in the larger of the two rooms or areas, and there is no furniture or other dividers blocking the opening or archway. Otherwise the department shall consider this to be two rooms.**
- (f) Two rooms, if the width of the opening or archway is smaller than the combined width of the walls on each side of the opening or archway, in the larger of the two rooms or areas.**

If in outdoor areas separated by interior fences, the department considers it:

- (g) One area, if the interior fence is lower than 24 inches in height, whether or not the fence has an opening.**
- (h) One area, if the interior fence is 40 inches or lower in height with an opening through which caregivers and children can move freely.**
- (i) Two areas if the interior fence is higher than 24 inches and there is no opening.**
- (j) Two areas, if the interior fence is higher than 40 inches whether or not the fence has an opening.**

(41) "Sanitize" means to use a product or process to reduce contaminants and bacteria to a safe level.

(42) "School-Age Child" means a child age five through 12 years old.

Rationale/Explanation

For licensing purposes, a child is considered school age on the child's 5th birthday.

(43) "Services" means the supervision and response to the needs of five or more qualifying children:

- (a) in the absence of the children's parents,**
- (b) in a place other than the provider's home or the child's home,**
- (c) for less than 24 hours a day, and**
- (d) for direct or indirect compensation.**

(44) "Sexual Abuse" means to take indecent liberties with a child with the intention to arouse or gratify the sexual desire of an individual or to cause pain or discomfort.

(45) "Sexually Explicit Material" means any depiction of actual or simulated sexually explicit conduct.

(46) "Staff-to-Child Ratio" means the number of staff responsible for a specific number of children.

(47) "Stationary Play Equipment" means equipment such as a climber, slide, swing, merry-go-round, or spring rocker that is meant to stay in one location when a child uses it. Stationary play equipment does not include:

- (a) a sandbox;**
- (b) a stationary circular tricycle;**
- (c) a sensory table; or**
- (d) a playhouse that sits on the ground or floor and does not have an attached slide, swing, or climber.**

(48) "Strangulation Hazard" means something on which a child's clothes or drawstrings could become caught, or something in which a child could become entangled such as:

- (a) a protruding bolt end that extends more than two threads beyond the face of the nut;**
- (b) hardware that forms a hook or leaves a gap or space between components such as a protruding open S-hook; or**
- (c) a rope, cord, or chain that is attached to a structure and is long enough to encircle a child's neck.**

(49) "Unsupervised Contact" means being with, caring for, communicating with, or touching a child in the absence of a caregiver or other employee who is at least 18 years old and has passed a Child Care Licensing background check.

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

(51) "Volunteer" means an individual who receives no form of direct or indirect compensation for their service.

(52) "Working Days" means the days of the week the department is open for business.

Rationale/Explanation

The department is open for business on Mondays through Fridays from 8:00 a.m. to 5:00 p.m. except on federal and state holidays.

R381-70-3. Rule Interpretation Manual: License Required

Individuals and businesses that provide care for children are licensed and regulated by Child Care Licensing (CCL) unless they are specifically exempt under Utah law. The rules in this section explain who is required to be licensed. In licensed facilities, CCL rules apply to all qualifying children.

(1) A person or persons shall be licensed as an out-of-school-time program if they provide services:

- (a) in the absence of the child's parent;**
- (b) in a place other than the provider's home or the child's home;**
- (c) for five or more qualifying children;**
- (d) for each individual child for less than 24 hours a day;**
- (e) on an ongoing basis, on three or more days a week and for 30 or more days in a calendar year;**
- (f) to children who are at least five years of age; and**
- (g) for direct or indirect compensation.**

Rationale/Explanation

Within the early care and education system, licensing provides the baseline of protection for children and covers the broadest content, the largest number of children from birth to school age, and the largest population of providers. Licensing helps prevent various forms of harm to children—risks from the spread of disease; fire and other building safety hazards; injury; and developmental impairment from the lack of healthy relationships with adults, adequate supervision, or developmentally appropriate activities. National Center on Early Childhood Quality Assurance. Research Brief #1: Trends in Child Care Center Licensing for 2017.

Compliance Guidelines

Individuals who care for fewer than 5 children are not required by law to be regulated.

- However, an individual or business may request to be regulated by Child Care Licensing if they care for at least one qualifying child under the other conditions listed in 70-3(1)(a)-(h) above.
- Programs that provide 24-hour, live-in care are regulated as residential treatment facilities and are not licensed by Child Care Licensing.
- An “ongoing basis” means that children attend the program on a regular schedule, as opposed to occasional drop-in care.
- Direct compensation means that there is a cash payment for providing child care. Indirect compensation is a noncash payment of goods, time, or services for the child care that is provided.
- Noncompliance with this rule will be determined by the CCL complaint investigator.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

- (2) A person who is not required to be licensed may voluntarily become licensed, except for care that is for related children only or on a sporadic basis.**

Rationale/Explanation

When a provider cares for related children only, in order to receive child care subsidy payments from the State, the provider must obtain an approval from the Division of Workforce Services (DWS). Instructions for obtaining this approval may be found at: childcarelicensing.utah.gov.

A license is unavailable for occasional drop-in child care.

- (3) A provider may be licensed to provide child care in a facility that is also licensed to offer foster or respite care services, or another licensed or certified human services program if the part of the building requesting a CCL license is physically separated from the other building services.**

R381-70-4. Rule Interpretation Manual: License Application, Renewal, Changes, and Variances



This section describes how to apply for a license, renew a license, change an existing license, and how to request a variance to a specific licensing rule.

License Application

(1) Each applicant for a new care license shall:

- (a) submit a CCL online application;**
- (b) submit a copy of a current local fire clearance or a written statement from the local fire authority that a fire inspection is not required;**
- (c) submit a copy of a current local health department kitchen clearance for a facility providing food service or a written statement from the local health department that a kitchen inspection is not required;**
- (d) submit a copy of a current local business license or a written statement from the city that a business license is not required;**
- (e) submit a copy of the educational credentials of the individual who will be the director as required in Section R381-70-7;**
- (f) complete CCL background checks for covered individuals as required in Section R381-70-8;**
- (g) complete CCL new provider training no more than six months before becoming licensed; and**
- (h) pay any required fees, which are nonrefundable.**

Compliance Guidelines

New Provider Training and Support

The applicant should become familiar with licensing rules and take the Department's [New Provider Training](#) as the first steps in the application process. Specific details on how to apply for a child care license are explained in this training. CCL keeps a list of those who complete this training.

During the application period, the applicant is to create an account through ccl.utah.gov to receive access to their CCL provider portal. The email address used to create this account must be the email address used as their facility contact information.

Required CCL Forms and Documents

When applying for a child care license, the applicant must submit the following CCL-approved forms:

- [Online Application](#)
- [Background Check Form](#)

- Each covered individual must pass a CCL background check. Background checks that are run by other organizations do not meet the requirements of this rule.
- To learn how to request a CCL background check, refer to: [How to Submit Background Check Forms, Fingerprints, & Fees](#) or [“Section 8: Background Checks”](#) in this manual.

The child care facility must have a qualified director whose educational credentials meet licensing requirements. The applicant must submit a copy of those credentials to CCL for approval. Refer to [“Section 7: Personnel and Training Requirements”](#) for a list of required director qualifications and approved educational credentials.

Business License, Fire and Kitchen Inspections, and Fees

To operate a business in Utah, each applicant needs to obtain a business license from the city where their child care facility will be located. Each city sets its own regulations and fees for obtaining a business license. A copy of the license must be submitted to CCL during the application period.

Child care facilities must pass a fire inspection by their local fire authority each year and pass a kitchen inspection by the local county health department to obtain a license. It is advisable for the applicant to schedule these inspections early in the application process in allowing time to make any corrections ordered by the local fire or health department. Fire departments and local health departments generally charge a fee to conduct these inspections.

Utah requires the applicant to pay child care licensing fees. CCL’s fee schedule is available on CCL’s website under [Payments](#).

(2) Each applicant shall pass a department’s inspection of the facility before a new license or a renewal is issued.

Rationale/Explanation

Licensing inspections are important to assist facilities to achieve and maintain full compliance with licensing rules. CFCO 4th ed. Standard 10.4.2.1 p.p. 442.

Compliance Guidelines

After the applicant has submitted all required documents and fees to obtain a child care license, CCL will schedule the Pre-License Inspection with the applicant. The applicant must demonstrate compliance with all licensing rules before a license will be issued. The Pre-License Inspection checklist is available under [Forms and Documents](#). In order for a child care provider to renew their license, they must pass annual inspections verifying their compliance with licensing rules. Refer to the Introduction section of this manual for more information about annual inspections.

(3) If the local fire authority states in writing that an applicant for a new license or a renewal does not require a fire inspection, the department shall verify the applicant's compliance with the following:

- (a) address numbers and letters shall be readable from the street;**
- (b) exit doors operate properly and are well maintained;**
- (c) there are no obstructions in exits, aisles, corridors, and stairways;**
- (d) exit doors are unlocked from the inside during business hours;**
- (e) exits are clearly identified;**
- (f) there is at least one unobstructed fire extinguisher on each level of the building, currently charged and serviced, and mounted not more than five feet above the floor;**
- (g) there are working smoke detectors that are properly installed on each level of the building; and**
- (h) boiler, mechanical, and electrical panel rooms are not used for storage.**

Rationale/Explanation

The child care licensing, building, fire safety, and health authorities, as well as any other regulators (e.g., environmental, sanitation, and food safety), should work together as a team to safeguard children in child care. CFOC 4th ed. Standard 10.4.2.4 p.p. 443.

Compliance Guidelines

If the facility is not inspected by the local fire authority, a licenser will:

- Inspect the facility for compliance with this rule at the Pre-License Inspection and before the license renewal each year.

Refer to the following guidelines:

- Address numbers and/or letters must be readable from the street.
- Doors identified as exits must be able to open and close.
- Indoor and outdoor exits may not be blocked.
- Exit doors must be unlocked from the inside or have emergency release devices (such as a push bar or button release) so that they can be opened immediately in an emergency.
- It is required that exits be clearly identified (any sign identifying the exit is acceptable).
- There must be at least one all-purpose fire extinguisher on each level of the facility:
 - Caregivers should know the location of the fire extinguisher and it should be easily accessible.
 - The fire extinguisher's seals should be intact.
 - The gauge must show that the extinguisher is charged.
- At least one well-maintained (not chirping) smoke detector is required on each level of the building.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(4) If an applicant for a new license or a renewal serves food and the local health department states in writing that a kitchen inspection is not required, the department shall verify the applicant's compliance with the following:

- (a) the refrigerator is clean, in good repair, and working at or below 41 degrees Fahrenheit;**
- (b) there is a working thermometer in the refrigerator;**
- (c) there is a working stem thermometer available to check cooking and hot hold temperatures;**
- (d) cooks have a current food handler's permit available on-site for review by the department;**
- (e) cooks use hair restraints and wear clean outer clothing;**
- (f) only necessary staff are present in the kitchen;**
- (g) reusable food holders, utensils, and food preparation surfaces are washed, rinsed, and sanitized before each use;**
- (h) chemicals are stored away from food and food service items;**
- (i) food is properly stored, kept to the proper temperature, and in good condition; and**
- (j) there is a working handwashing sink in the kitchen and hand washing instructions posted by the sink.**

Rationale/Explanation

Inspectors from state and local agencies with appropriate training should check food service equipment and provide technical assistance to facilities. The local public health department typically conducts such inspections. Local health department regulations for food safety are based on scientific data about the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness. CFOC 3 ed. Standard 1.4.5.1 p.p. 30; Standard 4.8.0.2 p.p. 186; Standard 4.9.0.1 p.p. 188.

Compliance Guidelines

The child care facility must have a kitchen inspection if food for the children is prepared at the facility. A kitchen inspection is not required if:

- all food is brought by parents for their own children,
- the food is prepared in another inspected kitchen and then brought to the facility to be served, or
- the only food preparation is that of preparing baby bottles or baby food.

The following guidelines apply in the assessment of this rule:

- The refrigerator should be free of a buildup of spills, dirt, and grime.
- The provider should have a stem thermometer for cooking and for keeping food hot.
- Cooks must use hair restraints (any items to keep hair out of the face and off the food).
- Only the cook(s) and anyone who purchases, prepares, or stores the food may be in the kitchen. Children, other staff, and visitors may not be in the kitchen with the exception of inspectors including Child Care Licensing staff. Others may enter the kitchen for brief visits on condition that the food, equipment, and utensils are protected.

- Chemicals must be stored at least 3 feet away from food and food service items, or separated by a solid barrier.
- Food should show no signs of spoilage, such as mold or obvious rancid smells.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (5) Each applicant shall have six months from the time any portion of the application is submitted to finish the licensing process. If unsuccessful, the applicant shall reapply. Any resubmission must include the required documentation, payment of licensing fees, and a new inspection of the facility in order to be licensed.**
- (6) The department may deny an application for a license if, within the five years preceding the application date, the applicant held a license or a certificate that was:**
- (a) closed under an immediate closure;**
 - (b) revoked;**
 - (c) closed as a result of a settlement agreement resulting from a notice of intent to revoke, a notice of revocation, or a notice of immediate closure;**
 - (d) voluntarily closed after an inspection of the facility found a rule violation that would have resulted in a notice of intent to revoke or a notice of revocation had the provider not closed voluntarily; or**
 - (e) voluntarily closed having unpaid fees or civil money penalties issued by the department.**
- (7) Each child care license expires at midnight on the last day of the month shown on the license, unless the license was previously revoked by the department, or voluntarily closed by the provider.**

License Renewal

- (8) Within 30 to 90 days before a current license expires, the provider shall submit for renewal:**
- (a) an online renewal request;**
 - (b) applicable renewal fees;**
 - (c) any previous unpaid fees; and**
 - (d) a copy of a current fire inspection report.**

Compliance Guidelines

As part of the license renewal process, the facility must pass an inspection by:

- The local fire authority; or
- pass an inspection by CCL that verifies compliance with 70-4(3) if the local fire authority states that a fire inspection is not required.

(9) The department may grant a provider who fails to renew their license by the expiration date an additional 30 days to complete the renewal process if the provider pays a late fee.

Compliance Guidelines

A provider may choose not to renew their child care license or they may voluntarily close their child care facility, pay all pending fees, and relinquish their license at any time. However, all licensing rules must be in compliance and all licensing procedures (such as inspections, background checks, and fees) will continue until the facility closes and the provider no longer cares for children.

(10) The department may deny renewal of a license for a provider who is no longer caring for children.

Compliance Guidelines

The provider's child care license will be closed on the day they are no longer caring for children, or if the child care facility is found vacant.

License Changes

(11) Each provider shall submit a complete application for a new license at least 30 days before any of the following changes occur:

- (a) a change of the child care facility's location, or**
- (b) a change that transfers 50% or more ownership or controlling interest to a new individual or entity.**

Compliance Guidelines

If a provider will be changing the location of their facility, they may begin the application process, but may not care for children at the new location until their new license has been approved.

For a change of location, the provider must submit the following to CCL:

- An online application for a new child care license;
- A copy of a current local fire clearance or a statement from the local fire authority that a fire inspection is not required for the new facility;
- A copy of a current local health department kitchen clearance or a statement from the local health department that a kitchen inspection is not required for the new facility;
- A copy of a current local business license or a statement from the city that a business license is not required; and
- All required fees, which are nonrefundable.

The following submissions are not required for a change of location:

- CCL background checks if they are current for all covered individuals as required in rule;
- A copy of the director's educational credentials if the director will remain the same; and
- A copy of the department's new provider training certificate of attendance.

For a change of ownership, the provider must submit an application, documentation, and fees for a new license except the following:

- A copy of a current local fire clearance or a statement from the local fire authority that a fire inspection is not required for the new facility;
- A copy of a current local health department kitchen clearance or a statement from the local health department that a kitchen inspection is not required for the new facility; and
- A copy of the director's educational credentials if the director will remain the same.

(12) A provider shall submit a complete application to amend an existing license at least 30 days before any of the following changes:

- (a) an increase or decrease of licensed capacity, including any change to the amount of**
- (b) usable indoor or outdoor space where child care is provided;**
- (c) a change in the name of the program;**
- (d) a change in the regulation type of the program;**
- (e) a change in the name of the provider;**
- (f) an addition or loss of a director; or**
- (g) a change in ownership that does not require a new license.**

Compliance Guidelines

- Apply for a license change through the [Child Care Licensing Portal](#)
- If a change of director was unexpected, the provider has 30 days from the former director's last day of work to submit a change application.
- A CCL fee is charged if the provider makes more than 2 license changes per licensing year.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(13) The department may amend a license after verifying that the applicant is in compliance with any applicable rules and required fees have been paid. The expiration date of the amended license remains the same as the previous license.

(14) Only the department may assign, transfer, or amend a license.

Compliance Guidelines

- The provider must operate under their own license issued by the department.
- The provider must not alter the license in any way or for any reason.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

Rule Variances

(15) If an applicant or provider cannot comply with a rule but can meet the intent of the rule in another way, the applicant or provider may apply for a variance to that rule by submitting a request to the department.

Compliance Guidelines

The provider may submit a variance request online through their Child Care Licensing portal.

(16) The department may:

- (a) require additional information before acting on the variance request, and**
- (b) impose health and safety requirements as a condition of granting a variance.**

(17) Each provider shall comply with the existing rule until a variance is approved by the department.

(18) If a variance is approved, the provider shall keep a copy of the written approval on-site for review by parents and the department.

Compliance Guidelines

An electronic copy of the variance approval is acceptable as long as it is available on-site for review by parents and CCL staff.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(19) The department may grant variances for up to 12 months.

Compliance Guidelines

Providers must reapply for variances annually as needed.

(20) The department may revoke a variance if:

- (a) the provider is not meeting the intent of the rule as stated in their approved variance;**
- (b) the provider fails to comply with the conditions of the variance; or**
- (c) a change in statute, rule, or case law affects the basis for the variance.**

R381-70-5. Rule Interpretation Manual: Rule Violations and Penalties, and Appeals

This section gives information about rule noncompliances and penalties for noncompliance with rules. The first part of this section lists the rules; the last part describes the CCL enforcement process including the use of penalties for rule noncompliances.

Rationale/Explanation

The National Association for the Education of Young Children (NAEYC) supports the position that each state has the responsibility to regulate child care facilities. Penalties should be a part of the state's regulations to give strength to licensing rules. Research shows that states with the most effective regulation have a greater number of higher quality child care programs. NAEYC. (1998). Licensing and Public Regulation of Early Childhood Programs. Washington, DC.

- (1) The department may place a program's child care license on a conditional status for the following causes:**
 - (a) chronic, ongoing noncompliance with rules;**
 - (b) unpaid fees; or**
 - (c) a serious rule violation that places children's health or safety in immediate jeopardy.**

- (2) The department shall establish the length of the conditional status and set the conditions that the child care provider shall satisfy to remove the conditional status.**

- (3) The department may increase monitoring of the program that is on conditional status to verify compliance with rules.**

- (4) The department may deny or revoke a license if the child care provider:**
 - (a) fails to meet the conditions of a license on conditional status;**
 - (b) violates the Child Care Licensing Act;**
 - (c) provides false or misleading information to the department;**
 - (d) misrepresents information by intentionally altering a license or any other document issued by the department;**
 - (e) fails to allow authorized representatives of the department access to the facility to ensure compliance with this rule;**
 - (f) fails to submit or make available to the department any written documentation required to verify compliance with this rule;**
 - (g) commits a serious rule violation that results in death or serious harm to a child, or that places a child at risk of death or serious harm; or**
 - (h) has committed an illegal act that would exclude a person from having a license.**

- (5) Within ten working days of receipt of a revocation notice, the provider shall submit to the department the names and mailing addresses of the parents of each enrolled child so the department can notify the parents of the revocation.**
- (6) The department may order the immediate closure of a facility if conditions create a clear and present danger to any child in care and may require immediate action to protect the children's health or safety.**
- (7) Upon receipt of an immediate closure notice, the provider shall give the department the names and mailing addresses of the parents of each enrolled child so the department can notify the parents of the immediate closure.**
- (8) If there is a severe injury or the death of a child while in the program, the department may order the provider to suspend services and prohibit new enrollments, pending a review by the Child Fatality Review Committee or a determination of the probable cause of death or injury by a medical professional.**
- (9) If a person is providing care for more than four unrelated children without the appropriate license, the department may:
 - (a) issue a cease and desist order, or**
 - (b) allow the person to continue operation if:
 - (i) the person was unaware of the need for a license,**
 - (ii) conditions do not create a clear and present danger to the children in care, and**
 - (iii) the person agrees to apply for the appropriate license within 30 calendar days of notification by the department.******
- (10) If a person providing services without the appropriate license agrees to apply for a license but does not submit an application and the required application documents within 30 days, the department may issue a cease and desist order.**
- (11) A violation of any rule is punishable by an administrative civil money penalty of up to \$5,000 a day as provided in Section 26-39- 601.**
- (12) The department may assess a civil money penalty and also take action to deny, place on conditional status, revoke, immediately close, or refuse to renew a license.**
- (13) The department may deny an application or revoke a license for failure to pay any required fees, including fees for applications, late fees, returned checks, license changes, additional inspections, conditional monitoring inspections, background checks, civil money penalties, and other fees assessed by the department.**
- (14) An applicant or provider may request a hearing to appeal any department decision within 15 working days of being informed in writing of the decision.**

CHILD CARE LICENSING ENFORCEMENT PROCESS

Prevention Strategies

CCL takes several preventive steps to encourage compliance with licensing rules before more restrictive actions are needed. CCL offers:

- Technical assistance before licensing
- New provider and new director training
- Verbal technical assistance before, during, and after inspections
- Training on the licensing process and rules for those involved with child care
- A website with up-to-date resources and announcements
- Access to CCL trainers, licensors, management, and support staff
- Support and updates from community partners, such as Care About Childcare
- Information about any licensing changes

Child Care Licensing Inspections

CCL conducts regular inspections of child care programs to determine if providers are in compliance with the state's licensing rules. This is critical in ensuring that regulations are enforced. During these inspections, licensing staff may find instances of rule noncompliances. When a facility is found to be out of compliance, CCL is legally responsible for taking corrective action so that problems are resolved quickly before they become serious. This is usually handled by the provider agreeing to make necessary corrections within a specified amount of time. Some noncompliances may be corrected on-site during the inspection while others may take longer to correct. Serious rule noncompliance that may place the children at immediate risk must be corrected before the licensor leaves the facility. CCL staff will conduct a Follow-up Inspection to verify that any rule noncompliances are corrected, that compliance is maintained, and to ensure that there are no new, serious rule noncompliances. If more than one Follow-up Inspection is required to ensure compliance with rules, a fee of \$25.00 (as set by the Utah State Legislature) is charged for each additional Follow-up Inspection.

Risk Assessment

Risk assessment is a method of identifying the possibility and severity of harm that may result from rule noncompliance. Harm is physical, emotional, or psychological injury to a child. Any noncompliance with a rule poses a level of risk or harm to children. However, some instances of rule noncompliance present significantly more risk.

The National Association for Regulatory Administration (NARA) advises that licensing agencies maintain research-based assessment methods where risks are prioritized; inspections and technical assistance are focused accordingly; and corrective actions are systematically applied to build consistent compliance. NARA. Recommended Best Practices for Human Care Regulatory Agencies. Lexington, KY. (2009).

CCL's risk assessment has identified the following four levels of risk or harm that may result from rule noncompliance. Each level is based on actual or potential harm and the severity of the harm.

- Low risk or harm – Harm has not occurred, and is not likely to occur, but the possibility of harm exists. Moderate risk or harm – Harm that does not require intervention from a medical or mental health care provider has already occurred, or is likely to occur.
- High risk or harm – Harm that requires intervention from a medical or mental health care provider has already occurred, or is likely to occur.
- Extreme risk or harm – Harm including death or life-threatening injury has already occurred or is likely to occur.

Corrective Actions

CCL's enforcement of licensing rules can be viewed as a progressive set of steps. Utah statute and rules require that when a provider has a serious rule noncompliance, has frequent noncompliances, and/or fails to correct a deficiency, CCL must take corrective action. This is a process of communicating with the provider and taking disciplinary action to ensure the provider comes into compliance with rules.

In determining what action to take, CCL considers several factors:

- Whether actual harm has come to children,
- The risk of harm,
- The scope and severity of each noncompliance, and
- Whether or not it is the first instance of a noncompliance.

CCL uses the following corrective actions to ensure compliance with licensing rules.

Warning

This action warns the provider that a Low Risk rule noncompliance must be corrected within a specified amount of time. The Warning is documented by CCL, but is not displayed on the provider's public record.

Citation Warning

This action alerts the provider that a repeat instance of a rule noncompliance will be a Citation. A Citation Warning is documented by CCL, but is not displayed on the provider's public record.

Citation and CMP Warning

A Citation is issued for serious or repeat rule noncompliance along with a warning that another instance of the rule noncompliance will result in a civil money penalty (CMP).

A Citation and CMP Warning is not only documented by CCL, but is also displayed on the provider's public record because of the serious nature of the rule noncompliance.

- A child care provider's public record is available on the CCL website for 36 months.
- All rule noncompliances substantiated in a complaint investigation are public record.
- To check a provider's public record that is older than 36 months, the public may contact CCL.

Repeat Citation and CMP

If a cited rule noncompliance reoccurs, a Repeat Citation is issued and a CMP is imposed. This corrective action is placed on the provider's public record.

Citations and Repeat Citations are each assigned 10 Citation points. CCL uses these points in a system to track a provider's noncompliance with the rules and to alert CCL before a facility reaches a critical noncompliant state. This system is maintained in the CCL App and is not made available to the public.

Plan of Correction

If a provider accumulates 150 Citation tracking points within a 36-month period, CCL will require that the provider follow a Plan of Correction. The Plan will help move the provider toward compliance while allowing them (in most cases) to continue to provide child care and avoid being placed on a conditional license.

Usually, the provider, licensor, and region manager will discuss and develop the Plan including:

- Rule noncompliances that will need to be corrected,
- Conditions the provider must meet,
- Amount of time that will be allowed for the provider to come in to compliance, and
- Corrective actions that will be taken by CCL if the provider fails to comply with the conditions of the Plan, including placing the provider's license on Conditional status.

There may not be more than one Plan of Correction in a 36-month period.

Conditional License

A severe rule noncompliance, a noncompliance of any of the conditions described in a Plan of Correction, or failure to meet the deadlines described in the Plan may place a provider's child care license on a conditional status. In order for the provider to keep their child care license, they must come into compliance within a specified amount of time. CCL staff will conduct monitoring inspections to verify that this occurs.

Depending on the severity of the rule noncompliance and as outlined in the Plan of Correction, the required Monitoring Inspections may be frequent when the provider's license is placed on conditional status. The Plan of Correction will state whether weekly, semimonthly, or monthly Monitoring Inspections will be conducted. As set by the Utah State Legislature, an inspection fee of \$253.00 is charged for each Monitoring Inspection. The Plan of Correction will also indicate how long the conditional status will last and what will be required for the provider to regain regular license status.

Other Corrective Actions

Recurring and/or severe rule noncompliance can lead to other corrective actions such as an Intent to Revoke, Revocation, and Immediate Closure.

A Warning Letter is used to warn the provider that their license will be revoked if the issue(s) described in the Warning Letter letter is not corrected by the specified date.

A Revocation letter is used to inform the provider that their license has been revoked. This letter will also state the reason(s) for the revocation. Refer to 100-5(4) for noncompliances that may result in a license being revoked.

An Immediate Closure is enforced when the department determines that the children's well-being is at risk and the child care facility must be closed immediately. When this happens, CCL staff will arrive at the facility, notify the parents of each enrolled child of the closure, and remain at the facility until all the children have been picked up by their parents or persons authorized to do so. A Follow-up Inspection will also be conducted to verify that the provider is not in business after having been closed by the department.

The department may also deny a license if a provider has been previously closed by CCL.

Corrective Action Grid

The following chart summarizes rule noncompliance risk levels and the corresponding corrective actions. The first column describes the levels of risk (moving down the column) from Low to Extreme risk. The possible corrective actions are listed horizontally across the top of the chart ranging from least to most stringent.

A CCL corrective action is based on the degree of risk or harm and the number of instances a rule noncompliance has occurred. For example, the corrective action for the 1st instance of a Low Risk rule noncompliance would be a Warning. If there was a 2nd instance of that same rule noncompliance, the provider would receive a Citation Warning. For the 1st instance of a rule noncompliance with Extreme risk or harm, a Citation and a CMP would be issued with the possibility of other corrective actions being enforced.

CCL RULE NONCOMPLIANCE CORRECTIVE ACTION GRID						
Corrective Action	Warning	Citation Warning	Citation & CMP Warning	Repeat Citation & CMP	Repeat Citation & CMP & Possible: Plan of Correction, Conditional, Intent to Revoke, or Revocation	Citation & CMP & Possible: Plan of Correction, Conditional, Intent to Revoke, Revocation, Immediate Closure
Risk or Harm	On CCL Record Only		On Public Record			
Low	1st Instance	2nd Instance	3rd Instance	4th Instance	5th Instance	
Moderate	→	1st Instance	2nd Instance	3rd Instance	4th Instance	
High	→		1st Instance	2nd Instance	3rd Instance	
Extreme	→ → →					1st Instance
CMP = Civil Money Penalty						

Rule noncompliances Corrected During An Inspection

Except for the rule noncompliances listed below, the corrective action for a first-time rule noncompliance that is corrected during the inspection will be reduced by one level. For example, if a rule noncompliance with High risk is corrected during the inspection, instead of a Citation and CMP Warning being issued, the corrective action will be a Citation Warning.

The corrective action *will not* be reduced for the following rule noncompliances:

- High or Extreme harm to a child
- Inappropriate interactions with children
- Lack of supervision
- An infant sleeping in unsafe equipment
- Inappropriate caregiver-to-child ratio
- No background check for a new covered individual
- An accessible firearm
- Intoxication or impairment of provider or caregiver when a child is in care
- Use of tobacco or similar product, alcohol, or an illegal substance when a child is in care

Civil Money Penalty (CMP)

A Civil Money Penalty (CMP) is a fine charged by the Department for Repeat Citations, or when the first instance of a rule noncompliance results in or is likely to result in Extreme risk or harm.

CMP Amounts for Repeat Citations	
Low Risk Repeat Citation	\$100 per area per rule
Low Risk Supervision or Ratio Repeat Citation	\$100 per child unsupervised or over ratio
Low Risk Background Check Repeat Citation	\$100 per individual out of compliance
Moderate Risk Repeat Citation	\$150 per area per rule
Moderate Risk Supervision or Ratio Repeat Citation	\$150 per child unsupervised or over ratio
Moderate Risk Background Check Repeat Citation	\$150 per individual out of compliance
High Risk Repeat Citation	\$200 per area per rule
High Risk Supervision or Ratio Repeat Citation	\$200 per child unsupervised or over ratio
High Risk Background Check Repeat Citation	\$200 per individual out of compliance

Due to Extreme risk or harm, a Citation and CMP will immediately be issued for the first instance of the following rule noncompliances.

Immediate CMP Amounts for Extreme Risk Rule noncompliances	
• A child leaves the facility without supervision	\$500 CMP
• A child is left outside of the facility or in a vehicle without supervision	\$500 CMP
• An individual who failed to pass a CCL background check is at the facility	\$500 CMP
• A provider submitted or allowed falsified documents to be submitted to CCL	\$500 CMP
• An accessible firearm (does not apply to a firearm that is unlocked, but inaccessible).	\$500 CMP
• A child suffered serious harm as the result of a rule noncompliance	\$1,200 CMP
• The death of a child was the result of a rule noncompliance	\$5,000 CMP

If a rule noncompliance resulted in a CMP and there is a repeat instance of the rule noncompliance within a 36- month period, the CMP will be double the amount of the original CMP (and all subsequent CMPs will be issued at the doubled amount) not to exceed \$5,000.

A CMP must be paid no later than 30 days from the notification date.

Action Reviews (Appeals)

The term “appeal” is a legal term. To prevent confusion with the legal process, CCL will now refer to appeals as “Action Reviews.”

There are three levels of Action Reviews, a provider may choose to start the action review at any level:

- Level 1 is a “Management review.” This will be held with the licensor’s supervisor.
- Level 2 is an “Informal Discussion.” This can be held with the Office of Licensing Director or Division Director.
- Level 3 is an “Informal Hearing.” This can be held with a representative from the Executive Director’s office or an Administrative Law Judge.

It is a “Formal Appeal” if a provider chooses to use the legal system through an Administrative Law Judge or the courts for dispute resolution. This is handled by the lawyers, not CCL.

Providers are encouraged to ask CCL for clarification about its processes and decisions. Having a clear understanding of CCL’s actions will be most beneficial and can help the provider determine if an action review is necessary.

Providers have 10 working days to request a review of any action taken by CCL. The action review period begins on the date that the provider receives official notification of a CCL action, such as receipt of an Inspection Report.

To request an action review, the provider must submit a written action review request through the provider’s Child Care Licensing portal.

Action reviews conducted by the department and CCL staff are considered informal discussions and the department will not charge a fee. CCL will schedule the time to hear the provider’s informal action review. This action review session may be conducted by phone, in person at a CCL office, or at the provider’s facility depending on the availability of all involved parties.

The department may include any licensors involved in the inspection where rule noncompliances are being reviewed, and any other necessary staff.

The provider may choose the level of authority to begin the action review process, however, the action review process can not move to an appeal officer with a lower authority once a decision has been made.

Action Review Officer Hierarchy	Level of Action Review
CCL Team Manager	Management Review
Office of Licensing Director	Informal Discussion
Division Director	Informal Discussion
Internal Administrative Law Judge	Informal Hearing
Department Executive Director	Informal Hearing
Administrative Law Judge	Formal Appeal
Courts	Formal Appeal

If a provider retains legal counsel or decides to make a formal appeal with an Administrative Law Judge or through the courts, it will be the responsibility of the provider to pay all costs associated with the action review.

Providers are welcome to present any documentation, witness statements, and other evidence, or to bring witnesses if they consider it necessary to support their action review.

In some cases, the provider may choose to retain legal advice and to have their attorney be present at an action review session. In this case, the provider must notify CCL of their intent to bring their attorney so the department's attorney may also be present. Otherwise, the action review session will be canceled and rescheduled when all parties, including both attorneys, can be present.

During the action review process, rule noncompliances being reviewed will not show on the provider's public record, and reviewed CMP penalties will not be enforced until the action review is resolved. However, the provider will continue to receive routine inspections, including Follow-up Inspections, for all other rule noncompliances and the provider must maintain compliance with licensing rules while the action review is being resolved.

After the action review process is over, the provider will receive written notification of the action review's outcome and the facility's file in the CCL App (CCL's software program) will be updated accordingly. The results of the action review process may be that the rule noncompliances are upheld (not removed from the record) or rescinded (removed from the record). Additionally, the corrective action for the rule noncompliance may be changed as part of the action review outcome.

If the provider is not satisfied with the outcome of an action review, they may appeal with a higher departmental authority within 10 working days after receiving the action review outcome notification.

This section explains the rules dealing with the provider's responsibilities in operating and managing a child care facility. It also details the rules regarding children's records.

Administration

(1) The provider shall:

- (a) be at least 21 years old;**
- (b) be considered eligible by a CCL background check before becoming involved with child care; and**
- (c) complete the new provider training offered by the department.**

Compliance Guidelines

The provider must be in compliance with the requirements of this rule before a license is issued.

Background Checks

The provider must pass a CCL background check.

- Background checks that are processed by other organizations do not meet the requirements of this rule.
- Instructions for requesting a CCL background check are found at: "[How to Submit Background Check Forms, Fingerprints, & Fees](#)" or in "Section 8: Background Checks" in the [Interpretation Manual](#).

Training

Complete the New Provider training under [Free Training for Providers and Caregivers](#).

- (2) If the owner is not a sole proprietor, the business entity shall submit to the department the name and contact information of the individual or individuals who shall legally represent them and who shall comply with the requirements stated in Subsection R381-70-6(1).**
- (3) The provider shall protect children from conduct that endangers children in the program, or is contrary to the health, morals, welfare, and safety of the public.**

Rationale/Explanation

Child care staff members are important figures in the lives of the young children in their care and in the well-being of families and the community. CFOC 4th ed. Standard 1.4.2.1 p.p. 23.

Compliance Guidelines

In the event of a public emergency, the provider shall follow conditions put in place by the department.

This rule will be considered out of compliance if:

- A child's well-being has been jeopardized or the provider's conduct is contrary to the health, morals, welfare, and safety of the public; and
- There is no other licensing rule that specifically addresses the situation.

Example of noncompliance:

- Evidence of committing, aiding, abetting, or permitting the commission of any illegal act.

Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule noncompliance.

(4) The provider shall know and comply with each applicable federal, state, and local law, ordinance, and rule, and shall be responsible for the operation and management of a child care program.

Compliance Guidelines

- The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities. For information about ADA requirements, refer to: www.ada.gov.
- If a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two regulations.

This rule will be considered out of compliance if:

- There is a noncompliance of federal, state, or local law or another agency's regulation regarding child care; and
- There is no other licensing rule that specifically addresses the noncompliance.

Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule noncompliance.

(5) The provider shall comply with licensing rules any time a child is present.

Rationale/Explanation

It is a legal requirement that any time a child in care is present, the provider must be in compliance with licensing rules. This includes care provided at the facility by anyone at any time, and care provided at any other location.

A qualifying child (both related and unrelated) is considered a child in care when the provider receives direct or indirect compensation in return for providing child care. Compensation includes food program reimbursements and child care subsidy payments.

Compliance Guidelines

The provider is ultimately responsible for compliance with licensing rules whenever a child is in care at the facility or offsite. This means the provider is responsible for every decision made and every action taken by every person involved with the child care program. This is the case:

- Whether or not the provider is present,
- Even when the provider has delegated specific responsibilities to another individual, and
- Even if someone else disregards or violates a licensing rule while children are in care.

Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule noncompliance.

(6) The provider shall post their unaltered license on the facility premises in a place readily visible and accessible to the public.

Rationale/Explanation

Each local and/or state regulatory agency gives official permission to certain persons to operate child care programs by virtue of their compliance with regulations. Therefore, documents relating to investigations, inspections, and approval to operate should be made available to consumers, caregivers/teachers, concerned persons, and the community. CFOC 4th ed. Standard 9.4.1.6 p.p. 410-411.

Compliance Guidelines

- The Out of School Time license must be readily visible and accessible to parents, the department staff, and other members of the public who may visit the facility.
- The license must be posted during business hours. It is not required to be posted outside of business hours.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(7) The provider shall post a current copy of the department's Parent Guide at the facility for parent review during business hours.

Rationale/Explanation

The telephone number, email address, or other contact method for filing complaints should be listed on material about licensing that is given to parents/guardians by the state licensing agency and the resource and referral agency. CFOC 4th ed. Standard 10.4.3.1 p.p. 443.

Compliance Guidelines

- The provider must use the current version of the department's Parent Guide found on the CCL website under [Forms and Documents](#).
- The Parent Guide must be located where parents can review it as they come and go.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(8) The provider shall inform parents and the department of any changes to the program's telephone number and other contact information within 48 hours of the change.

Compliance Guidelines

To be in compliance, the provider must inform parents and CCL of any changes to the following information:

- The facility's telephone number and email address.
- The provider's (or contact person's) name, email address, and telephone number.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(9) The provider shall:

- (a) have liability insurance, or**
- (b) inform parents in writing that the provider does not have liability insurance.**

Rationale/Explanation

The liability insurance should include coverage for administration of medications, as well as for unintentional injuries and illnesses. CFOC 4th ed. Standard 9.4.1.1 p.p. 407. All vehicles transporting children must have current insurance coverage. Insurance companies can provide better information about coverage and liabilities.

Compliance Guidelines

The provider may use any written format to inform parents if the facility does not have liability insurance.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(10) The provider shall ensure that a parent completes an admission and health assessment form for their child before the child is admitted into the program.

Rationale/Explanation

The health and safety of individual children requires that information regarding each child in care be kept and made available on a need-to-know basis. CFOC 4th ed. Standard 9.4.2.1 p.p. 418.

Compliance Guidelines

- The provider must also have a completed admission and health form for any drop-in children.
- Parents may list more than one child on an admission form, but must complete a separate health assessment for each child.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(11) The provider shall ensure that each child's admission and health assessment form includes the following information:

- (a) child's name;**
- (b) child's date of birth;**
- (c) parent's name, address, and phone number, including a daytime phone number;**
- (d) names of individuals authorized by the parent to sign the child out from the facility;**
- (e) name, address, and phone number of an individual to be contacted if an emergency happens and the provider cannot contact the parent;**
- (f) if available, the name, address, and phone number of an out-of-area emergency contact individual for the child;**
- (g) parent's permission for emergency transportation and emergency medical treatment;**
- (h) any known allergies of the child;**
- (i) any known food sensitivities of the child;**
- (j) any chronic medical conditions that the child may have;**
- (k) instructions for special or nonroutine daily health care of the child;**
- (l) current ongoing medications that the child may be taking; and**
- (m) any other special health instructions for the caregiver.**

Rationale/Explanation

The information on the admission and health assessment form is necessary to protect the health and safety of children in care. Admission of children without this information can leave the staff unprepared to manage children's daily and emergent health needs. For example:

- Names of individuals authorized to pick children up are needed to prevent children from being taken by unauthorized individuals.
- Emergency treatment consent is needed in order to obtain medical care for children in emergencies.
- Food sensitivities and allergies are common in infants and children, and staff should know in advance whether a child has a food sensitivity or allergy. Deaths from food allergies are being reported in increasing numbers. CFOC 4th ed. Standard 4.2.0.10 p.p. 168-170; CFOC 4th ed. Standard 9.4.2.8 p.p. 424.

Compliance Guidelines

- The provider may use the CCL-approved admission and health assessment form, or they may use their own program's form as long as there is a place to document all of the information required in rule.
- The CCL-approved admission and health assessment form is found on the CCL website in the "[Forms and Documents](#)" section.
- Forms and documents may be printed out or kept electronically.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when the form does not ask for the following information:

- Child's name
- Child's date of birth
- Parent's name, address, and phone number, including a daytime phone number
- Current emergency medical treatment and emergency transportation releases with the parent's signature
- Any known allergies of the child
- Any medical conditions that the child may have

Risk Level

Low

Corrective Action for 1st Instance

Warning when the form asks for the above information, but does not request the following:

- Names of people authorized by the parent to sign the child out from the facility
- Name, address, and phone number of a person to be contacted in case of an emergency if the provider is unable to contact the parent
- Name, address, and phone number of an out-of-area emergency contact person for the child
- Any known food sensitivities of the child
- Instructions for special or nonroutine daily health care of the child
- Current ongoing medications that the child may be taking
- Any other special health instructions for the caregiver

- (12) The provider shall ensure that the admission and health assessment form is:**
- (a) reviewed, updated, and signed or initialed by the parent at least annually; and**
 - (b) kept on-site for review by the department.**

Rationale/Explanation

The facility should ask parents/guardians for information regarding the child's health, nutrition, level of physical activity, and behavioral status upon registration or when there has been an extended gap in the child's attendance at the facility. The child's health record should be updated if they have had any changes in their health or immunization status. CFOC 4th ed. Standard 2.3.3.1 p.p. 84-85. A review of children's records helps CCL determine compliance with licensing rules. CFOC 4th ed. Standard 9.4.1.5 p.p. 410.

Compliance Guidelines

- If the admission information and health assessment is one form (either one sheet of paper or multiple attached papers), the parent's signature and date may be on one page of the form.
 - Attached papers means they are in the same file, in a sleeve, behind the same tab in a notebook, etc.
- Parents or guardians must be presented with the admission and health assessment form once every twelve months and offered a means to make changes or updates to the forms as needed.
- If the admission information and health assessment are on separate, unattached papers, the parent's signature and date must be on each form.
- If the provider uses electronic admission and health assessment forms, there should be a **back-up plan** for accessing the children's information in case of a power failure or there is no internet service.
- Forms and documents may be printed out or kept electronically.
- Electronic signatures are accepted

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (13) The provider shall ensure that each child's information is kept confidential and not released without written parental permission except to the department.**

Rationale/Explanation

Child care programs routinely handle confidential information about enrolled children, families, and staff. Confidentiality must be maintained to protect the child and family and is defined by law. Serving children and families involves significant facility responsibilities in obtaining, maintaining, and sharing confidential information. Sharing of confidential information should be selective and should be based on a need-to-know and on the parent's/guardian's authorization for disclosure of such information. CFOC 4th ed. Standard 9.4.1.3 p.p. 409.

Prior informed, written consent of the parent/guardian is required for the release of records/information (verbal and written) to other service providers, including the process for secondary release of records. Consent forms should be in the native language of the parents/guardians, whenever possible, and communicated to them in their normal mode of communication. CFOC 4th ed. Standard 9.4.2.1 p.p.418.

Compliance Guidelines

Confidential information includes personal identifiable information such as birthdates, addresses, and phone numbers, in addition to health information. To protect the confidentiality of child and family information, the provider should:

- Follow federal, state, and local laws, and train staff to follow these regulations.
- Only share information on a need-to-know basis with authorized individuals.
- Keep written information about the children in a safe place and out of the view of others.
- Refrain from discussing confidential information in the presence of others in the facility including children.

Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule noncompliance.

This section provides an overview of the personnel and training requirements for those individuals involved with a child care facility.

Rationale/Explanation

Licensing rules require that individuals who work or associate with a child care program (including employees, volunteers, parents, household members, guests, etc.) have at least basic qualifications to do so. Individuals who are qualified and trained are more likely to have appropriate interactions with the children they associate with. Education is an ongoing, lifelong process and child care staff need continuous education about health and safety related subject matter. Staff members who are current on health related topics are better able to prevent, recognize, and correct health and safety problems. CFOC 4th ed. Guiding Principle 17. p. xx.

The National Association for the Education of Young Children's (NAEYC) recommends a multilevel training program that addresses both preservice and ongoing training for administrators and staff. CFOC 4th ed. Standard 1.3.2.1 p.p. 12.

Preservice Training

Any individual who is newly employed by the center is required to receive preservice training.

Preservice training consists of at least 2.5 hours of training and must be:

- Completed before (but not earlier than 6 months before) beginning job duties, or
- Completed no later than 10 working days after beginning job duties as long as the individual does not have unsupervised contact with any child in care before their preservice training is completed.

Additional topics that are crucial for providers and staff and count as CCL required training time include:

- Culturally and linguistically appropriate practices to meet the developmental needs of children
- Current research and best practices relating to the skills necessary to engage families
- Culturally and linguistically appropriate practices to engage families

Annual Child Care Training

Individuals who are required to have annual child care training include:

- All regular employees who care for children regardless of the number of hours worked each week.
- This includes employees who have dual roles such as a driver who cares for the children when not driving.

Additional topics that are crucial for providers and staff and count as CCL required training time include:

- Culturally and linguistically appropriate practices to meet the developmental needs of children
- Current research and best practices relating to the skills necessary to engage families
- Culturally and linguistically appropriate practices to engage families

Employees and volunteers **who never have caregiving duties** (i.e., they are not responsible for meeting the needs of the children, including protection and supervision), such as cooks, secretaries, receptionists, bookkeepers, custodians, drivers, and maintenance workers, do not need to complete annual training.

Annual child care training hours are calculated from the license start date through the license end date. To be in compliance:

- Caregivers must complete at least 10 hours of child care training each license year.
- The provider must ensure that each individual's required annual child care training is complete before the license expiration date.
- A child care license will not be renewed until training hours have been completed for all individuals as required by rule.

(1) The provider shall ensure that all employees and volunteers are supervised, qualified, and trained to:

(a) meet the needs of the children as required by rule, and

(b) be in compliance with licensing requirements under Rule R381-70.

Rationale/Explanation

Staff training in child development and/or early childhood education is related to positive outcomes for children. Everyone providing service to, or interacting with, children in a center contributes to the child's total experience. CFOC 4th ed. Standard 1.3.2.3 p.p. 14.

Compliance Guidelines

Volunteers who provide caregiving duties will be required to complete pre service training.

(2) The provider shall ensure that the center has a qualified director as required by licensing rules.

Rationale/Explanation

The facility should have an identifiable governing body or person with the responsibility for and authority over the operation of the center or program. CFOC 4th ed. Standard 9.1.0.1 p.p. 371.

Compliance Guidelines

- To be considered qualified, the director must meet the requirements described in 70-7(3) and 70-7(4).
- More than one director may be listed on a center's license, as long as each individual meets all the director qualifications as defined in the rule.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- There is no director or the director is not at least 21 years old

(3) The provider shall ensure that the director:

- (a) is at least 21 years old;**
- (b) is considered eligible by a CCL background check before becoming involved with child care;**
- (c) receives at least 2-1/2 hours of preservice training before beginning job duties;**
- (d) completes the new director training offered by the department within 60 working days of assuming director duties;**
- (e) knows and follows any applicable laws and requirements under Rule R381-70; and**
- (f) completes at least 10 hours of child related training each year based on the facility's license date, or at least 45 minutes of child related training each month they work if hired partway through the facility's licensing year.**

Rationale/Explanation

The director of the facility is the team leader of a small business. Both administrative and child development skills are essential for this individual to manage the facility and set appropriate expectations. The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles and knowledge of family relationships CFOC 4th ed. Standard 1.3.1.1 p.p. 11.

Compliance Guidelines

Personnel records must verify that the director has completed preservice and other training as required by rule.

- Directors of new facilities and newly hired directors are required to attend the new director training.
- When an owner is also the director, the individual must take both the new director training and the new provider training from CCL.
- Training schedules and links to register can be found on the CCL website under "[Trainings](#)".

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when the director:

- Did not receive 2-1/2 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Has not completed New Director Training and it is outside of the required time frame.
- Did not complete the annual child care training hours by the license expiration date.

Risk Level

Low

Corrective Action for 1st Instance

Warning when the director:

- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.
- Has completed New Director Training, but it was completed outside of the required time frame.

(4) The provider shall ensure that each new director has one of the following educational credentials:

- (a) any bachelor's or higher education degree, and at least 60 clock hours of approved Utah Early Childhood Career Ladder courses in child development, social and emotional development, and the child care environment; or 60 clock hours of equivalent training as approved by the department;**
- (b) at least 12 college credit hours of child development courses, elementary education, or related field;**
- (c) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other equivalent credential as approved by the department;**
- (d) at least a Level 9 from the Utah Early Childhood Career Ladder system; or**
- (e) a National Administrator Credential (NAC) and at least 60 clock hours of approved Utah Early Childhood Career Ladder courses in child development, social and emotional development, and the child care environment; or 60 clock hours of equivalent training as approved by the department.**

Rationale/Explanation

College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. CFOC 4th ed. Standard 1.3.1.1 p.p. 11.

Compliance Guidelines

The provider must ensure that the director has the required educational credentials and that documentation of the director's credentials has been submitted to CCL for verification.

- CCL must receive a copy of the certificate of completion or transcript that verifies the completion of a course.
- A course must appear on an official transcript from an accredited college or university in order to be counted toward college credit. Continuing Education Units (CEUs) are not the same as college credits.
- Successful completion of a college course means a passing grade of C or better.
- CDA and CCP certificates must be current in order to meet the educational qualifications of this rule.
- A Montessori credential is considered equivalent to a CDA or CCP.

To obtain more information about educational courses and credentials approved by CCL, refer to:

- [Care About Childcare](#)
- [National Institute of Child Care Management \(NICCM\)](#)
- [National Early Childhood Program Accreditation \(NECPA\)](#)
- [ChildCare Education Institute \(CCEI\)](#)
- [Council for Professional Recognition](#)
- [The Care Courses](#)

(5) The provider shall ensure that the director is on duty at the facility during operating hours for at least 50% each time the program is open and has sufficient freedom from other responsibilities to manage the center and respond to emergencies.

Compliance Guidelines

- In out-of-school-time programs with an average daily attendance of 40 children or fewer, the director may have permanent part-time (20 hours or less per week) duties working with the children.
- In programs with an average daily attendance of 30 children or fewer, the director may have permanent full-time duties working with the children.
- This rule does not prevent the director from taking a vacation or leave as long as there is a director designee.
- If a director will be absent from the program for longer than three months (for example, due to maternity leave), the provider must apply to CCL for a change of director and ensure that a qualified substitute director is present during the regular director's leave of absence.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(6) The provider shall ensure that there is a director designee with authority to act on behalf of the director in the director's absence.

Rationale/Explanation

There should be a written delegation of administrative authority, designating the person in charge of the facility and the person(s) in charge of individual children, for all hours of operation. CFOC 4th ed. Standard 9.1.0.2 p.p. 372.

Compliance Guidelines

The director designee may have caregiving duties. However, when the director is absent, the director designee must have sufficient freedom from other responsibilities to ensure that the health and safety of the children is maintained and to respond to any emergencies.

- Upon arrival at an on-site inspection, a licenser will ask to meet with the director to begin the inspection. If the director is not present, the licenser will ask to meet with the director designee.
- It is a rule noncompliance if the child care program staff state that the center does not have a director designee or they do not know who the director designee is when the director is absent.
- There may be more than one director designee, as long as they meet the requirements of 70-7(7).
- The name of the director designee does not have to be posted.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(7) The provider shall ensure that the director designee:

- (a) is at least 18 years old;**
- (b) is considered eligible by a CCL background check before becoming involved with child care;**
- (c) receives at least 2-1/2 hours of preservice training before beginning job duties;**
- (d) knows and follows any applicable laws and requirements under Rule R381-70;**
- (e) completes at least 10 hours of child related training each year based on the facility's license date, or at least 45 minutes of child related training each month they work if hired partway through the facility's licensing year; and**
- (f) has current first aid and cardiopulmonary resuscitation (CPR).**

Compliance Guidelines

The director designee must pass a background check in accordance with rules in "Section 8: Background Checks."

- Personnel records must verify that the director designee has completed all training as required by rule.
- The director designee must be at least 18 years old.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when the director designee:

- Is younger than 18 years old.
- Did not receive 2-1/2 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

(8) The provider shall ensure that the director or the director designee is present at the facility when the center is open for business.

Rationale/Explanation

The well-being of the children, the confidence of the parents/guardians of children in the facility's care, and the high morale and consistent professional growth of the staff depend largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-range and immediate needs and able to engage staff in decision making that affects their day-to-day practice CFOC 4th ed. Standard 1.3.1.1 p.p. 11.

Compliance Guidelines

It is a rule noncompliance if the child care program staff state that the center does not have a director designee or they do not know who the director designee is when the director is absent.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(9) The provider shall ensure that staff working with children:

- (a) are at least 16 years old;**
- (b) are considered eligible by a CCL background check before becoming involved with child care;**
- (c) receive at least 2-1/2 hours of preservice training before working with children;**
- (d) knows and follows any applicable laws and requirements under Rule R381-70; and**
- (e) complete at least 10 hours of child related training each year, based on the facility's license date, or at least 45 minutes of child related training each month they work if hired partway through the facility's licensing year.**

Rationale/Explanation

Many children attend child care programs every day. It is critical that they have the opportunity to grow and learn in a healthy and safe environment with caring and professional caregivers. The amount of education and child care experience impacts a caregiver's ability to respond appropriately to the needs of children. CFOC 4th ed. Standard 1.3.2.3 p.p. 14.

Compliance Guidelines

- Caregivers may also be called teachers.
- Individuals who are younger than 16 years old are not approved to be caregivers.
 - - It is a lack of supervision if a child is left in the care of an individual younger than 16 years old.
- Caregivers who are 16 or 17 years old cannot be left unsupervised in a room or area, without another caregiver who is at least 18 years old, for more than two hours per group.
- Caregivers who are 16 and 17 years old may only be unsupervised with children in care if the director or director designee is at the facility or on the off-site activity.
- Caregivers who are 16 or 17 years old may be left unsupervised in a room or area with a group of children for up to two hours per group.
- Each caregiver must pass a background check according to the rules found in "Section 8: Background Checks."
- Records must verify that each caregiver completed preservice and annual child care training as required by rule.
 - Any regular employee who cares for children (regardless of the number of hours) is required to have annual child care training.
- Individuals who are hired within 60 calendar days before the license expires must complete the prorated number of training hours, but their review of all of the training topics is not required until the provider's next license year.

- If a staff member changes from a position that does not require annual training to a position that does, the total number of required training hours will be counted from the start date of their new position.
- When an individual is on approved leave of absence for more than one month, such as maternity leave, 45 minutes for every full month of absence can be deducted from the total required annual training hours.

The table below may be used in calculating the required number of annual child care training hours for a new employee. (This is in addition to the required 2.5 hours of preservice training.) In the first column, find the month that the employee started work at the facility. Move horizontally across that row to the month that the provider’s child care license expires. For example, if an employee began work in May and the provider’s license expires in October, the new employee would need 3 hours and 45 minutes of training before the end of October.

Annual Training Time Required for Employees Hired Partway Through Licensing Year

Month Person Started	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Jan	0	45min	1.5 hr	2.25 hr	3 hr	3.75 hr	4.5 hr	5.25 hr	6 hr	6.75 hr	7.5 hr	8.25 hr
Feb	8.25 hr	0	45min	1.5 hr	2.25 hr	3 hr	3.75 hr	4.5 hr	5.25 hr	6 hr	6.75 hr	7.5 hr
March	7.5 hr	8.25 hr	0	45min	1.5 hr	2.25 hr	3 hr	3.75 hr	4.5 hr	5.25 h	6 hrr	6.75 hr
April	6.75 hr	7.5 hr	8.25 hr	0	45min	1.5 hr	2.25 hr	3 hr	3.75 hr	4.5 hr	5.25 h	6 hr
May	6 hr	6.75 hr	7.5 hr	8.25 hr	0	45min	1.5 hr	2.25 hr	3 hr	3.75 hr	4.5 hr	5.25 h
June	5.25 h	6 hr	6.75 hr	7.5 hr	8.25 hr	0	45min	1.5 hr	2.25 hr	3 hr	3.75 hr	4.5 hr
July	4.5 hr	5.25 hr	6 hr	6.75 hr	7.5 hr	8.25 hr	0	45min	1.5 hr	2.25 hr	3 hr	3.75 hr
Aug	3.75 hr	4.5 hr	5.25 h	6 hr	6.75 hr	7.5 hr	8.25 hr	0	45min	1.5 hr	2.25 hr	3 hr
Sept	3 hr	3.75 hr	4.5 hr	5.25 h	6 hr	6.75 hr	7.5 hr	8.25 hr	0	45min	1.5 hr	2.25 hr
Oct	2.25 hr	3 hr	3.75 hr	4.5 hr	5.25 h	6 hr	6.75 hr	7.5 hr	8.25 hr	0	45min	1.5 hr
Nov	1.5 hr	2.25 hr	3 hr	3.75 hr	4.5 hr	5.25 hr	6 hr	6.75 hr	7.5 hr	8.25 hr	0	45min
Dec	45min	1.5 hr	4.5 hr	3 hr	3.75 hr	4.5 hr	5.25 h	6 hr	6.75 hr	7.5 hr	8.25 hr	0

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when a caregiver:

- Did not receive 2-1/2 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.
- Began employment partway through the licensing year and did not complete the required number of annual training hours by the license expiration date.

Risk Level

Low

Corrective Action for 1st Instance

Warning when a caregiver:

- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(10) The provider shall ensure that any other staff such as drivers, cooks, and clerks:

- (a) are considered eligible by a CCL background check before becoming involved with child care;**
- (b) receive at least 2-1/2 hours of preservice training before beginning job duties; and**
- (c) know and follow any applicable laws and requirements under Rule R381-70.**

Rationale/Explanation

The purpose of this rule is to ensure that the interaction between all employees and children is appropriate and in accordance with licensing rules. CFOC 4th ed. Guiding Principle 4. p.p. xix.

Compliance Guidelines

Each employee must pass a background check according to the rules found in "[Section 8: Background Checks.](#)"

- Personnel records must verify that each employee completed preservice training according to rule.
- Any employee who cares for children (regardless of their other job duties) must be at least 16 years old and receive annual child care training.
- Drivers, cooks, and clerks, who are not also qualified caregivers or directors, may not be left unsupervised with children. Unsupervised means being in a room or area alone with children.
- If a covered individual takes on caregiving responsibilities, is alone with children, or counts in ratio, they become a caregiver and then must fulfill all caregiver personnel requirements including annual training.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when an employee:

- Did not receive 2-1/2 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.

Risk Level

Low

Corrective Action for 1st Instance

Warning when an employee:

- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(11) The provider shall ensure that volunteers are considered eligible by a CCL background check before becoming involved with child care.

Compliance Guidelines

Each individual who volunteers at the child care facility at any time a child is in care (except the parent of an enrolled child) is required to have a background check in accordance with rules in [“Section 8: Background Checks.”](#)

- If an individual volunteers only when there are no children in care, for example, they only volunteer after child care hours, they will not be required to have a background check.
- Licensing statute defines child care as care for children through age 12 years and for children with disabilities through age 18 years. Thirteen- to fifteen-year-olds are not considered children in care. If they help care for younger children (and are not paid), they are considered volunteers and must meet the requirements of a volunteer.
- It is a rule noncompliance if a child is left in the care of a volunteer who is younger than 18 years old.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(12) The provider shall ensure that student interns who are registered and participating in a high school or college child care course and guests wear a guest nametag.

Compliance Guidelines

- A student intern or guest may not be alone in a room or area with any child in care. A caregiver or other employee who is at least 18 years old and has passed a CCL background check must be in the same room or area.
- The required nametag must have the words “Student Intern” or “Guest” on it. Other information is optional.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A guest has unsupervised contact with a child in care.
- A student intern has unsupervised contact with a child in care.

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- A guest does not wear a nametag.
- A student intern does not wear a nametag.

(13) The provider shall ensure that household members who are:

- (a) 12 to 17 years old are considered eligible by a CCL background check; and**
- (b) 18 years old or older are considered eligible by a CCL background check that includes fingerprints.**

Compliance Guidelines

Each household member who is 12 years old or older must pass a background check according to the rules found in "[Section 8: Background Checks.](#)"

- A household member who is younger than 18 years old may not be alone with any child in care in the facility, during transportation, or during offsite activities. A caregiver or other adult who is at least 18 years old and has passed a CCL background check must be present.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(14) The provider shall ensure that individuals who provide Individualized Educational Plan (IEP) or Individualized Family Service plan (IFSP) services such as physical, occupational, or speech therapists:

- (a) provide proper identification before having access to the facility or to a child at the facility; and**
- (b) have received the child's parent's permission for services to take place at the facility.**

Compliance Guidelines

- If the parent of a child with an IEP (Individualized Education Program) or an IFSP (Individualized Family Service Plan) has an agreement with a school or other agency for their child to receive services at the child care facility, the individual providing the services is not required to have a CCL background check.
- With proper authorization and identification, the child may be left alone with the individual providing IEP or IFSP services.
- While services are being offered, the child will be considered the responsibility of the school or other agency.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(15) The provider shall ensure that individuals from law enforcement, Child Protective Services, the department, and any similar entities provide proper identification before having access to the facility or to a child at the facility.

Compliance Guidelines

With proper identification, a child may be left alone with a law enforcement officer or a caseworker from Child Protective Services (CPS).

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(16) The provider shall ensure that preservice training includes at least the following topics:

- (a) job description and duties;**
- (b) current department rule Sections R381-70-7 through R381-70-21;**
- (c) disaster preparedness, response, and recovery;**
- (d) pediatric first aid and CPR;**
- (e) children with special needs;**
- (f) safe handling and disposal of hazardous materials;**
- (g) prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;**
- (h) principles of child growth and development, including brain development;**
- (i) recognizing the signs of homelessness and available assistance;**
- (j) a review of the information in each child's health assessment in the caregiver's assigned group, including allergies, food sensitivities, and other special needs; and**
- (k) an introduction and orientation to the children in care.**

Rationale/Explanation

Orientation ensures that all staff members receive specific and basic training for the work they will be doing and are informed about their new responsibilities. Training ensures that staff members are challenged and stimulated, have access to current knowledge, and have access to education that will qualify them for new roles. CFOC 4th ed. Standard 1.4.2.1 p.p. 23.

Compliance Guidelines

Preservice records must confirm that all individuals who are new to the child care program have received preservice training in all of the required areas.

- Training documentation may be kept as a hardcopy or electronically.
- Pediatric first aid and cardiopulmonary resuscitation (CPR) training does not have to include certification.
- An optional technical assistance form to document preservice training is available at: <https://childcarelicensing.utah.gov/Forms.html>.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(17) The provider shall keep documentation of each individual's preservice training on-site for review by the department and shall ensure that documentation includes at least the following:

- (a) training topics,**
- (b) date of the training, and**
- (c) total hours or minutes of training.**

Compliance Guidelines

- The provider may use their own method of documenting each person's preservice training as long as the requirements of this rule are met.
- An optional technical assistance form to document preservice training is available at: childcarelicensing.utah.gov/Forms.html.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(18) The provider shall ensure that annual child care training includes at least the following topics:

- (a) current department rule Sections R381-70-7 through R381-70-22;**
- (b) disaster preparedness, response, and recovery**
- (c) pediatric first aid and CPR;**
- (d) children with special needs;**
- (e) safe handling and disposal of hazardous materials;**
- (f) the prevention, signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;**
- (g) principles of child growth and development, including brain development;**
- (h) recognizing the signs of homelessness and available assistance.**

Rationale/Explanation

Because of the nature of their caregiving/teaching tasks, caregivers/teachers must attain multifaceted knowledge and skills. Child health and employee health are integral to any education/training curriculum and program management plan. CFOC 4th ed. Standards 1.4.4.1 p.p. 28.

Compliance Guidelines

Annual training must include a review of each licensing rule in sections 100-7 through 100-24 and not just the general category of the rule section.

- Training records must verify that each individual received training on the topics listed in this rule as well as licensing rules.
 - Training documentation may be kept as a hardcopy or electronically.
 - An optional technical assistance form to record each individual's annual training can be found under "[Forms and Documents](#)".
- Complete training records must be available for review at the annual Announced Inspection or submitted to CCL by the license expiration date.
 - To submit the documentation, the provider may mail, fax, or email it to CCL, or upload it on the provider's Child Care Licensing portal.
- Pediatric first aid and cardiopulmonary resuscitation (CPR) training can include full certification, but does not have to include certification.

Examples of approved child care training may include:

- Training offered by CCL on licensing rules
- All classes offered by [Care About Childcare](#)
- Classes and workshops at child care, early childhood, and parenting conferences
- Training conducted at in-house staff meetings, but only the training portion (Business matters, such as assignments and work schedules, do not count toward training hours)
- Any high school or college class in child development or related subject (Hours of attendance count as clock time if the student attends in person as opposed to working online or independent study. One semester credit equals 15 clock hours and one quarter credit equals 10 clock hours.)
- Attendance at a CCL Committee meeting
- Training by a child care association, if the certificate has "child care related" in the topic
- Researching and planning curriculum (but not the time spent preparing materials such as making copies and presenting curriculum to the children)
- Watching recordings of webinars on topics relating to child care
- Reading books and watching videos related to child care
- Doing homework for a high school or college child development class
- Using training packets or watching recordings offered by Care About Child Care
- Listening to the audio recording of the Center Committee Meeting

The following topics and classes do not count toward annual child care training:

- Self-help classes such as anger or stress management
- Time spent doing yoga or meditating
- Technical assistance from CCL staff
- ESL and other language classes
- Craft classes, such as origami, scrapbooking, sewing, etc.
- Attendance at a child's classes or lessons, such as music or dance lessons
- Watching reality TV and talk shows
- Preparing (making copies, cutting, etc.) and presenting curriculum to children
- Volunteering in a classroom
- Obtaining and submitting fingerprints to CCL
- DWS policy-related webinars

Risk Level

Low

Corrective Action for 1st Instance

Warning

(19) The provider shall ensure that documentation of each individual's annual child care training is kept on-site for review by the department and includes the following:

- (a) training topic,**
- (b) date of the training,**
- (c) name of the individual or organization that presented the training; and**
- (d) total hours or minutes of training.**

Rationale/Explanation

The training record should be used to assess each employee's need for additional training and to provide regulators with a tool to monitor compliance. CFOC 4th ed. Standard 9.4.3.3 p.p. 425-426.

Compliance Guidelines

There must be a training record for each individual as required by rule.

- Each training record must include the information listed in rule.
- An optional technical assistance form may be used to record annual training. The form is available under "[Forms and Documents.](#)"
- Training documentation may be kept as a hardcopy or electronically.
- Complete training records must be available for review at the annual Announced Inspection or submitted to CCL by the license expiration date.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(20) The provider shall ensure that at least one staff member with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR certification is present when children are in care:

- (a) at the facility;**
- (b) in each vehicle transporting children; and**
- (c) at each offsite activity.**

Rationale/Explanation

Knowledge of pediatric first aid, including pediatric CPR which addresses management of a blocked airway and rescue breathing, and the confidence to use these skills, are critically important to the outcome of an emergency situation. CFOC 4th ed. Standards 1.4.3.1 p.p. 26.

Compliance Guidelines

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

- CPR training must be Red Cross or American Heart Association certified or be equivalent. A first-aid certification from any source is acceptable.
 - Current certification for RNs, LPNs, or First Responders will be accepted for both CPR and first aid. Due to differences in training courses, a CNA certificate is not an approved CPR certification.
- CPR certification must include pediatric CPR training.
 - Training that includes basic life support (BLS) meets this requirement. (The card or certificate may not have the words “pediatric” or “infant and child” written on them.)
 - Although child CPR training is required, training on infant CPR is optional if the provider does not enroll infants or toddlers.
- The CPR and first aid certification must be current.
 - The expiration date on the first-aid and CPR card determines whether the certification is current.
 - When there is no expiration date on the card, and the issue date is less than a year old, the certification is considered current.
 - When the expiration date on the card has been added or altered, the trainer will need to verify that the certification is current.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(21) The provider shall ensure that CPR certification includes hands-on testing.

Rationale/Explanation

Pediatric CPR skills should be taught by demonstration and practice to ensure the technique can be performed in an emergency. CFOC 4th ed. Standard 1.4.3.1 p.p. 24

Compliance Guidelines

Online CPR training does not meet the requirement of this rule, unless there is a hands-on training component in addition to the online part of the training.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(22) The provider shall ensure that the following records for each covered individual are kept on-site for review by the department:

- (a) the date of initial employment or association with the program;**
- (b) a current pediatric first aid and CPR certification, if required in this rule; and**
- (c) a six-week record of the times worked each day.**

Rationale/Explanation

Maintaining complete records on each staff person employed at the facility is a sound administrative practice. CFOC 4th ed. Standard 9.4.3.1 p.p. 424.

Documentation of current certification of satisfactory completion of pediatric first aid and demonstration of pediatric CPR skills in the facility assists in implementing and in monitoring for proof of compliance. CFOC 4th ed. Standard 1.4.3.1 p.p. 26

Compliance Guidelines

- A six-week record of the times worked each day is required for all individuals employed at the facility.
- Training documentation may be kept as a hardcopy or electronically.

Risk Level

Low

Corrective Action for 1st Instance

Warning

The rules in this section explain the provider's and other covered individuals' responsibilities regarding background checks. The rules regulate how to obtain a background check, when it is required, and what criteria are used in determining if an individual is found to be eligible or not eligible after a background check.

Rationale/Explanation

To ensure their safety and physical and mental health, children should be protected from any risk of abuse or neglect. Performing diligent background screenings also protects the child care facility against future legal challenges. CFOC 4th ed. Standard 1.2.0.2 p.p. 10.

Covered Individuals

Covered individuals are those who are involved with a child care program and are required to have a background check as explained below. An individual who is found not eligible by a background check must not be involved with a child care program and will be required to leave if found at a facility during child care hours. In order to ensure compliance with the rules, and verify identity, licensors may ask for a government issued photo ID for covered individuals at the facility.

Provider / Owner

The provider is required to have a background check.

Household Members

All individuals aged 12 years and older who reside in the home are required to have a background check. Review "[Section 7: Personnel and Training Requirements](#)" for the rules and information about background check requirements for household members.

Caregivers and Other Employees

- Individuals who care for the children are required to be found eligible by taking a background check.
- Any individual who is hired to work for the child care program is an employee who must have a current background check.

Volunteers, Guests, and Others Who May Have Access to Children

- Volunteers need a background check.
- A guest who stays continuously in the home for more than 2 weeks must have a background check.
- An individual who rents space in the provider's home will be required to have a background check unless exempt under certain conditions. Refer to "Section 9: Facility" for more information.
- Any individual 12 years or older who resides or moves into a child care facility is considered a covered individual and is required to have a background check. This applies whether or not the individual directly participates in the child care program.

CCL Background Check Process

All prospective covered individuals must be found eligible by a CCL background check before becoming involved with a child care program. Background checks from other organizations do not meet the requirements of this rule. For Child Care Licensing, a background check includes examining a covered individual's background through the following eight sources which encompass three in-state checks, two national checks, and three interstate checks. CCL also checks the Utah sex offender registry for the names of any registered sex offenders who reside in the vicinity of the child care facility.

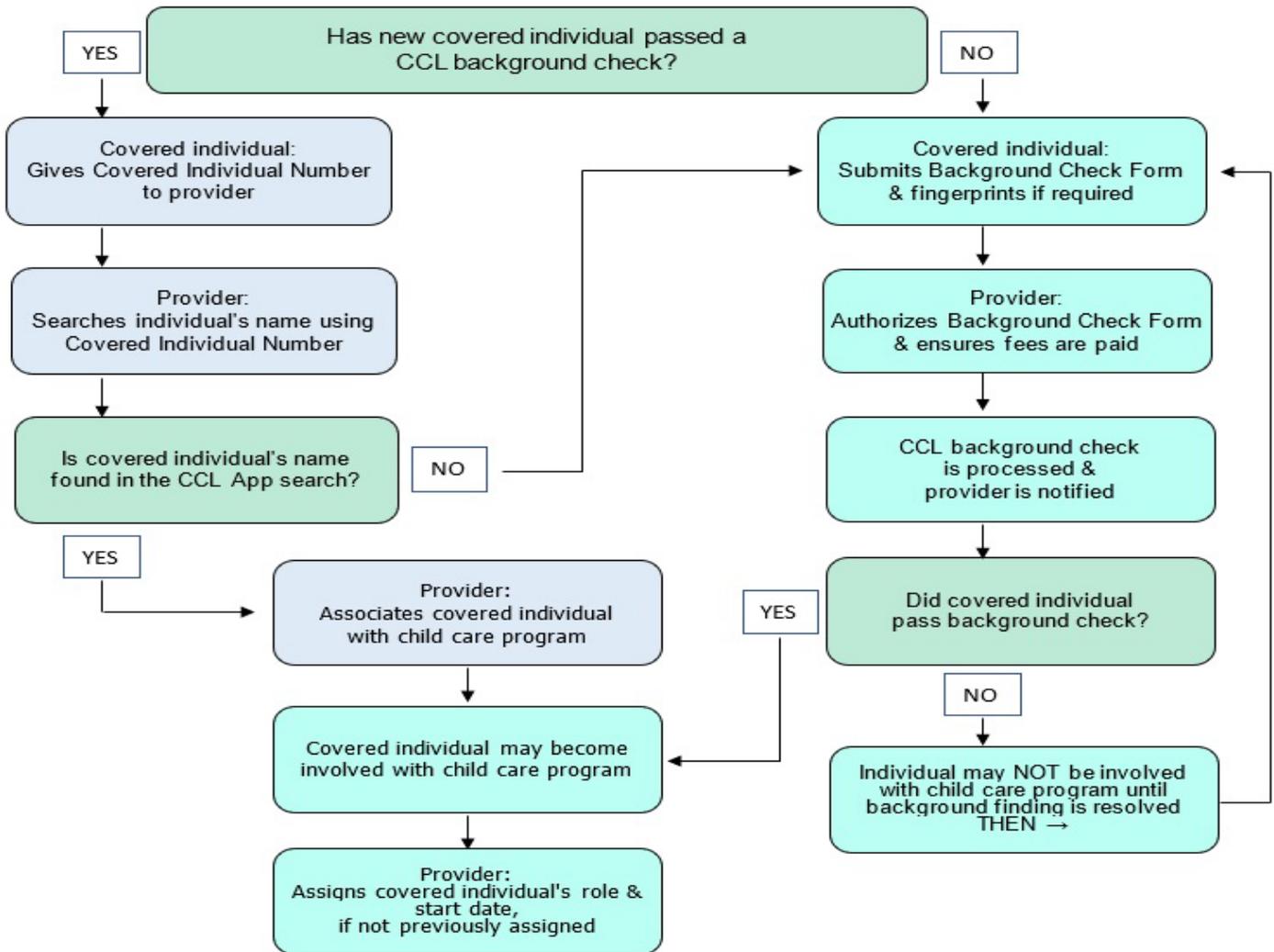
Utah	National	Interstate
1. Criminal registry or repository <ul style="list-style-type: none"> • Uses fingerprints • Includes juvenile records • Fingerprints not required for minors, except 16- or 17- year-old caregivers working for a DWS-approved facility 	4. FBI Next Generation Identification <ul style="list-style-type: none"> • Uses fingerprints • Retains fingerprints for a real-time criminal report from FBI (Rap Back service) • For individuals 18 years old and older 	6. Criminal registry or repository <ul style="list-style-type: none"> • In any other state where the individual has resided in the past 5 years • For individuals 18 years old and older
2. Sex offender registry or repository <ul style="list-style-type: none"> • For individuals 12 years old and older • Checks all facility addresses for names of registered sex offenders living in vicinity of child care facility 	5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) <ul style="list-style-type: none"> • For individuals 18 years old and older 	7. Sex offender registry or repository <ul style="list-style-type: none"> • In any other state where the individual has resided in the past 5 years • For individuals 18 years old and older
3. Child abuse and neglect registry and database <ul style="list-style-type: none"> • For individuals 12 years old and older 		8. Child abuse and neglect registry and database <ul style="list-style-type: none"> • In any other state where the individual has resided in the past 5 years • For individuals 18 years old and older

CCL participates in the FBI Next Generation Identification (NGI) system. The NGI process uses fingerprint identification to identify individuals arrested and prosecuted for crimes. With this system, authorized government agencies will receive an individual's criminal history record reported to the FBI and State.

It usually takes 3 full days for OBPS (Office of Background Processing and Security) to complete a background check after the request (including fingerprints if required) has been submitted, authorized, and paid for. However, the background check may take longer when the individual has resided outside of Utah within the past five years.

The diagram below summarizes the steps that the covered individual, the provider, and CCL must complete in the background check process. A detailed explanation of the process is described in the Compliance Guidelines sections below.

CCL Background Check Process for New Covered Individual



When authorizing an individual's background check or when associating an individual with their facility, the facility staff authorized for completing this process will be required to acknowledge the following statement:

Based upon my information and belief, this individual:

- (a) has not been convicted of, has not pleaded no contest to, or is not currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor;
- (b) has not been adjudicated in juvenile court of committing an act that if committed by an adult would be a felony or misdemeanor;
- (c) has never had a supported finding or is being investigated by the Department of Human Services of abuse or neglect of a child; or
- (d) is not listed on the Utah or national sex offender registry.

- (1) Before a new covered individual becomes involved with child care in the program, the provider shall use the CCL provider portal search to:**
- (a) verify that the individual is eligible; and**
 - (b) associate that individual with their facility if the covered individual appears in the search.**

Rationale/Explanation

This screening requirement may protect children from abuse and reduce liability risks while reassuring parents/guardians that their children are safe from violent and sexual offenders and those with related criminal histories. CFOC 4th ed. Standard 10.3.3.2 p.p. 434.

Compliance Guidelines

If the individual's background check is active and they have been found eligible by the FBI fingerprint check:

- They are not required to submit a new background check and associated fee.
- The provider is required to associate the individual with their child care facility.
- The covered individual may then become involved with the child care facility.

If the individual's background check is active, but they have not been found eligible by the FBI fingerprint check as required by rule, they must submit a new CCL background check request form, fingerprints, and all associated fees.

If the individual's name does not show up in the search (indicating that they do not have an active CCL background check), they must submit a CCL background check request form, fingerprints (if required), and all associated fees.

Individuals who have not been associated with any CCL facility in Utah for the past 180 days (6 months) will not show up in the search and will be required to resubmit a background check request, including fingerprints and fees, in order to be associated with child care again.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (2) Before a new covered individual who does not appear in the CCL provider portal search becomes involved with the program, the provider shall:**
- (a) have the individual submit an online background check form and fingerprints for individuals age 18 years old and older;**
 - (b) authorize the individual's background check through the CCL provider's portal;**
 - (c) pay any required fees; and**
 - (d) receive written notice from CCL that the individual is eligible.**

Compliance Guidelines

- This rule applies to covered individuals who have never had a CCL background check, and individuals who have not been found eligible by a CCL background check, but are new to a child care facility.
- This rule does not apply to children who reside in the facility and are turning 12 years old. For information about their background check requirements, refer to 90-8(4).

For a new covered individual who has never had a CCL background check

- The covered individual must submit a background check request form and fingerprints if required.
 - Instructions for requesting a CCL background check and the background check form are found under "[Background Checks.](#)"
 - Instructions for submitting fingerprints, if required, are found at: [How to Submit Background Checks.](#)
- The provider must authorize the form through their CCL portal and ensure that all fees are paid.
 - For instructions on paying fees, go to the "[Payments](#)" page on the CCL website
- CCL will begin checking the individual's background when:
 - The individual has submitted a complete background request form,
 - The provider has authorized the background check to be run,
 - Required fingerprints have been submitted, and
 - All fees have been paid.
- CCL will cancel the background check request if required fingerprints are not submitted and/or fees are not paid within 10 working days of the provider's authorization.
- If the covered individual is found eligible by the background check:
 - CCL will notify the provider and the individual of the background check results.
 - An electronic background check card (with a Covered Individual Number) will be emailed to the individual and to the provider.
 - CCL will associate the individual with the child care facility.
 - "Eligible," or "Temporary Eligible" will be displayed as the status on the CCL provider portal.
 - The individual may then be involved with the facility.

- As soon as a prospective employee has been found eligible by either the FBI or Utah criminal registry fingerprint check, CCL will allow the individual to become involved with the child care facility on a provisional basis.
 - This is allowed on condition that the individual never has unsupervised contact with any child. The individual must be supervised at all times by an adult who has been found eligible by the CCL background check.
 - The background status on the provider’s CCL portal will display as “Temporary Eligible.”
 - The individual’s involvement with the child care program is considered provisional until they pass the entire CCL background check from all sources.

- If the covered individual is found not eligible by the background check:
 - They may not be involved with, or living in a child care facility.
 - “Denied” will be displayed as the status; and both the provider and the covered individual will be notified in writing.
 - Previously denied individuals who may now be found eligible by the background check will be required to resubmit a background check request, including fingerprints and fees, in order to be associated with child care.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A new covered individual was involved with the child care program without being found eligible by a CCL background check.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- A temporarily cleared individual (one who has been found eligible by only part of the CCL background check) had unsupervised contact with the children.

- (3) To keep their background check eligibility current, the provider shall also ensure that a new background check form and fingerprints are submitted and authorized and fees are paid for any covered individual who has:**
- (a) resided outside of Utah since their last background check was completed;**
 - (b) not been associated with an active, CCL approved child care facility within the past 180 days; or**
 - (c) has turned 18 years old and has not previously submitted fingerprints for a CCL background check. If the 18-year-old has previously submitted fingerprints for a CCL background check, only a new background check form will be required.**

- (4) Within ten working days from when a child who resides in the facility turns 12 years old, the provider shall:**
- (a) ensure that an online background check form is submitted;**
 - (b) authorize the child's background check through the CCL provider's portal; and**
 - (c) pay any required fees.**

Rationale/Explanation

Juvenile offender records begin at age 10 years. CFOC 4th ed. Standard 10.3.3.2 p.p. 434.

Compliance Guidelines

- When a child who resides in the facility turns 12 years old, they are considered a new covered individual.
- The child's parent has 10 working days from their child's 12th birthday to submit a background check request form. CCL will not accept background check requests for individuals younger than 12 years old.
- The provider must ensure that all associated fees are paid and authorize the background check through their CCL portal. The submission of fingerprints is not required.
- CCL will begin checking the child's background when:
 - A complete background request form has been submitted,
 - The provider has authorized the background check to be run, and
 - All fees have been paid.
- CCL will cancel the background check request if fees are not paid within 10 working days of the provider's authorization.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (5) The provider shall ensure that fingerprints are prepared by a local law enforcement agency or an agency approved by local law enforcement.**

Compliance Guidelines

- Care About Childcare is an approved agency where fingerprints may be prepared.
- Live Scan Fingerprint Locations are available in this [document](#).

- (6) If fingerprints are submitted electronically through live scan, the provider shall ensure that the agency taking the fingerprints is one that follows the department's guidelines.**

- (7) The department may deny a covered individual from being involved with child care for any of the following background findings:**
- (a) LIS supported findings;**
 - (b) the covered individual's name appears on the Utah or national sex offender registry;**
 - (c) any felony convictions; or**
 - (d) for any of the reasons listed under Subsection R381-70- 8(8).**

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 1.2.0.2 p.p. 9.

Compliance Guidelines

If CCL denies a covered individual from being involved with child care, that individual may not have access to the child care facility or the children in care.

- (8) The department may also consider a covered individual not eligible for any of the following convictions regardless of severity:**
- (a) child pornography;**
 - (b) sexual enticing of a minor;**
 - (c) voyeurism;**
 - (d) a sexual exploitation act;**
 - (e) pornographic material or performance;**
 - (f) any crime against an individual;**
 - (g) providing dangerous weapons or firearms to a minor; or**
 - (h) driving under the influence (DUI) while a child is present in the vehicle.**
- (9) The department shall consider a covered individual eligible if the only background finding is a conviction or plea of no contest to a nonviolent drug offense that occurred ten or more years before the CCL background check was conducted**
- (10) If the provider is considered not eligible by CCL, the department may suspend or deny their license until the reason for the background check finding is resolved.**

Compliance Guidelines

To suspend a license means that the license is temporarily revoked.

(11) If a covered individual is considered not eligible by CCL, including that the individual has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor, the provider shall prohibit that individual from being employed by the child care program or residing at the facility until the reason for the background check finding is resolved.

Compliance Guidelines

It is a rule noncompliance if a covered individual who is found not eligible by the background check is involved with a child care facility, and consequently, the individual must leave the facility.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(12) If a covered individual is denied a license or employment based upon the criminal background check and disagrees with the information provided by the Department of Public Safety, the covered individual may appeal the information to the Department of Public Safety.

(13) If a covered individual disagrees with a supported finding on the Department of Human Services LIS, the covered individual may appeal the finding to the Department of Human Services.

(14) The provider and the covered individual shall notify the department within 48 hours of becoming aware of the covered individual's arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding. Failure to notify the department within 48 hours may result in disciplinary action, including revocation of the license.

Compliance Guidelines

It is important that both the covered individual and the provider each report to CCL within 48 hours of having knowledge of any of the situations described above.

- An arrest does not automatically disqualify a covered individual from being involved with child care. CCL will use this information to verify if the nature of the arrest or charges will result in a denial.
- If an individual receives a ticket for a driving offense or other infraction of the law, it is not required to report the ticket to CCL unless it becomes an arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(15) The Executive Director of the department may overturn a CCL background check decision if the Executive Director determines that the nature of the background finding or mitigating circumstances do not pose a risk to children.

Compliance Guidelines

Any request to the Executive Director for a decision on a background check denial must be made through the CCL program appeal process. Please refer to "[Section 5: Rule Violations and Penalties](#)" for information about the appeal process.

This section provides rules and information that apply to the space requirements, structure, layout, and maintenance of the child care facility, both inside and outside.

Studies have shown that the quality of the physical designed environment of early child care centers is related to children's cognitive, social, and emotional development (e.g., size, density, privacy, well-defined activity settings, modified open-plan space, a variety of technical design features and the quality of outdoor play spaces). CFOC 4th ed. Standard 5.1.2.1 p.p. 216.

Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards. CFOC 4th ed. Standard 5.3.1.1 p.p. 253-254.

(1) The provider shall ensure that there is at least 35 square feet of indoor space for each child in the program, including the provider's and employees' children.

Rationale/Explanation

Child behavior tends to be more constructive when sufficient space is organized to promote developmentally appropriate skills. Crowding has been shown to be associated with increased risk of developing upper respiratory infections. Also, having sufficient space will reduce the risk of injury from simultaneous activities. CFOC 4th ed. Standard 5.1.2.1 p.p. 215-216.

Compliance Guidelines

- Square footage is used as a factor in determining the maximum capacity of the facility.
- After the facility is measured at the Pre-License Inspection, generally rooms are not remeasured at subsequent inspections except when:
 - A room or area in the facility has been remodeled.
 - A provider requests a change to their capacity.
 - A room or area appears overcrowded with children or with items unrelated to child care.
- The provider may temporarily have children in an area with less than 35 square feet of space per child while in a group activity that requires less movement, such as eating, napping, listening to a story, watching a puppet show, working on an art project, or doing homework.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (2) **The department may include floor space used for furniture, fixtures, or equipment as indoor space per child if the furniture, fixture, or equipment is used:**
- (a) **by children;**
 - (b) **for the use of children; or**
 - (c) **to store materials for children.**
- (3) **The department may not include the following areas when measuring indoor space for children's use:**
- (a) **bathrooms;**
 - (b) **closets and staff lockers;**
 - (c) **hallways;**
 - (d) **lobbies and entryways;**
 - (e) **kitchens; and**
 - (f) **staff offices.**
- (4) **The department may limit the maximum allowed capacity for a facility based on local ordinances.**

Rationale/Explanation

Some city ordinances limit the capacity of child care facilities. CCL will not issue a license with a greater capacity than allowed by the city where the facility is located. When a maximum capacity is stated on a city's business license, or on a fire or kitchen inspection report, it may result in a reduced capacity when the child care license is issued or renewed.

- (5) **The provider shall ensure that the number of children in care at any given time does not exceed the capacity identified on the license.**

Compliance Guidelines

- "Children in care" refers to the children who are present at the facility, being transported, and at any offsite activity.
- A physical headcount of the children who are present combined with the provider's enrollment and attendance policies, and the sign-in and sign-out system may help ensure compliance with this rule.
- The provider may be over capacity for short periods of time during special events, such as parties where all enrolled children are invited, as long as supervision and ratios are maintained.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (6) The provider shall ensure that any building or play structure on the premises constructed before 1978 that has peeling, flaking, chalking, or failing paint is tested for lead. If lead-based paint is found, the provider shall contact their local health department within five working days and follow required procedures for remediation of the lead hazard.**

Rationale/Explanation

Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation. Paint and other surface coating materials should comply with lead content provisions of the Code of Federal Regulations, Title 16, Part 1303. Lead is a neurotoxin. Even at low levels of exposure, lead can cause reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Lead poisoning has no "cure." These effects cannot be reversed once the damage is done, affecting a child's ability to learn, succeed in school, and function later in life. Other symptoms of low levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span. CFOC 4th ed. Standard 5.2.9.13 p.p. 251.

Lead-based paint and lead-contaminated dust are the most hazardous sources of lead poisoning in children and may be found in:

- House paints and paint used on outdoor play equipment made before 1978
- Imported vinyl mini-blinds made before 1997
- Imported toys

Compliance Guidelines

- Providers must regularly inspect inside and outside walls and play surfaces that are accessible to children for damaged (peeling, flaking, or chalking) paint.
- Any area with damaged paint should be tested for lead. If there are four areas with damaged paint, then there must be four tests for lead.
- If lead-based paint is found and the building or structure was built before 1978, the local health department or the Utah Department of Environmental Quality (DEQ) should be contacted for how to remove or repair the lead-based paint.
- According to DEQ regulations, if there is an area with 6 square feet or more of damaged paint indoors or an area with 20 square feet or more of damaged paint outdoors, then correction must be done by a certified individual.
- There must be documentation that paint was tested and it contains no lead, or that paint containing lead was repaired according to DEQ or local health department instructions.
- More information is available from the [United States Environmental Protection Agency](#).

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A building or play structure constructed before 1978 has untested failing paint in an area accessible to children.
- Any area has tested paint that contains lead and it has not been appropriately remediated.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- A building or play structure constructed before 1978 has untested failing paint in an area inaccessible to children.

(7) The provider shall ensure that each room and indoor area that is used by children is ventilated by mechanical ventilation, or by windows that open and have screens.

Rationale/Explanation

As much fresh outdoor air as possible should be provided in rooms occupied by children. Screened windows should be opened whenever weather and the outdoor air quality permits or when children are out of the room. Indoor air should be kept as free from unnecessary chemicals as possible, including those emitted from air fresheners and other fragrances, cleaning products containing chemicals, aerosol sprays, and some furnishings.

The health and well-being of both the staff and the children can be greatly affected by indoor air quality. The air people breathe inside a building is contaminated with microbes shared among occupants, chemicals emitted from common consumer products and furnishings, and migration of polluted outdoor air into the facility. Air quality significantly impacts people's health. The health impacts from exposure to air pollution (indoor and outdoor) can include: decreased lung function, asthma, bronchitis, emphysema, learning and behavioral disabilities, and even some types of cancer. CFOC 4th ed. Standard 5.2.1.1 p.p. 224.

Compliance Guidelines

Areas used by children must be free of signs of inadequate ventilation such as mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- A room or area used by the children does not have either mechanical ventilation or a window to open.
- There are signs of inadequate ventilation in a room used by children.
- The ventilation is provided by an open, unscreened window that is accessible to children, and the room or area is above the facility's ground-floor level.

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- The ventilation is provided by an open, unscreened window that is accessible to children, and the room or area is on the facility's ground floor or basement level.

(8) The provider shall ensure that windows and glass doors within 36 inches from the floor or ground are made of safety or tempered glass, or have a protective guard.

Rationale/Explanation

The purpose of this rule is to prevent children from accidentally breaking and being cut by a glass window or door. Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from the broken glass. CFOC 4th ed. Standard 5.1.3.4 p.p. 218.

Compliance Guidelines

- This rule applies to windows and glass doors that are accessible to children in care, both inside the facility and in the outdoor areas used by children.
- If a window has a double pane (such as a storm window) and both sides of the window are accessible to children, both panes must be made of safety glass or have a protective guard.
- All windows and glass surfaces that are within 36 inches of the floor or ground, and are in areas that are accessible to children will be inspected by CCL.
- The height of the window or glass surface will be measured from the floor or ground to the glass, and will include the width of any ledge, window sill, or frame of the window.
- CCL will document when the glass has been inspected and is in compliance with the rule.
- If the glass in a window or door has been replaced or the protective guard has changed, the glass will be reinspected at a subsequent inspection.
- The following will not be inspected:
 - Fish tanks
 - Mirrors
 - Windows and glass surfaces in staff offices or lounges unless the areas are used by the children
 - Glass surfaces in lobbies where children are never without adult supervision
 - Glass block walls or windows
- Acceptable protective guards or barriers include:
 - Screens that cover windows at least 36 inches up from the floor or ground
 - Furniture of any height that blocks the glass surface within four inches of its bottom and sides
 - A child safety gate that is secured in the window sill or in front of the window
 - A sheet of acrylic attached over the glass
 - Bushes when the combined height and depth of the branches is at least 36 inches
 - Solid window shutters
 - A fixture, such as a planter box, with a combined height and depth of 36 inches (minimum 18 inches high) that blocks the glass within four inches of its bottom and sides
- If protective film is applied, it needs to be on only one side of single pane windows and both sides of double pane windows when both sides are accessible to children. The safety film must be able to prevent glass from falling should the glass be broken.

This rule is in compliance when:

- The glass is marked as safety or tempered glass by the manufacturer.
- There is documentation that verifies that the glass is safety or tempered glass.
- Protective film is applied to the window or door to prevent it from shattering into loose shards if it breaks, or
- The window or door has a protective guard or barrier that prevents children from contacting the glass.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(9) The provider shall ensure that rooms and areas have adequate light intensity for the safety of the children and the type of activity being conducted.

Rationale/Explanation

These levels of illumination facilitate cleaning, reading, comfort, completion of projects, and safety. Too little light, too much glare and confusing shadows are commonly experienced lighting problems. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. Lighting levels should be reduced during nap times to promote resting or napping behavior in children. During napping and rest periods, some degree of illumination must be allowed to ensure that staff can continue to observe children. CFOC 4th ed. Standard 5.2.2.1 p.p. 230-231.

Compliance Guidelines

It is a rule noncompliance if an area being used by children is so dark that it is unsafe to go in or out due to inadequate lighting.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- There is inadequate lighting in a diapering or food preparation area, or if it is completely dark in a sleeping room.

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- There is inadequate lighting in any other area used by the children.

(10) The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

Rationale/Explanation

A draft-free temperature of 68°F to 75°F should be maintained at thirty to fifty percent relative humidity during the winter months. A draft-free temperature of 74°F to 82°F should be maintained at thirty to fifty percent relative humidity during the summer months. CFOC 4th ed. Standard 5.2.1.2 p.p. 225.

According to the National Institutes of Health, there may be an association between sleeping room temperatures and increased risk of SIDS. It is recommended that sleeping rooms be kept at a temperature comfortable for a lightly-clothed adult, and infants should not be overly bundled or should not feel hot to the touch when sleeping. American Academy of Pediatrics. (2016 October).

Compliance Guidelines

- A thermometer may be used to check the air temperature in each infant and toddler room or area.
- The air temperature may be measured at the height at which the infants and toddlers sleep.
- In rooms other than the infant/toddler rooms, the air temperature may be measured when an area seems to be too hot or too cold.
- In rooms used only for preschool and school-age children, the air temperature may be measured at table height when a room seems to be too hot or cold.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- The temperature is out of range in a room for infants or toddlers.

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- The temperature is out of range in any rooms other than infant/toddler rooms.

(11) The provider shall ensure that there is a working telephone at the facility, in each vehicle while transporting children, and during offsite activities.

Rationale/Explanation

The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use. CFOC 4th ed. Standard 5.3.1.12 p.p. 259.

Compliance Guidelines

- A cell phone meets the requirements of this rule as long as there is a phone in the facility, each vehicle, and at offsite activities whenever children are present.
- A long range two-way communication device also meets the requirements of this rule.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(12) The provider shall ensure that there are at least two working toilets and two working handwashing sinks accessible to children in the center.

Rationale/Explanation

Toilets and hand sinks should be easily accessible to children and facilitate adult supervision. CFOC 4th ed. Standard 5.4.1.6 p.p. 262.

Compliance Guidelines

- A food preparation sink may not be used for children's handwashing.
- The following are not acceptable toilets or sinks:
 - Indoor and outdoor portable toilets, such as chemical toilets, composting toilets, and bucket toilets
 - A portable sink with no water in it
- During regular operation hours, the required toilets and sinks must be in working condition.
- It is a noncompliance of 70-9(22) if the toilets at the facility are not in working condition. In this case, repairs must be made within 1 business day.

Risk Rule

Moderate

Corrective Action for 1st Instance

Citation Warning

(13) The provider shall ensure that there is at least one additional working toilet and one additional hand washing sink for each additional group of one to 25 children.

Rationale/Explanation

Children use the bathroom often and cannot wait long when they have to use the toilet. Sinks should be nearby to facilitate handwashing. CFOC 4th ed. Standard 5.4.1.6. p. 261.

Compliance Guidelines

The required number of working toilets and working sinks must be available for the children to use. The number of toilets and sinks is used as a factor in determining the maximum capacity of the facility.

- A urinal may be counted as a toilet for up to 50% of the required number of toilets.
- For large sinks that have two or more faucets in them, each separate faucet counts as one sink.
- any working sink (including portable) with accessible clean water is in compliance.

It is out of compliance with 70-9(24) if there is only one toilet at the facility and it is not in working condition. In this case, the repair must be made within one hour in order to provide child care services.

The following are not acceptable toilets or sinks:

- Indoor and outdoor portable toilets, such as chemical toilets, composting toilets, and bucket toilets
- A portable sink with no water in it

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(14) The provider shall ensure that there are bathrooms that provide privacy available for use by children.

Rationale/Explanation

Children should be allowed the opportunity to practice modesty when independent toileting behavior is well-established in the majority of the group. CFOC 4th ed. Standard 5.4.1.2 p.p. 261.

Compliance Guidelines

Bathrooms that provide privacy have a full-length door or curtain that closes, and only one child at a time uses the bathroom.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(15) The provider shall ensure that there is an outdoor area that is safely accessible to children.

Rationale/Explanation

The facility or home should be equipped with an outdoor play area that directly adjoins the indoor facilities or that can be reached by a route that is free of hazards. CFOC 4th ed. Standard 6.1.0.1 p.p. 282.

Compliance Guidelines

- In order to be licensed, there must be an outdoor area on the provider's premises that can be safely reached and used by the children. Facilities that do not have outdoor areas on site cannot ensure that children in their care are playing on equipment or in a space that is safe.
- Because open air is vital for children, indoor space cannot replace outdoor space.
- The route from the building to the outdoor area must be safe. For example, an outdoor area is not safely accessible if children must walk across an unsafe deck (such as one with broken boards or holes in it) or cross a driveway where cars or other motor vehicles come and go.
- The following examples of outdoor areas that are safely accessible include:
 - An outdoor area that is directly adjacent to the building, so that children exit the facility straight into the play area.
 - A large, open-air deck that children access directly from the building as long as the deck has the required space per child and meets other licensing requirements.
 - An outdoor area on the premises that is reached by way of a fenced walkway.
 - When the building and entire outdoor area are surrounded by fencing.
 - An outdoor area on the premises that can be accessed by a sidewalk, as long as the sidewalk is not near a street that has a designated speed of 25 MPH or greater, a water or other hazard, or does not pass through a parking lot.
 - An outdoor area on the premises that is accessed by blocking off a portion of a parking lot with traffic cones to create a walkway.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(16) The provider shall ensure that the outdoor area has at least 40 square feet of space for each child using the area at one time.

Rationale/Explanation

Play areas must be sufficient to allow freedom of movement without collisions among active children. Providing more square feet per child may correspond to a decrease in the number of injuries associated with gross motor play equipment. In addition, meeting proposed Americans with Disabilities Act (ADA) outdoor play area requirements for accessible routes, and developing natural, outdoor play yards with variety and shade can only be achieved if sufficient outdoor play space is provided. CFOC 4th ed. Standard 6.1.0.1 p.p. 283.

Compliance Guidelines

- The outdoor space that will be used by the children:
 - Must meet the square footage requirements of this rule.
 - Is a factor in determining the maximum capacity of the facility.
- After the outdoor area is measured at the Pre-License Inspection, generally the space is not remeasured on subsequent inspections except when:
 - The facility's outdoor area has been renovated or changed.
 - A provider requests a change to their capacity.
 - The outdoor play area appears overcrowded during an inspection.
- A facility may have more than one outdoor area, as long as each area is safely accessible, fenced as required, meets the square footage requirements for the number of children using the area, and is in compliance with other licensing rules.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(17) The provider shall ensure that the total square footage of the outdoor area accommodates at least one-third of the approved capacity at one time or is at least 1600 square feet.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(18) The provider shall ensure that the outdoor area is enclosed within a fence, wall, or solid natural barrier that is at least four feet high.

Rationale/Explanation

This standard helps to ensure proper supervision and protection, prevention of injuries, and control of the area. An effective fence is one that prevents a child from getting over, under, or through it and keeps children from leaving the fenced outdoor play area, except when supervising adults are present. Although fences are not childproof, they provide a layer of protection for children who stray from supervision. CFOC 4th ed. Standard 6.1.0.8 p.p. 286-287.

Compliance Guidelines

- The entire perimeter of the fence must be at least four feet (48 inches) high.
- The fence must be measured on each side at its lowest point, from the side the children play on, and includes measuring a gate.
- If a fence or wall was previously approved by CCL, then the barrier's height is considered in compliance as long as:
 - The barrier has not been replaced, repaired, or altered; and
 - All areas of the barrier measure within five inches of the required four foot height. This five inch allowance only applies to a previously-approved barrier that has not changed since the approval; it does not apply to barriers formed by bushes or shrubs, etc. If the fence or wall was replaced, repaired, adjusted, or it has changed since the last CCL inspection, it must meet the four foot height requirement.
- It is not a rule noncompliance if a fence is lower than 48 inches in height due to temporary weather conditions, such as snow on the ground at the base of the fence.
- Bushes will be considered a natural barrier when there are no gaps five by five inches or greater.
- When a ramp (leading to the outdoor area) is separated from the area with a four foot high gate that is closed, the height of a fence on the ramp does not need to be assessed. If there is no gate, the gate is open, or is less than four feet high, then the fence on the perimeter of the ramp (that encloses the ramp and outdoor area) must be at least four feet high. The interior fencing on the ramp does not need to be assessed.
- Interior fences within the four foot perimeter fence do not need to be 48 inches high, unless otherwise required in rule.
- Any temporary fencing that is used to comply with this rule must:
 - Always be set up when children are in the outdoor area.
 - Meet the fencing height requirements as described above.
 - Be in compliance with 70-9(20)

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- There is no fence or barrier enclosing the outdoor area, or an area of the fence or barrier is less than 36 inches high.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- An area of the fence or barrier is less than 48 inches high.

(19) The provider shall ensure that there is no gap five by five inches or greater in or under the fence or barrier.

Rationale/Explanation

Fences and barriers should not prevent the observation of children by caregivers/teachers. If a fence is used, it should conform to applicable local building codes in height and construction. CFOC 4th ed. Standard 6.1.0.8 p.p. 286.

Compliance Guidelines

- The entire perimeter of all required fences and barriers must be checked for gaps, including fences enclosing the outdoor area and any interior fences required to separate children from hazards even if previously approved.
- The size of any gap in or under the fence should be measured without pushing on the fence. (Licensors will use a gap-measure tool)
- It is a noncompliance of rule 70-9(19) for not having a fence if any gap is 3 feet or greater in size.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Any required fence or barrier has a five by five inch gap or greater that is lower than 36 inches.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- Any required fence or barrier has a five by five inch gap or greater that is 36 inches or higher.

(20) The provider shall ensure that children are in an enclosed area when children are outdoors, except during offsite activities.

Rationale/Explanation

This standard helps to ensure proper supervision and protection, prevention of injuries, and control of the area. An effective fence is one that prevents a child from getting over, under, or through it and keeps children from leaving the fenced outdoor play area, except when supervising adults are present. CFOC 4th ed. Standard 6.1.0.8 p.p. 286-287.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(21) The provider shall ensure that there is shade available to protect the children from excessive sun and heat when children are in the outdoor area.

Rationale/Explanation

The shade will provide comfort and prevent sunburn or burning because the structures or surfacing are hot. Access to sun and shade is beneficial to children while they play outdoors. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require for bone development and immune system health. Additionally, research shows the sun may play an important role in alleviating depression. Exposure to the sun is needed, but children must be protected from excessive exposure. Individuals who suffer severe childhood sunburns are at increased risk for skin cancer. Practicing sun-safe behavior during childhood is the first step in reducing the chances of getting skin cancer later in life. CFOC 4th ed. Standard 6.1.0.7 p.p. 286.

Children have a greater surface area to body mass ratio than adults. Therefore, children do not adapt to extremes of temperature as effectively as adults when exposed to a high climatic heat stress or to cold. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate body heat by evaporation as effectively, CFOC 4th ed. Standard 3.1.3.2 p.p. 99.

Compliance Guidelines

- There must be a provision for shade whenever the children are in the outdoor area, and it must be provided year-round.
- Shade can come from a tree, awning, patio roof, or other structure such as the side of the building. A canopy or umbrella may be used as long as it can be set up and stand on its own.
- There is no rule about the time of day that children play outside as long as shade is available to the children.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- Shade is not provided when children are in the outdoor area and the temperature is 65 degrees or above.

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- Shade is not provided when children are in the outdoor area and the temperature is below 65 degrees.

(22) If there is a swimming pool on the premises that is not emptied after each use, the provider shall:

- (a) meet applicable state and local laws and ordinances related to the operation of a swimming pool;**
- (b) maintain the pool in a safe manner; and**
- (c) when not in use, cover the pool with a commercially-made safety enclosure that is installed according to the manufacturer's instructions, or enclose the pool within at least a four-foot-high fence or solid barrier that is kept locked and that separates the pool from any other areas on the premises.**

Rationale/Explanation

Where applicable, swimming pools and built-in wading pool equipment and materials should meet the health effects and performance standards of the National Sanitation Foundation or equivalent standards as determined by the local regulatory health authority. Proper pool operation and maintenance minimizes injuries. CFOC 4th ed. Standard 6.3.3.3 p.p. 300-301.

Compliance Guidelines

- All locks or latches on the fence or safety cover must be properly locked.
 - A pool fence must be locked with a key or combination lock.
 - For a pool cover, every latch must be engaged and all sides must be secured.
- When the pool is covered with a safety cover, the pool cover must be commercially made, properly installed, and secured on all sides regardless of how the pool cover attaches. Commercially made product documentation must be available for CCL review.
- If the law or rule from one agency is stricter than another, the provider must follow the stricter of the two regulations.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(23) The provider shall maintain buildings and outdoor areas in good repair and safe condition including:

- (a) ceilings, walls, and floor coverings;**
- (b) lighting, bathroom, and other fixtures;**
- (c) draperies, blinds, and other window coverings;**
- (d) indoor and outdoor play equipment;**
- (e) furniture, toys, and materials accessible to the children; and**
- (f) entrances, exits, steps, and walkways including keeping them free of ice, snow, and other hazards.**

Rationale/Explanation

Messy play and activities that lead to soiling of floors and walls is developmentally appropriate in all age groups, but especially among very young children, the same group that is most susceptible to infectious disease. These factors lead to soiling and contamination of floors and walls. A smooth, nonporous surface prevents deterioration and mold and is easier to clean and sanitize; therefore, helps prevent the spread of infectious diseases. To avoid transmission of disease within the group, and to maintain an environment that supports learning cleanliness as a value, all surfaces should be kept clean. CFOC 4th ed. Standard 5.3.1.6 p.p. 256-257.

Proper maintenance is a key factor when trying to ensure a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that setting. CFOC 4th ed. Standard 5.7.0.2 p.p. 277.

All walking surfaces, such as walkways, ramps, and decks, should have a non-slip finish and be free of loose material (e.g., gravel, sand), water, and ice. Sand may be used on walkways during ice and snow conditions. All walking surfaces and other play surfaces should be free of holes and abrupt irregularities in the surface. Slippery and uneven walking surfaces can lead to injury even during activities of children and adults that do not involve play. CFOC 4th ed. Standard 5.1.6.4 p.p. 223.

Compliance Guidelines

- All indoor and outdoor building areas and structures must be in good repair. This includes all indoor and outdoor play equipment and inside and outside entrances, exits, steps, and walkways used by children.
- The provider must ensure that no play equipment or equipment component could fail or otherwise cause injury from inadequate maintenance such as:
 - Missing, bent, broken, or worn out components
 - Loose hardware or missing nuts or bolts
 - Excessive wear on any part of the equipment
 - Rusted or corroded metal
 - Wood that is rough or splintery
- If equipment is in a state of disrepair and is no longer sturdy or safe, it should be made inaccessible to children until it can be fixed or discarded.
- When hooks, such as C hooks, are open to the point that equipment could come out of the gap, the equipment will be considered not to be maintained in good repair.
- During and immediately after a snowstorm, the provider will be allowed a reasonable amount of time to remove snow from outdoor exit areas, stairs, and walkways to prevent a buildup of snow and ice.
- In case of emergencies, all walkways, exits, and stairways must be free of ice and snow even if the children will not be going outside.
- Walkways must be cleared to a width of at least 3 feet and for a distance of at least 6 feet from the building.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Children were exposed to asbestos.
- A child is unable to use a toilet or hand washing sink when necessary due to equipment failure or breakdown.
- The only toilet in the facility was broken while children were in care and the toilet was not repaired immediately (within one hour). Refer to 70-9(14).

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- The presence of asbestos was not immediately corrected, but children were not exposed.
- Lack of maintenance could cause equipment failure.
- There is a buildup of ice in entrances, exits, steps, and walkways used by children.
- There is a missing step or unstable stairs that must be used to enter the facility or access the outdoor area.

Risk Level

Low

Corrective Action for 1st Instance

Warning for other hazards that require maintenance including:

- Exposed fiberglass insulation
- Heat vents that are missing covers
- Cracked or damaged flooring that could cause tripping
- Leaking plumbing (with the exception of a leaking faucet)
- An exposed fluorescent light tube with no covering on the fixture
- Draperies, blinds, or other window coverings that require maintenance including torn draperies or broken blinds that a child could become entangled in
- Wooden equipment that is rough or has splinters
- Cracks in equipment that could pinch a child's skin

(24) The provider shall ensure that accessible raised decks or balconies that are five feet or higher, and open stairwells that are five feet or deeper have protective barriers that are at least three feet high.

Rationale/Explanation

Children falling from elevated play areas may suffer fatal head injuries. CFOC 4th ed. Standard 6.1.0.4 p.p. 285.

Compliance Guidelines

- When there is a lip on the edge of the stairwell, the depth is measured from the top of the lip down to the bottom of the stairs.
- Barriers need to be at least three feet (36 inches) high measured from the surface where a person could fall from.
- Barriers on accessible raised decks or balconies that are five feet or higher cannot have gaps that are greater than 5 inches by 5 inches. Licensors will measure gaps with a gap-measure tool.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A deck or balcony that is five feet or higher or an open basement stairwell that is five feet or deeper has no protective barrier.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- A required protective barrier has a gap that is five by five inches or greater in diameter.
- A required protective barrier is under three feet high but is at least 24 inches.

(25) If the facility is subdivided, any part of the building is rented out, or any area of the facility is shared including the outdoor area, the department may inspect the entire facility and the provider shall ensure that covered individuals in the facility comply with the rules, except when the following conditions are met:

- (a) there is a separate entrance for the child care program;**
- (b) there are no connecting interior doorways that can be used by unauthorized individuals; and**
- (c) there is no shared access to the outdoor area used for the program.**

Rationale/Explanation

It is essential that any area on the provider's premises must be a safe and healthy environment when accessible to children. This includes rooms, offices, and other areas that are occupied by others, but can be accessed by children in care.

Compliance Guidelines

- CCL is not required to inspect the parts of the facility that are subdivided and/or rented out when:
 - all of the requirements of this rule are met, and
 - the occupants in the subdivided, rented, or shared part of the facility are not required to have background checks.
- If any of the above requirements are not met, CCL will:
 - Inspect the entire facility including areas that may be subdivided, rented out, or shared.
 - Verify in the CCL App that all covered individuals in the facility have been found eligible by a background check.
- The entire facility will not be inspected if the first two conditions are met.

Risk Level & Corrective Action for 1st Instance

The corrective action will be based on the severity of harm that was caused or likely to be caused as a result of a rule noncompliance.

The rules in this section regulate the caregiver-to-child ratio which is the maximum number of children each caregiver may be responsible for. The rules also limit group size meaning the number of children being cared for in one group at the same time. These rules are based on what children need for quality nurturing care.

Rules regarding the caregiver-to-child ratio and group size apply any time there are children in the out-of-school-time including when children are being transported and during offsite activities. The rules also apply during special activities when services are provided at the facility, such as Parents' Night Out or a Saturday workshop.

Does the Child Count in the Caregiver-to-Child Ratio?

Unrelated Child	Provider's Own Child	Staff Member's Own Child	Other Related Child
Yes	No*	No*	Yes

Does the Child Count in Maximum Group Size

Unrelated Child	Provider's Own Child	Staff Member's Own Child	Other Related Child
Yes	Yes	Yes	Yes

*The provider's and staff member's children do not count in the caregiver-to-child ratio as long as the provider or caregiver is working at the facility or performing work-related duties.

Refer to the following guidelines:

- The rules are assessed according to the number of children present in each group and by the number of enrolled children.
- Multiple groups can be in gyms and outdoor areas at the same time as long as there is adequate square footage per child and caregiver-to-child ratios are maintained. This excludes infant and toddler groups unless they are in a separate area defined by furniture, other partitions, or fences.

For an individual to count in the caregiver-to-child ratio, they must:

- Meet personnel requirements as specified in rule,
- Be in the room or area where the children are being cared for, and
- Be performing caregiving duties.

A group with more than one caregiver may be out of ratio for a very brief period of time when:

- One caregiver must leave the room (but not the premises) in order to meet the immediate needs of the children in their group.
- A staff person needs to use the bathroom and there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.

- Meeting the immediate needs of the children includes tasks such as helping a child who is injured or sick, getting food for the children, giving medication to a child, helping a child in the bathroom, or helping a child change soiled clothing.
- Tasks that are not considered meeting the immediate needs of children include doing laundry or other housekeeping duties, making personal phone calls, or taking a work break.
- When a staff member does not count in the caregiver-to-child ratio and is caring for their own child, the staff member's child does not count in the ratio, capacity, or group size. That parent is the only person responsible for the care of their child.

45 Minute Allowance

For unforeseen circumstances, the caregiver-to-child ratio may be out of compliance for up to 45 minutes. Examples of unforeseen circumstances include:

- A staff member does not arrive at their scheduled time.
- Children arrive earlier or depart later than their normal time without advance notification from their parents.
- A staff member needs to leave due to an emergency.
- A staff member leaves their employment without advance notice or is dismissed for immediate cause.

To remain in compliance with ratios during unforeseen circumstances, refer to the following guidelines:

- The provider must address the situation as soon as it is known that ratios will be out of compliance due to an unforeseen circumstance. The intent of the 45 minutes is to allow enough time for an approved individual to arrive and place the facility back into ratio.
- Children must not be left unsupervised.
- Sign-in and sign-out records must be up-to-date and available for review by CCL.
- If licensing staff arrive when ratios are out of compliance, but the ratio is brought into compliance within the 45 minute allowance, it will not be considered a rule noncompliance. Instead:
 - Two Focus Inspections will be conducted to confirm that it was an unforeseen circumstance.
 - If ratios are out of compliance at the first Focus Inspection, a corrective action will be issued and the second Focus Inspection will not be conducted. Instead, a Follow Up Inspection will be conducted to verify the correction is maintained. (When following up on a ratio noncompliance, all classrooms and areas will be assessed, not just the classroom or areas that were found out of compliance.)
 - If ratios are in compliance at the first and second Focus Inspections, no corrective actions will be issued, but the situation will be documented in the CCL App.
 - It is a rule noncompliance if the ratio is not brought into compliance within the 45 minutes.

Emergency Ratio Variance

When unforeseen circumstances occur and the provider cannot meet the required staff-to-child ratio, CCL may grant an emergency variance to the ratio rule for up to ten working days.

Examples of long-term, unforeseen circumstances include:

- A staff member leaves their employment without advance notice or is dismissed for immediate cause.

To obtain this variance, the provider must:

- Contact their licenser within 24 hours (or contact other CCL staff if the licenser is unavailable), and
- Inform their licenser of the number of staff who left employment or took an unexpected leave of absence, the staff's names and/or their Covered Individual Numbers.

Refer to the following guidelines:

- This variance is not granted for planned or scheduled leave of absence.
- The number of children per staff member may not be more than 1½ times the number stated in rule.
- The provider must maintain compliance with supervision rules. A variance for supervision will not be granted.
- A Focus Inspection will be conducted to verify compliance with ratios after the variance expires.

(1) The provider shall maintain the staff-to-child ratio of at least one staff member for every 20 children.

Rationale/Explanation

Low child:staff ratios are most critical for infants and toddlers (birth to thirty-six months). Infant and child development and caregiving quality improves when group size and child:staff ratios are smaller. Improved verbal interactions are correlated with lower child:staff ratios. Small ratios are very important for young children's development. The recommended group size and child:staff ratio allow three- to five-year-old children to have continuing adult support and guidance while encouraging independent, self-initiated play and other activities CFOC 4th ed. Standards 1.1.1.1 p.p. 4-5.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when a group:

- Is over ratio by 6 or more children.
- Is over ratio during transportation or an offsite activity.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when a group:

- The ratio is over ratio by 4 to 5 children.

Risk Level

Low

Corrective Action for 1st Instance

Warning when a group:

- Is over ratio by 1 to 3 children.

(2) The provider may not exceed the maximum group size of 40 children per group.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when the group:

- Is over group size by 6 or more children.
Is over group size during transportation or offsite activities.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when the group:

- Is over group size by 4 to 5 children.

Risk Level

Low

Corrective Action for 1st Instance

Warning when the group:

- Is over group size by 1 to 3 children.

(3) The provider shall ensure that there are at least two staff members present when there are more than eight children on the premises.

Compliance Guidelines

- If the staff-to-child ratio is in compliance with one staff member, the second staff member may be any place in the facility and does not need to be with the group of children.
- This rule applies to the provider's and staff members' own children as well as other children on the premises.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

- (4) The provider shall include the provider's and employees' children:**
(a) in the group size when the parent of the child is working at the facility; and
(b) in the group size and the staff-to-child ratio when the parent of the child is not working at the facility.

Rationale/Explanation

This rule applies when determining compliance to capacity, ratios, and maximum group sizes.

Compliance Guidelines

A child's parent is considered to be working at the facility if they are "on the clock" and on the premises or have left to perform a work-related duty (for example, a bus run or buying program supplies).

- (5) The provider may include caregivers, student interns who are registered in a high school or college child care course, and volunteers who are 16 or 17 years old in the caregiver-to-child ratio.**

Rationale/Explanation

Assistant teachers and teacher aides should be at least eighteen years of age, CFOC 4th ed. Standard 1.3.2.3 p.p. 13.

Compliance Guidelines

Caregivers who are 16 or 17 years old can have unsupervised access to children if: They are not volunteers, they are not left unsupervised for more than 2 consecutive hours per group of children, and the director or director designee is at the facility or on the off-site activity.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (6) The provider shall ensure that guests do not count in caregiver-to-child ratios.**

Rationale/Explanation

The facility should have sufficient direct care professional staff to provide the required programs and services. CFOC 4th ed. Standard 1.1.1.3 p.p. 6.

Risk Level & Corrective Action for 1st Instance

Refer to 70-7(9) and/or 70-8(1) for noncompliance with this rule.

This section explains the rules regarding the supervision and security of the children.

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. 68.

Supervision rules apply to all children in care. This includes the provider's and employees' children younger than 4 years old when those children are with other qualifying children while on the premises, being transported, or participating in offsite activities.

Do Supervision Rules Apply to the Child?

Child's Age	Unrelated Child	Provider's Own Child	Caregiver's Own Child	Other Related Child
Younger than 4 years old	Yes	Yes	Yes	Yes
4 years and older	Yes	No*	No*	Yes

**The supervision rules do not apply to the provider's and caregiver's children who are four years old and older, as long as the provider or caregiver is working at the facility or performing work-related duties.*

Refer to the following guidelines:

- Supervision means having awareness of and responsibility for each child, and being near enough to intervene as needed.
- Any individual who counts in the caregiver-to-child ratio is responsible for the supervision and security of the children.
- It is a lack of supervision if any child is left in the care of an individual younger than 16 years old. Individuals who are 16 or 17 years old may be caregivers, but may not be left alone with a child in care on the premises, in vehicles, or during offsite activities
- All supervision rules apply to the provider's and caregivers' qualifying children while in care at the facility, during transportation, and during offsite activities.
- It is not a lack of supervision if the provider or caregiver gives permission for their own children to leave the premises in the company of another person (including a sibling).

- (1) The provider shall ensure that staff provide and maintain active supervision of each child, including that staff:**
- (a) can hear the children and are close enough to intervene;**
 - (b) know the number of children in their assigned group at any time;**
 - (c) focus attention on the children and not on the staff's personal interests;**
 - (d) are aware of the entire group of children even when interacting with a smaller group or an individual child; and**
 - (e) position themselves so each child in their assigned group is actively supervised.**

Rationale/Explanation

Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. Children who are presumed to be sleeping might be awake and in need of adult attention. A child's risk-taking behavior must be detected and illness, fear, or other stressful behaviors must be noticed and managed. School-age children should be within sight or hearing at all times. Children are going to be more active in the outdoor learning/play environment and need more supervision rather than less outside. CFOC 4th ed. Standard 2.2.0.1 p.p. 68.

Supervision is basic to safety and the prevention of injury and maintaining quality child care. CFOC 4th ed. Standard 2.2.0.1 p.p. 68.

Regular counting of children (name to face) will alert the staff to begin a search before the child gets too far, into trouble, or slips into an unobserved location. Caregivers/teachers should do the counts before the group leaves an area and when the group enters a new area. The facility should assign and reassign counting responsibility as needed to maintain a counting routine. CFOC 4th ed. Standard 2.2.0.1 p.p. 69.

Compliance Guidelines

Actively supervising children requires that caregivers:

- Focus their attention on the children rather than on a personal task such as visiting with another adult, talking on a cell phone, text messaging, reading, lesson planning, napping (even when children are napping), or performing tasks unrelated to child care. It is a rule noncompliance, if a personal task, such as texting or talking on a cell phone, interferes with a caregiver's active supervision of the children.
- Are positioned to be aware of and actively supervise each child in the group.

Inside Supervision

Active supervision is assessed based on the following descriptions of a "room," which affect a caregiver's ability to see and/or hear children and intervene when necessary.

When a large room is divided into smaller rooms/areas with barriers such as furniture or with half walls, the room/area will be considered:

- One room, if the room is divided by a solid barrier that is less than 24 inches, whether the barrier is movable or immovable.
- One room, if the room is divided by a solid barrier that is between 24 and 40 inches in height and there is an opening in the barrier through which caregivers and children can move freely.
- Two rooms, if the room is divided by a solid barrier that is between 24 and 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate.
- Two rooms, if the room is divided by a solid barrier that is over 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. If there is an opening through which caregivers and children can move freely and the opening is not blocked, refer to the instructions for a large opening, archway, or doorway.

When two rooms/areas are connected by a large opening, archway, or doorway, the rooms/areas will be considered:

- One room, if the width of the opening or archway is equal to or greater than the combined width of the walls on each side of the opening or archway, in the larger of the two rooms or areas, and there is no furniture or other dividers blocking the opening or archway. Otherwise the department shall consider this to be two rooms.
- Two rooms, if the width of the opening or archway is smaller than the combined width of the walls on each side of the opening or archway, in the larger of the two rooms or areas.

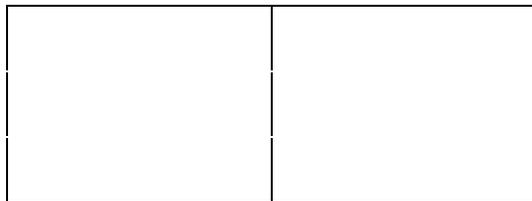
Outside Supervision

For supervision to be in compliance, there must be a staff member (or more, depending on the number of children) in each outdoor area. Staff may not supervise children from outside of a fence.

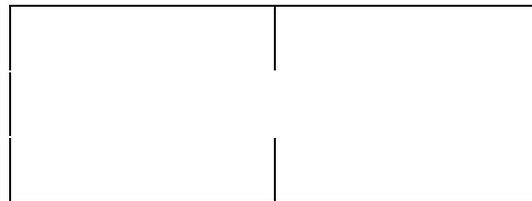
When determining the number of caregivers required for supervision in outdoor areas separated by interior fences, consider it:

- One area, if the interior fence is lower than 24 inches in height, whether or not the fence has an opening.
- One area, if the interior fence is 40 inches or lower in height with an opening through which caregivers and children can move freely.
- Two areas if the interior fence is higher than 24 inches and there is no opening.
- Two areas, if the interior fence is higher than 40 inches whether or not the fence has an opening.

Outdoor Area Separated By Interior Fence is Considered One Area

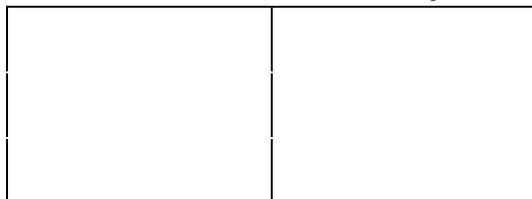


Interior fence is 24" or lower

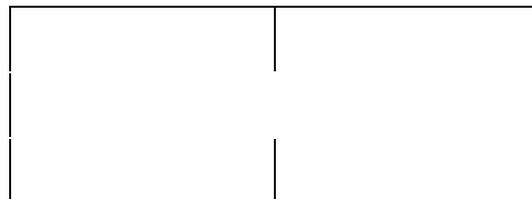


Interior fence is 40" or lower

Outdoor Area Separated By Interior Fence is Considered Two Areas



Interior fence is higher than 24"
than 40"



Interior fence is higher
than 40"

The following guidelines apply to the assessment of this rule both indoors and outdoors.

- Children may be allowed to leave the room or playground by themselves to use the bathroom or get a drink from an indoor drinking fountain, except when the bathroom is shared by the public (such as a bathroom in a gym, rec center, or park). This practice is allowed as long as the provider has and follows a written policy that includes the following:
 - Only one child at a time from each group may be allowed to go to the bathroom or to get a drink from an indoor drinking fountain. Another child cannot be allowed to leave until the previous child has returned.
 - The caregiver must track the time each child is gone, to make sure each child returns in a reasonable amount of time.
 - Building exits must be effectively monitored to ensure that children who are sent inside to use the bathroom or get a drink do not leave the building from another exit.

It is not out of compliance if:

- There is a staff member in the room but their backs are turned to the children.
- Staff members send a school-age child on a brief errand out of the classroom (for example, to take something to the office or to get a drink from an indoor drinking fountain).
- During an inspection, the licenser takes the staff member to show or explain a rule noncompliance.

Risk Level

Extreme

Corrective Action for 1st Instance

Citation and CMP when:

- Lack of supervision results in:
 - A lost child
 - A child being left on an offsite activity
 - A child being left unattended in a vehicle
 - A child being left unsupervised at a pool
 - A child being left at the center unsupervised

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- An exterior door is left open without a staff member in the room allowing children to exit the facility without supervision.
- A staff member was unable to accurately account for all of the children, including in an emergency evacuation.
- Any child is left in the care of an individual younger than 16 years old. (Individuals who are 16 or 17 years old may be caregivers, but may not be left alone with a child in care on the premises for more than two hours. Individuals younger than 18 years old may not be unsupervised with children in vehicles, or during offsite activities.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- Children are unsupervised (any lack of supervision that is not listed as high risk).
- A staff member leaves the children unsupervised to open the front door if the children are on the same floor and the room is in close proximity to the door.
- The caregiver's attention is not on the children but on the staff member's personal interests.

- (2) The provider shall ensure that staff and household members who are 16 or 17 years old only have unsupervised contact with any child in care, including during offsite activities and transportation when:**
- (a) they are left unsupervised for no more than two consecutive hours per group;**
 - (b) the director or the director designee is physically present and available as needed;**
and
 - (c) they are not volunteers.**

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

- (3) The provider shall ensure that staff, volunteers, and household members who are younger than 16 years old are not assigned to care for or supervise any child in care.**

Compliance Guidelines

- An individual who is assigned to protect the health and safety of children is a caregiver. This includes any individual who is expected to count in the caregiver-to-child ratio, meet the physical or emotional needs of the children, including diapering, toileting, feeding, or protecting them from harm; or supervise children must meet all caregiver requirements listed in Section 7, Rule 9.
- Individuals who are younger than 16 years old are not approved to be caregivers.
 - It is a lack of supervision if a child is left in the care of an individual younger than 16 years old.
 - A lack of supervision will be written to the applicable section of Section 11, Rule 1.

- (4) The provider shall ensure that student interns who are registered and participating in a high school or college child care course and guests do not have unsupervised contact with any child in care, including during offsite activities and transportation.**

Compliance Guidelines

- A student intern may not be alone in a room or area with any child in care. A caregiver or other employee who is at least 18 years old and has passed a CCL background check must be in the same room or area.
- The required nametag must have the words "Student Intern" or "Guest" on it. Other information is optional.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(5) The provider shall ensure that parents of children in care do not have unsupervised contact with any child in care, except with their own children.

Compliance Guidelines

If a parent is employed at the child care center, they must have a background check and meet other personnel requirements as stated in the rule.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(6) The provider shall ensure that parents have access to their child and the areas used to care for their child when their child is in care.

Rationale/Explanation

Requiring unrestricted access of parents/guardians to their children is essential to preventing the abuse and neglect of children in child care. When access is restricted, areas observable by the parents/guardians may not reflect the care the children actually receive. CFOC 4th ed. Standard 2.3.1.2 p.p. 81-82;

Compliance Guidelines

- If the facility's doors are locked for security reasons, the provider must have a way to allow authorized parents to enter in a timely manner.
- Although not required by CCL, three common ways of securing a child care facility while allowing immediate access to parents include:
 - Using a keypad system in which parents can enter a code or use a fingerprint.
 - Monitoring an entrance visually or with audio and using a wi-fi enabled lock to buzz parents in.
 - Leaving one door unlocked and having a buzzer or doorbell that rings each time someone enters the facility.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (7) To maintain security and supervision of children, the provider shall ensure that:**
- (a) each child is signed in and out;**
 - (b) only parents or individuals with written authorization from the parent may sign-out a child;**
 - (c) photo identification is required if the individual signing the child out is unknown to the provider;**
 - (d) individuals signing children in and out use identifiers, such as a signature, initials, or electronic code;**
 - (e) the sign-in and sign-out records include the date and time each child arrives and leaves; and**
 - (f) there is written permission from the child's parent if children sign themselves in or out.**

Rationale/Explanation

The facility should have a sign-in/sign-out system to track who enters and exits the facility. This system helps to maintain a secure environment for children and staff. It also provides a means to contact visitors if needed (such as a disease outbreak) or to ensure all individuals in the building are evacuated in case of an emergency. CFOC 4th ed. Standard 9.2.4.7 p.p. 400.

Releasing a child into the care of an unauthorized person may put the child at risk. If the caregiver/teacher does not know the person, it is the caregiver's/teacher's responsibility to verify that the person picking up the child is authorized to do so. This requires checking the written authorization in the child's file and verifying the identity of the person. CFOC 4th ed. Standard 9.2.4.8 p.p. 400-401.

Accurate record keeping also aids in tracking the amount (and date) of service for reimbursement and allows for documentation in the event of child abuse allegations or legal action involving the facility CFOC 4th ed. Standard 9.2.4.10 p.p. 401-402.

Compliance Guidelines

- There must be a separate signature, initials or code entry for each time a child is signed in and for each time a child is signed out.
- Rule requires that anyone signing a child out of child care has the parent's written authorization. This authorization is not required when signing a child into the child care facility.
- The person signing a child out must use their own signature or identifier, not the signature of the parent.
- The provider may accept an electronic permission statement (such as an email or text message) from the parent for an individual to sign out their child as long as the caregiver can confirm the sender's identity.
- An electronic computer system that uses an identification code to sign children in and out meets the intent of this rule.
- A caregiver may release a child to a person younger than 18 years old as long as the person has written authorization from the child's parent to sign the child out.
- Providers and employees must sign in and out their own qualifying children who are in care.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- An unauthorized person is allowed to take a child from the facility.
- The provider allows a child to sign out of child care without having permission from the parent.

Risk Level

Low

Corrective Action for 1st Instance

Warning otherwise

(8) In an emergency, the provider shall accept the parent's verbal authorization to release a child if the provider can confirm the identity of:

- (a) the individual giving verbal authorization; and**
- (b) the individual picking up the child.**

Rationale/Explanation

If there is an extenuating circumstance (e.g., the parent/ guardian or other authorized person is not able to pick up the child), another individual may pick up a child from child care if they are authorized to do so by the parent/guardian in authenticated communication such as a witnessed phone conversation in which the caller provides pre-specified identifying information or writing with pre-specified identifying information. The telephone authorization should be confirmed by a return call to the parents/guardians. The facility should establish a mechanism for identifying a person for whom the parents/guardians have given the facility prior written authorization to pick up their child, such as requiring photo ID or including a photo of each authorized person in the child's file. CFOC 4th ed. Standard 9.2.4.8 p.p. 400-401.

Compliance Guidelines

In an emergency, a parent may use an electronic means (such as an email or text message) as authorization to release their child as long as the caregiver can confirm the sender's identity.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(9) The provider shall ensure that a six-week record of each child's daily attendance, including sign-in and sign-out records, is kept on-site for review by the department.

Rationale/Explanation

This standard ensures that the facility knows which children are receiving care at any given time including evacuation. It aids in the surveillance of child: staff ratios, knowledge of potentially infectious diseases (i.e., influenza), planning for staffing, and provides data for program planning. CFOC 4th ed. Standard 9.2.4.10 p.p. 401-402.

Compliance Guidelines

Records may be kept as a hard copy or electronically.

Risk Level

Low

Corrective Action for 1st Instance

Warning

This section of rules deals with appropriate methods of guiding and interacting with children and explains the types of interactions that are not allowed. The relationships and interactions between the children and all those involved with them is of utmost importance.

Caregivers/teachers should guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. CFOC 4th ed. Standard 2.2.0.6 p.p. 73-74.

(1) The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in the program.

Rationale/Explanation

Properly executed reference checks, as well as in-person interviews, help seek out and prevent possible child abuse from occurring in child care centers. The use of open-ended questions and requests for verbal references require personal conversations and, in turn, can uncover a lot of warranted information about the applicant. CFOC 4th ed. Standard 1.2.0.2 p.p. 10.

Serious physical abuse sometimes occurs when the caregiver/ teacher is under high stress. Too much stress can not only affect the caregiver's/teacher's health, but also the quality of the care that the adult is able to give. A caregiver/teacher who is feeling too much stress may not be able to offer the praise, nurturing, and direction that children need for good development (3). Regular breaks with substitutes when the caregiver/teacher cannot continue to provide safe care can help ensure quality child care. CFOC 4th ed. Standard 1.7.0.5 p.p. 45.

The physical layout of facilities should be arranged so that there is a high level of visibility in the inside and outside areas as well as diaper changing areas and toileting areas used by children. The presence of multiple caretakers greatly reduces the risk of serious abusive injury. Maltreatment tends to occur in privacy and isolation, and especially in toileting areas. CFOC 4th ed. Standard 3.4.4.5 p.p. 135.

Compliance Guidelines

CCL will investigate all allegations of child abuse and neglect in child care programs through Complaint Investigations and report suspected abuse or neglect as required by law. A substantiated allegation of abuse or neglect will be on the provider's public record.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(2) The provider shall inform parents, children, and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled.

Rationale/Explanation

Children have to be taught expectations for their behavior if they are to develop internal control of their actions. The goal is to help children learn to control their own behavior. Discipline should be an ongoing process to help children learn to manage their own behavior in a socially acceptable manner, and should not just occur in response to a problem behavior. Rather, the adult’s guidance helps children respond to difficult situations using socially appropriate strategies. To develop self-control, children should receive adult support that is individual to the child and adapts as the child develops internal controls. CFOC 4th ed. Standard 2.2.0.6. pp. 73-74.

Every child is different, but experts have a clear idea about the range of normal development and characteristics of children of different ages. Below are examples of typical behaviors of children of different ages.

Compliance Guidelines

- The provider may inform staff, parents, and children of the program's behavioral expectations in a variety of ways, such as making the information part of the orientation for new enrolling parents, putting it in a parent handbook, or posting it on a parent bulletin board.

Risk Level

Low

Corrective Action for 1st Instance

Warning

School Age Children 5-12 year olds	
Behavior Expectations	Positive Guidance
<p>Five to nine year old</p> <ul style="list-style-type: none"> • Developing skills like pouring from a pitcher and setting the table. • Cares a great deal about what is fair. • Experiences emotional extremes and contradictions. • Often eager to please others. They want to make friends and receive positive responses from adults. • Engages in cooperative play, child plays with others and has interest in the other children and shared activity. • They may experiment with lying. 	<ul style="list-style-type: none"> • Set clear expectations through verbal explanations and posted class rules. • Physically redirect by asking children to take breaks or directing them to a different area or activity when frustrated. • Verbally redirect by restating expectations and guiding children through navigating a conflict. • Model desired behaviors, actions and phrases. • Praise and positive reinforcement to encourage desirable behaviors. • Praise effort, not outcome. For example: “Great job taking a break when you are frustrated”.

- Develop long attention spans and are able to handle more complicated projects and tasks.
- Begin to differentiate between real and imaginary around age six and may be more interested in doing “real” things.
- Major gross motor development continues through age eight.
- Demonstrate intense curiosity.
- Handle quick transitions and change more easily.
- Become self conscious and even self critical.

Ten to twelve year old

- Privacy is an important part of healthy development and a child’s need for it may show up as children creating secret codes and passwords.
- Embrace clubs, teams and cliques as they begin to understand the idea of a group identity.
- As children enter puberty they become more concerned with physical appearance.
- Test boundaries and push back on rules due to peer influences.
- Need for acceptance and approval from peers and their developing frontal cortex can lead to risk taking behavior and impulsiveness.
- May be filled with anxiety.
- Solidifies independence from parents and caregivers, but wants approval from adults.
- Concerned with fairness and justice.

- Be consistent.
- Continue to provide opportunities for gross motor and physical play.
- Consequences should be logical to the child’s actions.
- Provide opportunities for children to play creatively (free form block sets, dolls, costumes, and open ended art).
- Promote independence and responsibility by offering a wider variety of choices and providing opportunities for children to do classroom tasks or jobs wherever possible.
- Model healthy body image. Caregivers should avoid comments that criticize your own body or others, and set an example of healthy eating habits.
- Offer freedom and autonomy when possible. For example, if a child doesn’t want to participate in the group activity, give them the option of reading a book instead. It’s often not about the activity, but a child needing to assert their control over themselves and their surroundings. It’s better to deescalate by giving the child choice when possible.
- Respond to children in a predictable way.
- Show warmth and sensitivity.
- Maintain a regular routine or schedule.

(3) The provider shall ensure that individuals who interact with the children guide children's behavior by using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.

Rationale/Explanation

Discipline is best received when it includes positive guidance, redirection, and setting clear-cut limits that foster the child's ability to become self-disciplined. In order to respond effectively when children display challenging behavior, it is beneficial for caregivers/teachers to understand typical social and emotional development and behaviors. Discipline is an ongoing process to help children develop inner control so they can manage their own behavior in a socially approved manner.

Children's ability to manage their own behaviors is supported when caregivers:

- Have a positive relationship with the children.
- Expectations should be developmentally appropriate.
- Adapt the physical indoor and outdoor learning environment to encourage positive behavior and self regulation.
- Create a predictable daily routine and schedule.
- Modify routines, activities and transitions to support children's appropriate behavior.
- Use encouragement and descriptive praise to point out appropriate behaviors.
- Show children positive alternatives.
- Set clear, direct, and simple limits.
- Model desired behaviors.
- Use planned ignoring and redirection. Certain behaviors can be ignored while at the same time the adult redirects the child to another activity.
- Individualize discipline based on the individual needs of children.

CFOC 4th ed. Standard 2.2.0.6 p.p. 73-74.

(4) The provider shall ensure that staff use gentle, passive restraint with children only when it is needed to protect children from injuring themselves or others, or to stop them from destroying property.

Rationale/Explanation

It should never be necessary to physically restrain a typically developing child unless his/her safety and/or that of others are at risk. When a child with special behavioral or mental health issues is enrolled who may frequently need the cautious use of restraint in the event of behavior that endangers his or her safety or the safety of others, a behavioral care plan should be developed with input from the child's primary care provider, mental health provider, parents/guardians, center director/ family child care home caregiver/teacher, child care health consultant, and possibly early childhood mental health consultant in order to address underlying issues and reduce the need for physical restraint. CFOC 4th ed. Standard 2.2.0.10 p.p. 79.

[The Crisis Prevention Institute](#) offers training and certifications in nonviolent crisis intervention which includes safe restraint. Though experts agree, the only truly safe restraint is the one that never occurs. Restraint reduction is a goal for all programs that are committed to safely managing agitated behavior and dedicated to providing person centered care. Caregivers who use gentle passive restraint should be trained in:

- Recognizing the warning signs of escalating behavior.
- Verbal and nonverbal de-escalation techniques to prevent behaviors from progressing.
- Identifying triggers that cause a child to act out.
- Last-resort methods for intervening physically with as little potential for harm as possible.
- Recognizing signs of distress.
- Documenting incidents.
- Establishing and re-establishing strong and supportive relationships with students.

Compliance Guidelines

- Caregivers use positive guidance, redirection and de escalation before resorting to physically restraining a child.
- Gentle, passive restraint is only used to protect the health and safety of individuals in the facility from physical injury, or damage to property.

- (5) The provider shall ensure that interactions with the children do not include:**
- (a) any form of corporal punishment or any action that produces physical pain or discomfort such as hitting, spanking, shaking, biting, or pinching;**
 - (b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;**
 - (c) shouting at children;**
 - (d) any form of emotional abuse;**
 - (e) forcing or withholding food, rest, or toileting; or**
 - (f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.**

Rationale/Explanation

Child care programs must not tolerate, or in any manner condone, an act of abuse or neglect of a child. The following behaviors by an older child, caregiver/teacher, substitute or any other person employed by the facility, volunteer, or visitor should be prohibited in all child care settings:

- a. The use of corporal punishment/physical abuse (punishment inflicted directly on the body), including, but not limited to
 1. Hitting, spanking (striking a child with an open hand or instrument on the buttocks or extremities with the intention of modifying behavior without causing physical injury), shaking, slapping, twisting, pulling, squeezing, or biting
 2. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures
 3. Forcing and/or demanding physical touch from the child
 4. Compelling a child to eat or have soap, food, spices, or foreign substances in their mouth
 5. Exposing a child to extreme temperatures
- b. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised
- c. Binding or tying to restrict movement, such as in a car seat (except when traveling) or taping the mouth
- d. Using or withholding food as a punishment or reward
- e. Toilet learning/training methods that punish, demean, or humiliate a child
- f. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child
- g. Any form of sexual abuse (Sexual abuse in the form of inappropriate touching is an act that induces or coerces children in a sexually suggestive manner or for the sexual gratification of the adult, such as sexual penetration and/ or overall inappropriate touching or kissing.)
- h. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family
- i. Any form of public or private humiliation, including threats of physical punishment (2)
- j. Physical activity/outdoor time taken away as punishment Children should not see hitting, ridicule, and/or similar types of behavior among staff members.

CFOC 4th ed. Standard 2.2.0.9 p.p. 78.

A child could be harmed if not restrained properly. No bonds, ties, blankets, straps, car seats, or heavy weights (such as an adult sitting on a child), or abusive words should be used. CFOC 4th ed. Standard 2.2.0.10 p.p. 79.

Modeling is an effective way of confirming that a behavior is one to be imitated.

Caregivers/teachers are important in the lives of the young children in their care. They should be educated and supported to be able to interact optimally with the children in their care. CFOC 4th ed. Standard 2.4.1.2 p.p. 87.

Time-out (also known as temporary separation) is one strategy to help children change their behavior and should be used in the context of a positive behavioral support approach which works to understand undesired behaviors and teach new skills to replace the behavior. Listed below are guidelines when using time-out:

- Time-outs should be used for behaviors that are persistent and unacceptable, used infrequently and used only for children who are at least two years of age. Time-outs can be considered an extended ignore or a time-out from positive reinforcement;
- The caregiver/teacher should explain how time-out works to the child BEFORE they use it the first time. The adult should be clear about the behavior that will lead to time-out;
- When placing the child in time-out, the caregiver/teacher should stay calm;
- While the child is in time-out, the caregiver/teacher should not talk to or look at the child (as an extended ignore). However, the adult should keep the child in sight. The child could
 - remain sitting quietly in a chair or on a pillow within the room or
 - participate in some activity that requires solitary pursuit (painting, coloring, puzzle, etc.) If the child cannot remain in the room, s/he will spend time in an alternate space, with supervision;
- Time-outs do not need to be long. The caregiver/teacher should use the one minute of time-out for each year of the child's age ;
- The caregiver/teacher should end the time-out on a positive note and allow the child to feel good again. Discussions with the child to "explain WHY you were in time-out" are not usually effective;
- If the child is unable to be distracted or consoled, parents/ guardians should be contacted. How to respond to failure to cooperate during time-out:
Caregivers/teachers should expect resistance from children who are new to the time-out procedure. If a child has never experienced time-out, they may respond by becoming very emotional. Time-out should not turn into a power struggle with the child. If the child is refusing to stay on time-out, the caregiver/teacher should give the child an if/then statement. For example, "if you cannot take your time-out, then you cannot join story time." If the child continues to refuse the time-out, then the child cannot join story time. Note that children should not be restrained to keep them in time-out.

CFOC 4th ed. Standard 2.2.0.6 p.p. 74.

Compliance Guidelines

- Licensing staff will require that any inappropriate or abusive interactions with children be immediately stopped, if observed during an inspection.

Examples of inappropriate interactions include:

- Jerking, pulling, lifting or swinging a child by the arm(s), which can cause a partial dislocation of the elbow, also referred to as nursemaid's elbow.
- Squirting a child with water, or putting hot sauce or soap in a child's mouth.
- Placing a child in a harness or leash which is considered restraining a child's movements.
- A provider's use of profanity in the presence of a child.
- Using humiliation to discipline a child, such as putting an older child in a highchair or crib, or putting an older child in a younger classroom to make the child look like a "baby."
- A special treat or snack is withheld as a discipline measure.
- An awake child is forced to rest for more than 30 minutes with no other activity being provided for the child. For example, requiring an awake child to lie on a mat for more than 30 minutes with nothing else to do is considered out of compliance. However, having the child rest on a mat for more than 30 minutes may be appropriate if the child is provided with books or a similar quiet activity.
- Forcing a child to cover their head during rest or nap time.

The following are not rule noncompliances:

- Refraining from offering dessert when a child does not finish their meal (although it is not best practice to use food as a reward for finishing other food).
- Offering treats when potty training a child.
- Swaddling a child unless it is used as a form of discipline.
- Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, and it is not done to humiliate or demean a child.
- Shouting to a child in an emergency situation where there is imminent danger of serious physical harm (for example, shouting to prevent a child from running into the street).

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(6) Any individual who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in state law.

Rationale/Explanation

The facility should report any instance in which there is reasonable cause to believe that child abuse and/or neglect has occurred to the child abuse reporting hotline, department of social services, child protective services, or police as required by state and local laws. CFOC 4th ed. Standard 3.4.4.1 p.p. 132-133.

For more information about preventing abuse and neglect, refer to:

- [Prevent Child Abuse Utah](#)
- [Caring for our Children 4th ed.](#) Appendix M and N. pp. 494-499
- [Prevent Child Abuse America](#)

Compliance Guidelines

- If a person has reason to believe that abuse or neglect has occurred, it must be reported. If witnessed or suspected, abuse or neglect should be directly reported to the Division of Child and Family Services (DCFS) hotline at 1-855-323-3237, or to law enforcement. An individual is in violation of law and is out of compliance with this rule if they do not report, or if they only report to an attorney, owner, director, their supervisor, or only to CCL.
- It is acceptable if an employee discusses suspected abuse with the provider before reporting and together they determine that abuse is or is not suspected. For example, the provider may know that a child's injury was from a fall and not due to abuse, and gives that information to the employee. However, if abuse or neglect is suspected, reporting it to a supervisor does not replace the requirement to report to DCFS.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

This section introduces the rules and information about preventing physical injury and other harm to children. These rules apply to both the indoor and outdoor areas of the facility including vehicles when they are accessible to the children.

To keep children safe, the provider is responsible to 1) ensure that the child care environment is free of hazards and/or that hazards are inaccessible to children, and 2) provide necessary supervision in preventing harm to children.

Refer to 70-2(28) for the definition of inaccessible and approved ways of making hazards inaccessible.

- (1) The provider shall ensure that the building, outdoor area, toys, and equipment are used in a safe manner and as intended by the manufacturer to prevent injury to children.**

Rationale/Explanation

The provider has a duty to protect everyone in their facility by complying with manufacturer safety guidelines. Manufacturer instructions contain important safety information that helps avoid injury and property damage. Additionally, not using a product according to manufacturer instructions can be used against the provider if an accident occurred and legal action was taken.

Ultimately, carefully planned environments; staffing that supports nurturing, individualized, and engaged caregiving; and well-planned, responsive care routines support active supervision in environments. CFOC 4th ed. Standard 2.2.0.1 p.p. 69.

Compliance Guidelines

This rule will be considered out of compliance when a child or adult is allowed to use the building, a toy, equipment, or another item in an unsafe way (for example, a child goes down the slide head first and a staff member does not immediately address the situation).

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(2) The provider shall ensure that poisonous and harmful plants are inaccessible to children.

Rationale/Explanation

Plants are among the most common household substances that children ingest. Determining the toxicity of every commercially available household plant is difficult. A more reasonable approach is to keep any unknown plant out of the environment that children use. All outdoor plants and their leaves, fruit, and stems should be considered potentially toxic. CFOC 4th ed. Standard 5.2.9.10 p.p. 249.

Compliance Guidelines

Poisonous and harmful plants must be made inaccessible to children both in the indoor play environment and in the outdoor play area.

For a list of poisonous and harmful plants, refer to the [Utah Poison Control Center](#)

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(3) The provider shall ensure that razors and other similar blades are inaccessible to children.

Rationale/Explanation

Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of safety hazards including sharp points or corners. CFOC 4th ed. Standards 5.3.1.1 - 5.3.1.2 p.p. 253-254.

Compliance Guidelines

This rule applies to various kinds of razors and blades including:

- Electric razors with exposed blades
- Sharp knives
- Box cutters
- A plugged-in fan without a finger guard that prevents a child's fingers from reaching the blades
- Plugged-in paper shredders without a finger guard
- Yard tools, such as garden shears and pruners

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(4) The provider shall ensure that strangulation hazards such as ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck are inaccessible to children.

Rationale/Explanation

Strings and cords (such as those found on window coverings) long enough to encircle a child's neck should not be accessible to children in child care. CFOC 4th ed. Standard 3.4.6.1 p.p. 138.

The Food and Drug Administration (FDA) has alerted parents, caregivers, and health care professionals that necklaces, bracelets, and other jewelry marketed for relieving teething pain or for providing sensory stimulation should not be used. Such use could lead to strangulation, choking, serious injuries, or death. For more information, refer to the [Food and Drug Administration](#).

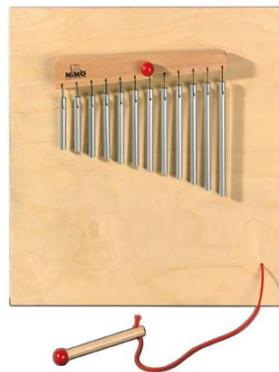
Compliance Guidelines

Examples of noncompliance include:

- Window covering cords or chains that are accessible to children (hanging within 48 inches of the floor).
- Ropes, cords, chains, or wires that are attached to structures, such as railings, fences, and decks, and are hanging within 48 inches of the floor or ground.
- Ropes, cords, chains, or wires that are longer than 12 inches and can make a loop 5 inches or greater in diameter and are attached to secure objects.

It is not out of compliance if:

- Children play with lacing cards, stringing beads, yarn, ribbon, boondoggle, scarves, string, shoelaces, jump ropes, dress-up clothing with ties, purses with straps, and hanging jewelry.
- Children are properly strapped into feeding tables or highchairs with nylon safety straps.
- Lanyards and necklaces are used.
- There are accessible loose jump ropes.
- An electrical cord is plugged in (even when the cord is longer than 12 inches).
- Cords or strings that are attached to a structure with an item designed for play such as tether ball, or mallets attached to a wall of musical instruments attached to the other end, may be any length. Caregivers must maintain active supervision at all times.



Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (5) The provider shall ensure that tripping hazards such as unsecured flooring, rugs with curled edges, or cords in walkways are inaccessible to children.**

Rationale/Explanation

Inside and outside stairs, ramps, porches, and other walkways to the structure should be constructed for safe use as required by the local building code and should be kept in sound condition, well-lighted, and in good repair. Prevention of slipping and tripping hazards is key to preventing injuries from falls. CFOC 4th ed. Standard 5.1.6.2 p.p. 223.

Compliance Guidelines

This rule will be assessed in all areas used by children.

- Tripping hazards include:
 - Defective flooring with uneven edges coming up more than 1/4 inch from the floor level.
 - Rugs with curled edges of more than 1/4 inch above the rug level.
 - Electrical and other cords that are in or across indoor and outdoor walkways.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (6) The provider shall ensure that exits are free of any blocking objects.**

Rationale/Explanation

Entrances and exits should be free of hazards and objects that would block and prevent a safe and timely exit from the building, especially in case of an emergency. CFOC 4th ed. Standard 5.5.0.7 p.p. 274.

Compliance Guidelines

- Objects may be placed in front of a door or opening to a room, as long as there is at least one other doorway from the room that is not blocked and could be used in an emergency.
- Objects may not block exits even when they are low and can be stepped over.
- Objects must be far enough away from a door that if the door were to open inward, there would be enough clearance for the door to fully open (or swing 180 degrees).

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(7) The provider shall ensure that standing water that measures two inches or deeper and five by five inches or greater in diameter is inaccessible to children.

Rationale/Explanation

Small children can drown within thirty seconds, in as little as two inches of liquid. Drowning is the second leading cause of unintentional injury-related death for children ages one to fourteen. In 2006, approximately 1,100 children under the age of twenty in the U.S. died from drowning.

Compliance Guidelines

The following is a list of common places standing water may be found:

- Buckets (including mop buckets) and other containers
- Coolers and ice chests
- Water features such as fountains, birdbaths, etc.
- Garbage cans or other similar containers
- Wheelbarrows
- Bathtubs

The following is not considered to be standing water:

- Water being used as part of a supervised project such as painting on the sidewalk with water
- Water in a water table
- Temporary puddles on the ground caused by weather or sprinklers
- Animal water bowls or enclosed water dispensers, unless the water is served in a bucket
- Toilets
- Fish bowls, fish tanks, and aquariums (except for fish ponds and similar water features)

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(8) The provider shall ensure that toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials are:

- (a) inaccessible to children;**
- (b) used according to manufacturer instructions;**
- (c) stored in containers labeled with the contents of the container; and**
- (d) disposed of properly.**

Rationale/Explanation

Inaccessible

There are over two million human poison exposures reported to poison centers every year. Children under six years of age account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are cosmetics and personal care products, cleaning substances, and medications. CFOC 4th ed. Standard 5.2.9.1 p.p. 243.

Flammable materials such as chemicals and cleaners account for the majority of burns to the head and face of children. These materials are also involved in unintentional ingestion by children. CFOC 4th ed. Standard 5.5.0.5 p.p. 274.

Used According to Instructions

Children must be protected from exposure to pesticides. To prevent contamination and poisoning, child care staff must be sure that these chemicals are applied by individuals who are licensed and certified to do so. Exposure to pesticides has been linked to learning and developmental disorders. Direct observation of pesticide application by child care staff is essential to guide the pest management professional away from surfaces that children can touch or mouth and to monitor for drifting of pesticides into these areas. CFOC 4th ed. Standard 5.2.8.1 p.p. 242.

Stored in Labeled Containers

Staff should always read the label prior to use to determine safety in use. CFOC 4th ed. Standard 5.2.9.3. pp. 244. www.poison.org.

Disposed of Properly

Infectious and toxic wastes should be stored separately from other wastes, and should be disposed of in a manner approved by the regulatory health authority. This practice provides for safe storage and disposal of infectious and toxic wastes. CFOC 4th ed. Standard 5.2.7.7 p.p. 241

Compliance Guidelines

- Toiletries (products used to clean and/or groom one's body, including hair dye) are not required to be inaccessible. This includes hand sanitizers, even those containing alcohol.
- Aerosol cans containing toiletries and air fresheners will not be assessed as toxic or hazardous chemicals. All other aerosol cans are considered flammable and must be inaccessible.
- Nail polish remover, and contact lens cleaner solutions will be considered chemicals and have to be made inaccessible to children.
- Cleaners such as dish soap and laundry detergent, that are not intended to be used on one's body, must be inaccessible to children. However, dish soap and borax may be used for educational purposes only in a carefully supervised activity. This means a staff member is within arm's reach of the children and providing constant, active supervision; and the staff member does not leave until the materials are made inaccessible.
- Rubbing alcohol is assessed as a medication. Refer to section 17 for medication compliance guidelines.

- A cleaning bucket that contains a chemical and is in use does not need to be labeled with its contents.
- A bucket does not need to be labeled if used to carry or store labeled containers of chemicals.
- Disinfecting wipes or another sanitizing solution on a changing table will not be considered out of compliance as long as the changing table meets the definition of inaccessible.
- Gasoline and other similar products enclosed in a vehicle or equipment, such as a lawnmower, are not considered accessible.
- Paint and other substances in a sealed can are considered inaccessible if the lid is securely attached and can only be opened with a tool.
- A cleaner that is attached to the inside of a toilet bowl is not considered accessible.
- Batteries are corrosive. Loose batteries or batteries not currently in a battery powered device, must be inaccessible to children.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(9) The provider shall ensure that the following items are inaccessible to children:

- (a) matches or cigarette lighters;**
- (b) open flames;**
- (c) hot wax or other hot substances; and**
- (d) when in use, portable space heaters, wood burning stoves, and fireplaces.**

Rationale/Explanation

The U.S. Consumer Product Safety Commission (CPSC) estimates that 150 deaths occur each year from fires started by children playing with lighters. Children under five-years old account for most of these fatalities. A child playing with candles or near candles is one of the biggest contributors to candle fires. Matches have also been the source of some fire-related deaths. Children may hide in a closet or under a bed when faced with fire, leading to fatalities . CFOC 4th ed. Standard 5.5.0.6 p.p. 274.

The most common burn suffered by young children is scalding from hot liquids tipped over in the kitchen. The skin of young children is much thinner than that of adults and can burn at temperatures that adults find comfortable. In a recent study, 90.4% of scald injuries to children under age five were related to hot cooking or drinking liquids. CFOC 4th ed. Standard 4.5.0.9 p.p. 192.

Portable electric space heaters are a common cause of fires and burns resulting from very hot heating elements being too close to flammable objects and people. Fireplaces provide access to surfaces hot enough to cause burns. Children should be kept away from fire because their clothing can easily ignite. Children should be kept away from a hot surface because they can be burned simply by touching it. A mechanical barrier separating the child from the source of heat can reduce the likelihood of burns, CFOC 4th ed. Standards 5.2.1.11- 5.2.1.13 p.p. 228-230.

Compliance Guidelines

- Candles on a birthday cake or cupcake may be used as long as an adult is in constant arm's reach of the lit candles until the candles are blown out.
- A fireplace pilot light will not be considered a noncompliance.
- A space heater is any heater that can be moved and is not permanently installed into the wall.
- This includes convection heaters, infrared heaters, patio heaters, and space heaters that are manufactured to look like fireplaces. This rule applies to all types of fireplaces including electric, gas, and infrared fireplaces.
- Space heaters, wood burning stoves, and fireplaces of any type are allowed when:
 - They are not used while children are in care.
 - They are inaccessible to children if used while children are in care. (A child safety gate may make a piece of heating equipment inaccessible if the gate is attached to the wall on both sides and is at least 36 inches away from all sides of the heating equipment.)
 - The provider has documentation from the manufacturer that a specific piece of heating equipment is safe for children to touch, and therefore may be accessible and used while children are in care.

If accessible to children, items considered out of compliance include:

- A cigarette lighter, whether or not the lighter contains fluid.
- Plug-in warmers that contain melted wax or hot oil.
- Hot glue guns, irons, and hair styling irons that are plugged in.
- Hot liquids, foods, and substances in an appliance (such as a crock pot or coffee pot).
- Electrical cords from an appliance containing a hot substance that children could pull down.
- The provider is not out of compliance with the rule if a product labeled by the manufacturer as non-toxic or non-hazardous is accessible.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Open flames are accessible to children.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise

(10) The provider shall ensure that live electrical wires are inaccessible to children

Compliance Guidelines

Exposed electrical wires (the metal is exposed) will be considered live. They will be treated as if electrical current is running through them and will not be tested to determine compliance.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(11) Unless used and stored in compliance with the Utah Concealed Weapons Act or as otherwise allowed by law, the provider shall ensure that firearms such as guns, muzzleloaders, rifles, shotguns, hand guns, pistols, and automatic guns are:

- (a) locked in a cabinet or area using a key, combination lock, or fingerprint lock; and**
- (b) stored unloaded and separate from ammunition.**

Rationale/Explanation

Approximately 20,000 children are taken to emergency departments for firearm-related injuries every year and the majority of these injuries are accidental. Younger children are more likely to be unintentionally injured, and the majority of these accidental shootings occur in homes. It is critical that firearms be properly locked. "Pediatric Firearm-Related Injuries in the United States" (Parikh K, et al. Hosp Pediatr. May 23, 2017).

Visit the [Utah Department of Public Safety](#) for answers to frequently asked concealed firearm permit questions.

Compliance Guidelines

- Guns that are dismantled and do not contain a trigger mechanism are not considered a firearm.
- Firearms must be stored unloaded. Ammunition may be stored in the same area as the firearm as long as the area is locked according to rule.
- When a gun that cannot be fired is used as decoration, the provider can apply for a variance that includes documentation from a gunsmith that the specific gun cannot be fired.
- Firearms must be locked according to rule. Using an alternate type of lock, such as a trigger lock or a lock that is controlled by swiping an app on a cell phone, is out of compliance.
- CCL staff will observe where each firearm on the property is stored, including firearms stored in outbuildings and vehicles.
- If a firearm is stored in a vehicle that is not used to transport children, the vehicle must be locked with a key or keypad.
- If a firearm is stored in a vehicle that is used to transport children, the firearm must be locked with a key, combination lock, or fingerprint lock within the vehicle.

Risk Level

Extreme

Corrective Action for 1st Instance

Citation and CMP when:

- A firearm is accessible to children.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning otherwise.

(12) The provider shall ensure that weapons such as paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace are inaccessible to children.

Rationale/Explanation

The potential for injury to and death of young children due to firearms is apparent. These items should not be accessible to children in a facility CFOC 4th ed. Standard 9.2.3.16 p.p. 392.

Compliance Guidelines

- A weapon is defined as an item for which the intended use can cause harm or death to people or animals.
- CCL staff will observe where each weapon on the property is stored, including weapons stored in outbuildings and vehicles.
- Bows (if arrows are inaccessible) can be accessible.
- Crossbows (with or without arrows) must be inaccessible.
- Arrows must be inaccessible.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(13) The provider shall ensure that alcohol, illegal substances, and sexually explicit material are inaccessible and not used on the premises, during offsite activities, or in center vehicles any time a child is present.

Rationale/Explanation

Alcohol, illegal substances, and sexually explicit material must be inaccessible to prevent potential ingestion or exposure. The age, defenselessness, and dependence upon the judgment of caregivers/teachers of the children under care make this prohibition an absolute requirement. CFOC 4th ed. Standard 3.4.1.1 p.p. 127.

Compliance Guidelines

- In addition to making sexually explicit materials inaccessible to children, the facility must be free of any depiction of nudity in a lascivious manner through pictures, posters, media, etc., while children are in care.
- The facility must be free of any illegal substances. Illegal substances are any items that by law are not allowed to be produced, consumed, sold, or present in the facility.
- Alcohol in a container that can only be opened with a tool (such as a corkscrew) is considered inaccessible.
- Open bottles of alcohol, and alcohol or illegal substances that are being served or consumed are considered in use and are prohibited when a child is in care.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(14) The provider shall ensure that an outdoor source of drinking water, such as individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child when the outside temperature is 75 degrees or higher.

Rationale/Explanation

Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day. When children are thirsty between meals and snacks, water is the best choice. Drinking water helps maintain a child's hydration and overall health. CFOC 4th ed. Standard 4.2.0.6 p.p. 167.

Compliance Guidelines

- The outdoor temperature can be measured by any available electronic means including a cell phone.
- Drinking water may come from a hose as long as the hose is attached to a source of culinary water (the same water that is used inside), and not a secondary water source (such as water used to irrigate or water gardens and lawns).
- Water must be accessible to the children in their play area. If a drinking fountain is behind a closed gate, it is not considered available and is a rule noncompliance.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Children do not have an outdoor source of drinking water and the temperature is 90 degrees or higher.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(15) The provider shall ensure that areas accessible to children are free of heavy or unstable objects that children could pull down on themselves, such as furniture, unsecured televisions, and standing ladders.

Rationale/Explanation

Children have suffered serious injuries and death due to unstable heavy equipment falling on them. The Consumer Product Safety Commission estimates that:

- Every 30 minutes a child in the U.S. is injured as a result of a TV or furniture tip-over incident.
- On average, one child dies every two weeks from being crushed by a television set.

CPSC recommends the following to help prevent tip-over accidents:

- Anchor furniture (including entertainment units, TV stands, bookcases, shelving, and bureaus) to the floor or wall using appropriate hardware, such as brackets, screws, or toggle bolts.
- Place televisions on low, sturdy furniture or a base manufactured for that purpose.
- Place televisions on other furniture only if the furniture is anchored to the wall or floor, the TV is pushed as far back on the furniture as possible, and the TV is anchored to the wall or the anchored furniture.
- Keep remote controls, toys, and other items that might attract children off TV stands or furniture.
- Keep TV and/or cable cords out of reach of children.
- Make sure freestanding kitchen ranges and stoves are installed with anti-tip brackets.
- Never leave children alone in rooms where these safety tips have not been followed.

For more information, refer to:

- [Anchor It](#)
- [Anchor for Safety: TV and Furniture Tip-Over-Related Deaths and Injuries Not Slowing Down](#)

Compliance Guidelines

Heavy furniture or other objects that are higher than 3 feet must be stable, secured, or anchored. This includes:

- Freestanding kitchen ranges and stoves, entertainment units, TV stands, bookcases, shelving, and bureaus that are higher than 3 feet.
- Vehicles on jack stands or blocks, piles of wood, bales of straw, stacked cinder blocks or other solid objects that are stacked.

Furniture or a heavy object that is noticeably unstable will be out of compliance.

- Unstable furniture means that the furniture is compromised in some way (e.g missing or loose legs, leaning, etc.). A dresser with more than one fully open drawer will be considered unstable.

- If the stability of furniture or a heavy object is in question and cannot be verified solely through observation, the provider must be able to demonstrate that the object is stable. Otherwise, it will be considered unstable and a rule noncompliance.
- It is out of compliance if there is a heavy object (such as a TV) on unstable furniture of any height.
- Only screens that are larger than 19 inches and accessible to children will be assessed.
 - Accessible means that the screen and/or attached cords are lower than 48 inches.
 - If necessary to determine the size of the screen, measure the screen diagonally from corner to corner on the inside of the frame. For more information, visit: www.wikihow.com/Measure-a-TV.
 - Even if the equipment screen is inaccessible, if the equipment cords are accessible so children could pull the screen down, the screen must be anchored.
- If the screen is larger than 19 inches and accessible, it must be securely anchored, mounted, or tied to a stable structure to be in compliance with the rule. A television that is built into a stable cabinet or similar piece of furniture is considered anchored.
- A 19-inch or smaller screen or TV is not required to be anchored.
- A laptop screen is not required to be anchored.
- Any accessible step stool or ladder that is taller than 5 feet and is leaning against a structure (such as a wall, shed, or tree) is considered unstable.
- Ladders permanently attached to a structure, step stools and ladders measuring 5 feet or less, "Inverted V" ladders standing in an open position, and ladders lying down are not out of compliance.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(16) The provider shall ensure that hot water accessible to children does not exceed 120 degrees Fahrenheit.

Rationale/Explanation

Tap water burns are a common source of scald injuries in young children. Children under six years of age are the most frequent victims of non-fatal burns. Water heated to temperatures greater than 120°F takes less than thirty seconds to burn the skin. If the water is heated to 120°F it takes two minutes to burn the skin. That extra two minutes could provide enough time to remove the child from the hot water source and avoid a burn. CFOC 4th ed. Standard 5.2.1.14 p.p. 230.

Compliance Guidelines

- When there is only one hot water heater in the building, the water temperature will be measured at only one hand washing sink used by the children.
- When there is more than one hot water heater in the building, the water temperature must be assessed in one handwashing sink connected to each hot water heater.
- Hot water will be measured by holding a thermometer in the running water until the temperature stops rising.
- In an effort to conserve water, there is no need to continue measuring once the temperature reaches 128 degrees Fahrenheit.
- Water temperature will be measured at each portable sink and each sink with a mixing valve that is used by children.
- If a hot water tank indicates the water temperature on a digital gauge, this measurement will be used as the assessment. In this case, there is no need to assess the water temperature at a handwashing sink connected to the water heater.
- Water faucets with motion detector shut-offs do not ensure compliance with this rule.
- Due to the variable accuracy of hot water thermometers, this rule is not considered out of compliance unless the temperature measures 123 degrees Fahrenheit or hotter.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- The water temperature is 128 degrees Fahrenheit or higher.

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- The water temperature is between 123 and 127.9 degrees Fahrenheit.

- (17) The provider shall ensure that tobacco, e-cigarettes, ejuice, e-liquids, and similar products are inaccessible and, in compliance with the Utah Indoor Clean Air Act, not used:**
- (a) in the facility or any other building when a child is in care;**
 - (b) in any vehicle that is being used to transport a child in care;**
 - (c) within 25 feet of any entrance to the facility or other building occupied by a child in care; or**
 - (d) in any outdoor area or within 25 feet of any outdoor area occupied by a child in care.**

Rationale/Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of severe asthma; developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections; and Sudden Infant Death Syndrome (SIDS) CFOC 4th ed. Standard 3.4.1.1 p.p. 127.

This rule is in accordance with the [Utah Indoor Clean Air Act](#).

Compliance Guidelines

Tobacco and similar products such as the following must be inaccessible and not used on the premises, in vehicles, or in the presence of any child in care:

- Ashtrays with cigarettes and cigarette butts
- Chewing tobacco
- Cigars
- Cigarettes and cigarette butts
- E-cigarettes and E-liquid (E-juice)
- Pipes
- Vaporizers (not to be mistaken for a humidifier or steam vaporizer)

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Tobacco or a similar product is used any place indoors, in a vehicle, or within 25 feet of the entrance or exit of the building, a window, the outdoor play area, or a child.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- Tobacco or a similar product is accessible to any child in care.

R381-70-14. 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 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 center's street address and emergency numbers, including at least fire, police, and poison control, near each telephone in the center 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 ambulance, fire, and police, but not the requirement for posting the poison control number and the center'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.
- If a classroom telephone is programmed to only dial 911, only the center's street address needs to be posted near that phone. However, the poison control number has to be posted near another phone in the facility that is able to make outgoing phone calls.
- If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone.

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 center, 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 monthly 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

- The center must hold a fire drill for each month the center is open.
- A fire drill is not required if the center is closed for the entire month
- An evacuation due to an actual emergency situation counts as one of the monthly fire drills as long as it is documented as required by rule.
- The provider will receive credit for one drill each month even if more than one drill was conducted during the same month.

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 six 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.

Active Shooter Guidance: Preparing to respond to an active shooter situation takes the same skills as responding to a fire or earthquake. Communicate with law enforcement regarding their recommendations and your plan. Individuals need to know how to follow instructions, exit the building, and taking shelter. Consider the trauma that could be inflicted on children and staff by conducting an active shooter drill. Refer to the drills as lockdowns, or crisis training. Avoid frightening language in front of children. Ensure staff know when to seek shelter, when to exit the building, and how to listen to and communicate with emergency responders.

[American Academy of Pediatrics podcast on active shooter drills.](#)

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.
- If a center is open six months of the year or less (for example, a ski resort), only one disaster drill is required.
- 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 requirement, 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.
- The documentation may be kept and made available either as a hardcopy or electronically.

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 center director or director designee, and the individual picking up the child; and**
- (c) if the children sign themselves out of the center, 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. Known data on typical injuries (scanning for hazards, providing direct supervision, etc.) can also show how to prevent them. 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. CFCO 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.)
- 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 staff member 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 staff member
- 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, it 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."
- The director or director designee may sign the incident report as both the staff member and the director or director designee if filling both roles at the time of the incident.
- 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 sight 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 staff member/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 healthcare 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 staff member's 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. CFOC 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

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 contain viruses (including respiratory syncytial virus and rhinovirus) can 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 noncompliance 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 noncompliance 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 noncompliance 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 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 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 noncompliance 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 hand washing 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 disease 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 may use a hand sanitizer if its use is actively supervised by a staff member and only when distressed and a snack is handed directly to them.
- 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.

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 a 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 may 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 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 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

This section of rules gives information about how to keep food and the serving of food clean, safe, and developmentally appropriate for children in care.

One of the basic responsibilities of every parent/guardian and caregiver/teacher is to provide nourishing food daily that is clean, safe, and developmentally appropriate for children. Food is essential in any early care and education setting to keep infants and children free from hunger. Children also need freely available, clean drinking water. Feeding should occur in a relaxed and pleasant environment that fosters healthy digestion and positive social behavior. Food provides energy and nutrients needed by infants and children during the critical period of their growth and development. CFOC 4th ed.

Introduction 4.1 p.p. 161.

(1) The provider shall offer a meal or snack to each child at least once every three hours on days when services are provided for three or more hours.

Rationale/Explanation

Children younger than 6 years need to be offered food every 2 to 3 hours. Appetite and interest in food varies from one meal or snack to the next. Appropriate timing of meals and snacks prevents children from snacking throughout the day and ensures that children maintain healthy appetites during mealtimes. Snacks should be nutritious, as they often are a significant part of a child's daily intake. CFOC 4th ed. Standard 4.2.0.5 p.p.166.

Compliance Guidelines

- According to R381-70-18(4)(b), the times meals and snacks occur must be posted on a daily schedule.
- The amount of time between meals will be counted from the ending time of one meal to the starting time of the next meal for each individual child. If the daily schedule only lists the meal start times, the time between meals will be counted from start time to start time. If a program is open until 7:00 p.m., there may be up to but not more than four hours between the afternoon meal or snack and the program's closing time.
- If the program is open later than 7:00 p.m., a meal or snack must be offered at least every three hours.
- For children who are in late evening or overnight care, meals do not need to be served after children have gone to bed for the night.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (2) If food for children's meals or snacks is supplied by the provider, the provider shall ensure that:**
- (a) the meal service meets local health department food service rules;**
 - (b) the foods that are served meet the nutritional requirements of the USDA Child and Adult Care Food Program (CACFP) whether or not the provider participates in the CACFP;**
 - (c) the provider uses the CACFP meal pattern requirements, the standard department-approved menus, or menus approved by a registered dietitian, and that dietitian approval is noted and dated on the menus, and current within the past five years;**
 - (d) the current week's menu is posted for review by parents and the department; and**
 - (e) if not participating or in good standing with the CACFP, keep a six-week record of foods served at each meal and snack.**

Rationale/Explanation

Food borne illness and poisoning from food is a common occurrence when food has not been properly refrigerated and covered. Although many such illnesses are limited to vomiting and diarrhea, sometimes they are life-threatening. Restricting food sent to the facility to be consumed by the individual child reduces the risk of food poisoning from unknown procedures used in home preparation, storage, and transport CFOC 4th ed. Standard 4.6.0.1 p.p. 193-194.

The CACFP regulations, policies, and guidance materials on meal requirements provide basic guidelines for sound nutrition and sanitation practices. The CACFP guidance for meals and snack patterns ensures that the nutritional needs of infants and children, including school-aged children through 12 years, are met based on the Dietary Guidelines for Americans as well as other evidence-based recommendations. Programs not eligible for reimbursement under the regulations of CACFP should still use the CACFP food guidance. CFOC 4th ed. Standards 4.2.0.2 p.p. 163.

Planning menus in advance helps to ensure that food will be on hand. Posting menus in a prominent area and distributing them to parents/guardians helps to inform parents/ guardians about proper nutrition. Parents/guardians need to be informed about food served in the facility to know how to complement it with the food they serve at home. If a child has difficulty with any food served at the facility, parents/guardians can address this issue with appropriate staff members. Some regulatory agencies require menus as a part of the licensing and auditing process. CFOC 4th ed. Standard 4.2.0.9 p.p. 171.

Compliance Guidelines

Food Service Regulations

- Providers that supply, prepare, and/or serve food to children are required to pass a kitchen inspection by the local county health department.
- When any food for the children is prepared in the provider's kitchen, a kitchen inspection is required. For example, if a parent brings unprepared food (e.g. a box of macaroni and cheese) for the provider to prepare, the provider must be in compliance with this rule.
- If each parent brings already prepared food for their own child, and it is not prepared at the facility, a kitchen inspection from the local health department is not required. In this case, the facility is not considered to be providing food service.

Nutritional Requirements and Menus

- This rule does not apply to food that is used only as a curriculum activity and is not part of the meal or snack.
- The provider must display the current week's menu in plain sight, or may post it electronically (to an app, website, etc.) as long as parents and CCL always have access to the menu.
- If only snacks are served at the facility, a snack menu must still be posted.
- If children receive food from a public school, the provider must have documentation that the school is in good standing with the CACFP.
- Providers are not in compliance when they wait for children in care to arrive and the children help plan the meals and snacks for that day and then post the menu after the fact. When the provider involves children in preparing the menu:
 - it must be planned in advance so an entire week's menu is available for parent review, and
 - it must follow an approved menu plan as described in this rule.

Nonparticipants in CACFP

If not participating or not in good standing with CACFP:

- The provider must maintain a six-week record of snacks even when this is the only food that the provider offers.
- The required six-week record must be dated so the licensor can determine which foods were served on which dates.

Risk Level

Low

Corrective Action for 1st Instance

Warning

- (3) The provider shall ensure that the individual who serves food to children:**
- (a) is aware of the children in their assigned group who have food allergies or sensitivities; and**
 - (b) ensures that the children are not served the food or drink they are allergic or sensitive to.**

Rationale/Explanation

Food allergy is a growing public health concern. Nearly 6 million or 8% of children have food allergies with young children affected most. Research suggests that close to half of fatal food allergy reactions are triggered by food consumed outside the home. For more information, refer to Food Allergy Research and Education at www.foodallergy.org.

A child's diet may be modified because of food sensitivity, a food allergy, or many other reasons. Food sensitivity includes a range of conditions in which a child exhibits an adverse reaction to a food that, in some instances, can be life-threatening. Modification of a child's diet may also be related to a food allergy, an inability to digest or to tolerate certain foods, a need for extra calories, a need for special positioning while eating, diabetes and the need to match food with insulin, food idiosyncrasies, and other identified feeding issues, including celiac disease, phenylketonuria, diabetes, and severe food allergy (anaphylaxis). In some cases, a child may become ill if he/she is unable to eat, so missing a meal could have a negative consequence, especially for children with diabetes. CFOC 4th ed. Standard 4.2.0.8 p.p. 168-169;

Compliance Guidelines

Refer to the following definitions as they apply to this rule:

- A food allergy is an immune system reaction that affects numerous organs in the body and occurs soon after eating a certain food.
- A food sensitivity or intolerance is generally a less serious condition that does not involve the immune system and is often limited to digestive problems.
- A child's dislike of a particular food without a negative physical reaction is a food preference, not a food sensitivity or allergy.
- A child should never be exposed to something they are allergic to, but providers should know what to do if a child has an allergic reaction.
 - Communicate regularly with parents.
 - Train caregivers to know which symptoms may require over the counter allergy medications, the use of an epi pen, or when to call 911.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A child is served a food that they are allergic or sensitive to.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning when:

- A person who serves food at the facility does not know which children have a food allergy or sensitivity.

(4) The provider may not place children's food on a bare table, and shall serve children's food on dishes, napkins, or sanitary trays, except an individual finger food such as a cracker, which may be placed directly in a child's hand.

Rationale/Explanation

Clean food service utensils, napkins, bibs, and tablecloths prevent the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Although highchair trays can be considered tables, they function as plates for seated children. The tray should be washed and sanitized before and after use (4). The use of disposable items eliminates the spread of contamination and disease and fosters safety and injury prevention. Single service items are usually porous and should not be washed and reused. Items intended for reuse must be capable of being washed, rinsed, and sanitized. CFOC 4th ed. Standard 4.5.0.2 p.p. 189.

Compliance Guidelines

This rule is to prevent food from being served on a bare table. It is not out of compliance if a child places their food on a bare table after it is served.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(5) If parents bring food and drink for their child's use, the provider shall ensure that the food is:

- (a) labeled with the child's name;**
- (b) refrigerated if needed; and**
- (c) consumed only by that child.**

Rationale/Explanation

Restricting food sent to the facility to be consumed by the individual child reduces the risk of food poisoning from unknown procedures used in home preparation, storage, and transport. Food brought from home should be nourishing, clean, and safe for an individual child. In this way, other children should not be exposed to unknown risk. Inadvertent sharing of food is a common occurrence in early care and education. The facility has an obligation to ensure that any food offered to children at the facility or shared with other children is wholesome and safe as well as complying with the food and nutrition guidelines for meals and snacks that the early care and education program should observe. The facility, in collaboration with parents/guardians and the food service staff/nutritionist/registered dietitian, should establish a policy on foods brought from home for celebrating a child's birthday or any similar festive occasion. CFOC 4th ed. Standard 4.6.0.1 p.p. 193-194.

Compliance Guidelines

- The food and drink may be labeled with only the child's first name unless another child in the facility has that same first name. In this case, the food and drink must be labeled with the child's first name and last name or initial unless another child has the same first name and last initial. If this is the case, the food and drink must be labeled with the child's full name.
- Instead of being refrigerated, the food and drink may be kept in a lunch container with a cold pack, as long as the cold pack stays at least cool to the touch.
- Food that is brought from home may be put in a cubby that is labeled with the child's first name as long as the food is kept cold as necessary.
- It is the provider's responsibility to determine by policy if on special occasions parents may bring food to share with children other than their own. If allowed, only commercially prepared and packaged foods may be shared since the provider usually does not know how parents prepare and store food.

Risk Level

Low

Corrective Action for 1st Instance

Warning

R381-70-17. Rule Interpretation Manual: Medications

This section provides rules and information about storing and administering medication to children in care. The intent of these rules is to help providers avoid harm to children caused by an error in administering medication, and to prevent children from accessing and ingesting a medication without adult supervision. A provider's policies on administering medications should comply with the requirements of the American with Disabilities Act (ADA). For more information about this law, refer to: www.ada.gov.

Consider a substance (other than food and water) to be a medication if it is taken into the body or is a prescription and is placed on the body in order to:

- Affect how the body functions,
- Treat or cure a medical condition,
- Relieve pain or symptoms of illness, and/or
- Prevent infection, illness, or disease.

Products that are used on the body and were obtained without a prescription are not assessed as medication. This includes but is not limited to sunscreen, diaper cream, aloe vera, lotion, and Neosporin.

With a few exceptions, CCL considers a substance that meets any of the above criteria to be a medication. In addition to all prescription medications and over-the-counter medications, the following are examples of products that are considered to be medications because they affect how the body functions.

- Baby powder (that contains talc)
- Energy drinks
- Essential oils (not in a diffuser)
- Herbal remedies
- Hydrogen peroxide (more than 3% strength)
- Ipecac syrup
- Relaxation drinks (e.g. Chillax)
- Rubbing alcohol
- Simethicone gas drops or pills
- Teething gels
- Vitamins
- Weight loss liquid drinks (when labeling implies the product is used for weight loss)

(1) The provider shall lock nonrefrigerated medications or store them at least 48 inches above the floor.

Rationale/Explanation

Medicines can be crucial to the health and wellness of children. They can also be very dangerous if the wrong type or wrong amount is given to the wrong person or at the wrong time. Prevention is the key to prevent poisonings by making sure medications are inaccessible to children. CFOC 4th ed. Standard 3.6.3.1 p.p.153.

Compliance Guidelines

- All medications must be stored according to rule including:
 - Medications in first aid kits.
 - Employees' and household members' medications.
 - Medications in purses, backpacks, diaper bags, etc.
- The purse, backpack, etc. must be inaccessible or the medication should be removed and made inaccessible.
- A backpack, fanny pack, etc. being worn by an adult is considered inaccessible.
- A medication's child-resistant packaging, such as a safety cap, does not make the medication inaccessible to children.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(2) The provider shall lock refrigerated medications or store them at least 36 inches above the floor and, if liquid, store them in a separate leakproof container.

Rationale/Explanation

Child-resistant safety packaging has been shown to significantly decrease poison exposure incidents in young children. Proper disposal of medications is important to help ensure a healthy environment for children in our communities. There is growing evidence that throwing out or flushing medications into our sewer systems may have harmful effects on the environment. CFOC 4th ed. Standard 3.6.3.2 p.p. 154.

Compliance Guidelines

- Each liquid medication in the refrigerator (even one that does not require refrigeration) must be stored in a separate leakproof container such as a:
 - Plastic container with a lid,
 - Closed ziplock bag, or
 - Refrigerator drawer if all sides of the drawer are taller than its surface and able to contain a spill, there are no openings or cracks in the drawer, and nothing else is stored in the drawer.

It is acceptable if:

- A vial of medication is not in a separate leakproof container if the medication can only be removed with a hypodermic needle.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(3) If parents supply any over-the-counter or prescription medications, the provider shall ensure those medications are:

- (a) labeled with the child's full name;**
- (b) kept in the original or pharmacy container;**
- (c) have the original label; and**
- (d) have child safety caps.**

Rationale/Explanation

Caregivers/teachers need to know what medication the child is receiving, who prescribed the medicine and when, for what purpose the medicine has been prescribed and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A child's reaction to medication can be occasionally extreme enough to initiate the protocol developed for emergencies. The medication record is especially important if medications are frequently prescribed or if long-term medications are being used. CFOC 4th ed. Standard 3.6.3.3 p.p. 154-155.

Compliance Guidelines

- The child's full name can be on the medication, on a bag containing the medication, or on a medication permission form attached to a bag containing the medication.
- Loose pills may not be stored in a ziplock bag and a liquid medication may not be mixed with another liquid in a bottle.
- If a medication is in the original container without a child-safety cap (such as eye drops or nasal spray) it must still have the original label and be labeled with the child's name.
- If a parent supplies an over-the-counter medication for several of their children, the medication needs to be labeled with the last name and the first name of each child who may be given the medication.
- A medication or medical device (such as an inhaler) that has the pharmacy label, with the child's full name on it, does not need to be kept in the original box.
- Epinephrine injectors (commonly referred to as EpiPens) provided by parents must be properly labeled.

The following are suggestions for labeling a small container of medication, such as a small vial:

- Keep the container in the box that has the required information on it.
- Write the name on the bottom of the medication container.
- Use a clear address label.
- Attach a label to a twist tie or zip tie and attach the tie around the neck of the medication container.
- Keep the vial in a labeled container.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A medication has been given to the wrong child due to noncompliance with this rule.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(4) The provider shall have a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.

Rationale/Explanation

The file for each child should include a medication record maintained on an ongoing basis by designated staff for all prescription and non-prescription (over-the-counter [OTC]) medications. State requirements should be checked and followed. CFOC 4th ed. Standard 9.4.2.6 p.p. 422.

A curriculum for child care providers on safe administration of medications in child care is available from the [American Academy of Pediatrics](#).

Compliance Guidelines

- There must be a written permission form signed by the parent for each medication to be given to their child. This applies to both over-the-counter and prescription medications, whether they will be administered one time or on an ongoing basis.
- If the same medication will be administered on an ongoing basis, only one completed permission form is required as long as the administration instructions do not change.
- The permission form may be hardcopy or electronic.
- The signature may be handwritten or digital.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(5) The provider shall ensure that the medication permission form includes at least:

- (a) the name of the child;**
- (b) the name of the medication;**
- (c) written instructions for administration; and**
- (d) the parent signature and the date signed.**

Rationale/Explanation

Administration of medicines is unavoidable as increasing numbers of children entering child care take medications. National data indicate that at any one time, a significant portion of the pediatric population is taking medication, mostly vitamins, but between 16% and 40% are taking antipyretics/analgesics. Safe medication administration in child care is extremely important and training of caregivers/teachers is essential. CFOC 4th ed. Standard 3.6.3.3 p.p. 155.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(6) The provider shall ensure that instructions for administering the medication include at least:

- (a) the dosage;**
- (b) how the medication will be given;**
- (c) the times and dates to administer the medication; and**
- (d) the disease or condition being treated.**

Rationale/Explanation

Before assuming responsibility for giving any medication to a child, the provider must have clear, accurate written instructions on how the medication should be administered and information about the child's disease or condition. CFOC 4th ed. Standard 9.4.2.6 p.p. 420-421.

Compliance Guidelines

- The provider may use two separate forms or combine the medication permission form and the medication administration form into a single form as long as the combined form has all required information.
- A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nose).

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (7) If the provider supplies an over-the-counter medication for children's use, the provider shall ensure that the medication is not administered to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent is:**
- (a) written; or**
 - (b) verbal, if the date and time of the consent is documented and signed by the parent upon picking up their child.**

Rationale/Explanation

Over the counter medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness or even death when these products are misused or unintentional poisoning occurs. Many children's over the counter medications contain a combination of ingredients. It is important to make sure the child isn't receiving the same medications in two different products which may result in an overdose. Facilities should not stock OTC medications. CFOC 4th ed. Standard 3.6.3.1 p.p. 153.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

- (8) The provider shall ensure that the staff administering the medication:**
- (a) washes their hands;**
 - (b) check the medication label to confirm the child's name if the parent supplied the medication;**
 - (c) checks the medication label or the package to ensure that a child is not given a dosage larger than that recommended by the health care professional or manufacturer; and**
 - (d) administers the medication.**

Rationale/Explanation

All medicines require clear, accurate instruction and medical confirmation of the need for the medication to be given while the child is in the facility. CFOC 4th ed. Standard 3.6.3.1 p.p. 153.

Compliance Guidelines

The caregiver administering the medication may:

- Give a medication dosage different from the manufacturer recommendation if the parent provides a doctor's note confirming the dosage.
- Refer to a doctor's note if the medication does not have a dosage chart.
- Put the medication in a food source, such as crushing a pill and putting it in juice or applesauce, as instructed by the parent.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when any of the following occurs due to noncompliance with this rule:

- Medication is given to the wrong child.
- A child misses a dose of medication.
- A child receives more medication than what is recommended by the health care professional or manufacturer.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(9) The provider shall ensure that immediately after administering a medication, the staff giving the medication records the following information:

- (a) the date, time, and dosage of the medication given;**
- (b) any error in administering the medication or adverse reactions; and**
- (c) their signature or initials.**

Compliance Guidelines

- If a provider cares for a child with diabetes who uses an insulin pump, the caregiver must document each time they deliver medication with the pump. If the pump keeps records of the dosage and time the dosage is given, the provider will not be required to document each time the insulin is administered.
- Records may be hardcopy or electronic.
- The signature or initials may be handwritten or digital.
- If an app is used and the individual who enters information into the app can be determined by app data, that will satisfy the need for a signature or initials.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Failure to document the required information resulted in a child being given an extra dose or missing a needed dose of medication.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(10) The provider shall report to the parent a child's adverse reaction to a medication or error in administration the medication immediately upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening.

Rationale/Explanation

Caregivers/teachers need to know what medication the child is receiving, who prescribed the medicine and when, for what purpose the medicine has been prescribed and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A child's reaction to medication can be occasionally extreme enough to initiate the protocol developed for emergencies. The medication record is especially important if medications are frequently prescribed or if long-term medications are being used. CFOC 4th ed. Standard 3.6.3.3 p.p. 155.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(11) The provider shall notify the parent before the time a medication needs to be given to a child if the provider chooses not to administer medication as instructed by the parent.

Rationale/Explanation

The intent of this rule is to prevent miscommunication between the provider and parent that could jeopardize the child's health. For example, a parent could drop their child off at the facility thinking that their child will receive a needed medication while in care, but in fact the child will not be given the medication. Medication that a child needs due to a chronic medical condition or disability must be accommodated by the provider.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- The provider fails to inform the parent of their refusal to administer a medication before it needs to be given to the child, and the child's condition is life-threatening without the medication.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(12) The provider shall keep a six-week record of medication permission and administration forms on-site for review by the department.

Rationale/Explanation

The health and safety of individual children requires that information regarding each child in care be kept and made available on a need-to-know basis. Prior informed, written consent of the parent/guardian is required for the release of records/information (verbal and written) to other service providers, including the process for secondary release of records. Consent forms should be in the native language of the parents/guardians, whenever possible, and communicated to them in their normal mode of communication. CFOC 4th ed. Standards 9.4.2.1 p.p. 418-419.

Compliance Guidelines

Records may be kept as a hard copy or electronically.

Risk Level

Low

Corrective Action for 1st Instance

Warning

This section provides the rules and information about daily activities and schedules. It also discusses the rules that the provider must follow if offsite activities are offered for the children.

(1) The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.

Rationale/Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities. Children’s experiences in their earliest years affect how their brains work and during these years the brain undergoes its most dramatic growth. Language emerges, basic motor abilities form, thinking becomes more complex, and children begin to understand their own feelings and those of others. Children who do not receive appropriate nurturing or stimulation during these prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain. Rima Shore (NY: Families and Work Institute, 1997); What Do We Know About Social and Emotional Development (The Urban Child Institute, 2017).

Physical Development	Social/Emotional Development	Cognitive Development	Language Development
Crawling Walking Running Dancing Climbing Balancing Exercising Writing Drawing	Feeling Expressing Succeeding Sharing Playing Laughing Pretending Encouraging Helping	Thinking Understanding Guessing Asking Answering Solving Exploring Learning Evaluating	Talking Listening Singing Role Playing Reading Writing Rhyming Reciting Responding

Positive early childhood experiences are crucial for healthy development, particularly during the first five years of life. The following **state resources** are recommended and available to create or strengthen early learning activity plans:

- [Utah Core Competencies Guide](#)
- [Utah's Early Learning Guide \(Birth to 3\)](#)
- [Utah's Early Learning Standards: Ages Three to Five](#)

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(2) The provider shall ensure that daily activities include outdoor play as weather and air quality allow.

Rationale/Explanation

Children should play outdoors when the conditions do not pose any health and safety concerns such as a significant risk of frostbite or heat-related illness. Caregivers/teachers must protect children from harm caused by adverse weather, ensuring that children wear appropriate clothing and/or appropriate shelter is provided for the weather conditions. CFOC 4th ed. Standard 3.1.3.2 p.p. 99.

For information about air quality visit the [Utah Department of Environment Quality: Air Quality](#). For information on when to schedule outdoor play based on air quality visit: [Utah's Recess Guidance for Schools](#)

Compliance Guidelines

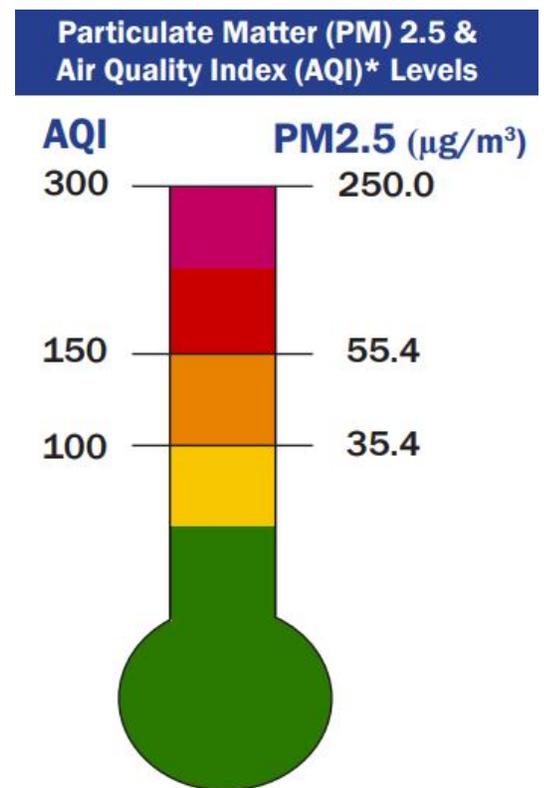
- If the air quality is rated as red, everyone should stay inside.
- It is not a requirement for children with respiratory symptoms and students with conditions including asthma, cystic fibrosis, chronic lung disease, congenital heart disease, compromised immune systems or other respiratory problems to have outside activities on days when air quality is rated as at or above orange.
- Taking children on walks (including in strollers) is considered outdoor play. However, going on a walk may not be the only outdoor activity that is ever offered; children of all ages must have opportunities to be physically active when outdoors.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning



(3) The provider shall ensure that physical development activities include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every two hours children spend in the program.

Rationale/Explanation

The facility should promote all children's active play every day. Children should have ample opportunity to do moderate to vigorous activities, such as running, climbing, dancing, skipping, and jumping, to the extent of their abilities. CFOC 4th ed. Standard 3.1.3.1 p.p. 97-98.

Examples

- *Light physical activity:* Building with large blocks, rolling cars around the floor, and physical games of make believe.
- *Moderate physical activity:* Yoga, indoor exercise, walking, and movement games.
- *Vigorous physical activity:* Running, climbing, jumping rope and playing sports.

Compliance Guidelines

If children do not have regular opportunities to move freely this rule will be out of compliance.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(4) The provider shall post a daily schedule that includes:
(a) activities that support children's healthy development; and
(b) the times activities occur including at least meal, snack, and outdoor play times.

Rationale/Explanation

Facilities should have a written comprehensive and coordinated planned program of daily activities appropriate for groups of children at each stage of early childhood. This plan should be based on a statement of principles for the facility and each child's individual development. The objective of the program of daily activities should be to foster incremental developmental progress in a healthy and safe environment, and the program should be flexible to capture the interests and individual abilities of the children. CFOC 4th ed. Standard 2.1.1.1 p.p. 51.

A posted daily schedule will also help demonstrate the provider's compliance with providing daily outside play and offering meals or snacks at least every 3 hours.

Compliance Guidelines

- The daily schedule(s) may be posted in a central area (such as a parent bulletin board) where all parents will see it as they come and go, or in each room where preschoolers and school age children are cared for.
- It is out of compliance if the schedule only includes a general list of activities.
- Words other than those used in rule may be used to describe activities as long as the intent of the rule is maintained. For example, “recess” may be used in place of “outdoor time” and “quiet time” may be used instead of “nap time.”
- The daily schedule needs to account for the entire time children are in care, from the arrival time of the first child to the departure time of the last child.
- The provider may change the daily schedule of activities to better address the needs of the children and/or to accommodate life events as long as compliance with rules is maintained.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(5) The provider shall ensure that toys, materials, and equipment needed to support children's healthy development are available to the children.

Rationale/Explanation

Staff should ensure that children and parents/guardians understand the need for a safe indoor and outdoor learning/play environment and feel comfortable when playing indoors and outdoors. CFOC 4th ed. Standards 2.1.1.1 - 2.1.1.2 p.p. 51-52.

Good-quality toys, books, and equipment not only benefit children, they can make child care much easier to manage. A few tips for choosing toys and materials include:

- Choose toys that are durable and safe. Look at labels.
- Have enough toys and materials to occupy all children in attendance.
- Select toys that can be used in a variety of ways.
- Promote healthy development by providing toys that encourage large-motor, small-motor and thinking skills, as well as social skills and self-awareness.

Compliance Guidelines

There must be enough materials for each child in the group to be engaged in play with at least one toy or activity.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(6) Except for occasional special events, the provider shall ensure that the children's primary screen time activity on media such as television, cell phones, tablets, and computers is planned to address the needs of children.

Rationale/Explanation

The first two years of life are critical periods of growth and development for children's brains and bodies, and rapid brain development continues through the early childhood years. Digital media viewing does not promote such skills development as well as "real life". Excessive media use has been associated with lags in achievement of knowledge and skills, as well as negative impacts on sleep, weight, and social/emotional health. CFOC 4th ed. Standard 2.2.0.3 p.p. 70.

According to the [Mayo Clinic](#) and the AAP, too much or poor quality screen time has been linked to these negative health effects:

- Lack of adequate sleep
- Obesity
- Substance Abuse
- Behavioral problems
- Decreased school performance
- Loss of social skills
- Less time for essential play
- Violence

Compliance Guidelines

Although experts advise that screen time for school-age children be limited to 1 to 2 hours per day (including at home), licensing rule does not specify a maximum number of screen time hours for this age group. Instead, the provider should develop a plan for managing screen time such as allowing a certain amount of screen time for homework and for free play.

This rule does not pertain to screen time that:

- Involves children in physical activity, for example, when children watch television to exercise, dance, or do yoga.
- Is interactive and engages a group of children along with their caregivers, for example, watching an educational video that involves questions and answers or problem-solving with others.
- Is used as a part of a curriculum or active educational program.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (7) If swimming activities are offered or if wading pools are used, the provider shall ensure that:**
- (a) the parent gives permission before their child in care uses the pool;**
 - (b) staff stay at the pool supervising when a child is in the pool or has access to the pool, and when an accessible pool has water in it;**
 - (c) if the pool is over four feet deep, there is a lifeguard on duty who is certified by the Red Cross or other approved certification program any time children have access to the pool; and**
 - (d) lifeguards and pool personnel do not count toward the staff-to-child ratio.**

Rationale/Explanation

Drowning is the second leading cause of unintentional injury-related death for children ages one to fourteen. In 2006, approximately 1,100 children under the age of twenty in the U.S. died from drowning

Constant and active supervision should be maintained when any child is in or around water. Children ages thirteen months to five years of age should not be permitted to play in areas where there is any body of water, including swimming pools, ponds and irrigation ditches, built-in wading pools, tubs, pails, sinks, or toilets unless the supervising adult is within an arm's length providing "touch supervision". CFOC 4th ed. Standards 2.2.0.4.- 2.2.0.5 p.p. 68-6971-72.

It is recommended that the provider check with their local health department before allowing children to use a wading pool because some health departments prohibit the use of wading pools in child care facilities. Licensing rule requires providers to comply with local laws and rules such as these.

This practice provides control of bacteria and algae and enhances the participants' comfort and safety. Maintaining pH and disinfectant levels within the prescribed range suppresses bacterial growth to tolerable levels. CFOC 4th ed. Standard 6.3.4.1 p.p. 302.

Constant and active supervision should be maintained when any child is in or around water. Drowning is a "silent killer" and children may slip into the water silently without any splashing or screaming. Ratios for supervision of swimming, wading and water play do not include personnel who have other duties that might preclude their involvement in supervision during swimming/wading/water play activities while they are performing those duties. CFOC 4th ed. Standard 1.1.1.5 p.p. 7.

Compliance Guidelines

- Whenever a wading pool contains water, a caregiver must stay at the pool. If the caregiver needs to leave, the pool must be enclosed within a 4-foot-high fence, or it must be emptied.
- The pool may never be left with water in it, even when there are no children in the outdoor area.
- If the pool is over 4 feet deep, a caregiver may not act as a lifeguard and count in the caregiver-to-child ratio at the same time.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Children have unsupervised access to a pool or a wading pool with water in it.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(8) If offsite activities are offered, the provider shall ensure that:

- (a) the parent gives written consent before each activity;**
- (b) the required staff-to-child ratio and supervision are maintained during the entire activity;**
- (c) first aid supplies, including at least antiseptic, bandages, and tweezers are available;**
- (d) children wear or carry with them the name and phone number of the center;**
- (e) children's names are not used on name tags, t-shirts, or in other visible ways; and**
- (f) there is a way for staff and children to wash their hands with soap and water, or with wet wipes and hand sanitizer if there is no source of running water.**

Rationale/Explanation

These records and reports are necessary to protect the health and safety of children in care. CFCO 4th ed. Standard 9.4.2.3 p.p. 420.

Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside the facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFCO 4th ed. Standard 6.5.1.1 p.p. 308.

The facility should maintain first aid and emergency supplies in each location where children are cared for. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable

first aid kit should be in each vehicle that is used to transport children to and from a child care facility. CFOC 4th ed. Standard 5.6.0.1 p.p. 274-775.

Having the name and phone number of the facility will assist in a lost child being found.

During offsite activities children should not have their names on shirts, badges, or other visible ways. This practice prevents a stranger from calling a child by name to lure them into a dangerous situation. Children are more likely to respond to a stranger who calls them by name.

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. Hand hygiene with an alcohol-based sanitizer is an alternative to traditional handwashing with soap and water when visible soiling is not present. CFOC 4th ed. Standard 3.2.2.2 p.p. 118.

Compliance Guidelines

Parental Permission

- Parents may give a general permission on the admission form for their child to be transported on field trips, but this blanket statement does not meet the requirement of this rule.
- In advance of each offsite activity, the provider must inform parents
 - 1) where the children will be going, including any alternative or backup locations,
 - 2) the day and time they will be offsite, and
 - 3) how the children will get there and back. The provider must receive parent's written consent before each activity.
- Permission may be obtained and kept as either a hardcopy or electronic file.
- For recurring and regularly scheduled offsite activities, parents may sign one permission form for the activities as long as the parents are given all of the required information as stated above. For example, the provider may get permission to take the children to the library every Tuesday morning at 10:00 a.m.
- For occasional spontaneous walking field trips, prior written parental permission is not required if
 - 1) the children are offsite for no longer than 60 minutes,
 - 2) they are within ½ mile of the facility, and
 - 3) a notice is posted that includes the times they left and will return, where they will be going, and the route they will take to and from that location.

Ratios and Supervision

- During offsite activities (including in a car or on a field trip), children must always be under the active supervision of a caregiver or volunteer who has passed a background check and meets the other personnel requirements as described in rule.
- Parent volunteers may not count in the ratio or have unsupervised contact with any children except their own unless the parent has passed a CCL background check.
- Children need to wear or carry with them the name and phone number of the center even during swimming activities. Sticker labels, center t-shirts and arm bands are common methods.

Handwashing

- Caregivers and children should use soap and running water if available.
- Caregivers must closely supervise the children's use of hand sanitizer to prevent potential ingestion or accidental contact of the hand sanitizer with eyes, nose and mouth.
- Pre-moistened cleansing towelettes do not effectively clean hands and should not be used as a substitute for handwashing.
- For more information on handwashing, see "[Section 15: Health and Infection Control.](#)"

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:

- The required caregiver-to-child ratio and/or supervision was not maintained.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(9) The provider shall ensure that a staff member with the children takes the written emergency information and releases for each child in the group on each offsite activity, and that the information includes at least:

- (a) the child's name;**
- (b) the parent's name and phone number;**
- (c) the name and phone number of an individual to notify if an emergency happens and the parent cannot be contacted;**
- (d) the names of people authorized by the parents to pick up the child; and**
- (e) current emergency medical treatment and emergency medical transportation releases.**

Rationale/Explanation

Caregivers/teachers must have written parental permission to allow them access to information they and emergency medical services personnel may need to care for the child in an emergency. CFOC 4th ed. Standard 9.4.2.2 p.p. 419.

Compliance Guidelines

- Caregivers must have children's emergency information and releases with them each time they take children offsite including on walks, and going to and from school.
- The emergency information must be complete in accordance with this rule.
- Caregivers must have a paper copy or an accessible electronic copy of each child's emergency information. Not having the required paperwork could result in critical information being inaccessible to emergency personnel and others who may need it.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

Although active play is critical for children’s health, the active play areas of a child care facility are associated with frequent and severe injuries. The rules in this section are intended to prevent injuries related to indoor and outdoor play equipment. They are based on standards set by the Consumer Product Safety Commission (CPSC), the American Society for Testing and Materials (ASTM), the American Academy of Pediatrics (AAP), and the American Public Health Association (APHA).

These rules apply to indoor and outdoor stationary play equipment rather than moveable equipment (e.g. balls, riding toys, sensory table, sand/water toys, push/pull toys, hoops). Stationary play equipment has a base that is meant to keep the equipment fixed in one location when a child uses it. Examples of **stationary play equipment** include:

- Climbers (including plastic climbers and indoor vinyl-covered foam climbers)
- Slides
- Swings (except porch and patio swings)
- Sensory swings
- Spring rockers
- Inflatable bounce houses
- Raised tunnels and tunnels with handles children use for climbing
- Inner tube jumpers (they are not assessed as trampolines)
- Teeter-totters
- Roller coasters
- Climbing walls
- A merry-go-round (a revolving piece of equipment for children to ride on)
- A playhouse or treehouse that has an attached component such as a slide, swing, or climber unless the component is inaccessible
- A tree, if a component such as a rope or swing, is attached to the tree for the children to play on
- Multiple stumps, disks, boulders, or pillars that are installed in the ground and are intended for children to step on from one to the other

If a facility has stationary play equipment, the provider must ensure compliance with licensing rules or make the play equipment inaccessible to children in care. All accessible play equipment and the associated use zones will be inspected.

The following items are not assessed as stationary play equipment:

- Slides that exit into swimming pools
- Carpeted ramps
- A tunnel that sits on the ground or floor and is used only as a tunnel and has no handles for climbing
- A tunnel with a height of 18 inches or lower even if it has handles or holes for climbing
- A natural structure unless it has attached play equipment such as a slide or climber
- Stumps or similar objects that are used only for seating
- Portable stumps that children can move around

Refer to "[Section 9: Facility](#)" to review the rules and guidelines about play equipment maintenance.

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

Rationale/Explanation

Children like to test their skills and abilities. This is particularly noticeable around playground equipment. Even if the highest safety standards for playground layout, design and surfacing are met, serious injuries can happen if children are left unsupervised. Adults who are involved, aware, and appreciative of young childrens' behaviors are in the best position to safeguard their well-being. CFOC 4th ed. Standard 2.2.0.1 p.p. 68-69.

Caregivers should ensure that children are using equipment that is appropriate for their age. CPSC. Public Playground Safety Handbook. Standard 2.2.3 p.p. 6.

The intent of this rule is not to prevent children from healthy risk-taking activities. Reasonable risk taking allows children to explore their limits, improve strength and skills, develop safety awareness, and gain confidence in their abilities. Caregivers should help children learn the difference between safe and healthy risk-taking, and activities that may cause serious injury to themselves and others.

Compliance Guidelines

Caregivers must prevent children from engaging in activities such as:

- Going down a slide head first
- Playing or being on parts of the equipment not intended for use, such as:
 - Climbing on or walking across the top of a swing set
 - Climbing up the outside of covered slides or other equipment
 - Playing on the roof of a composite structure
 - Climbing or playing on a tunnel not meant for climbing
 - Climbing or walking on top of protective barriers
- Using equipment that is inappropriate for their age

Additional guidelines:

- If a caregiver is actively preventing or immediately stopping children from using equipment in an inappropriate or unsafe manner, this rule is not out of compliance.
- It is a rule noncompliance if children are allowed to use equipment unsafely or if a caregiver does not quickly stop an unsafe practice.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

Use Zones

- (2) The provider shall ensure that stationary play equipment has a surrounding use zone that extends from the outermost edge of the equipment and that, with the exception of swings, stationary play equipment has at least a six-foot use zone if any designated play surface is higher than 30 inches.**

Rationale/Explanation

Use zones allow for unrestricted movement around the equipment. Prevention of accidents is highly increased when use zones are free of any hard surfaces or objects since children using the equipment may inadvertently fall or jump from the equipment.

Compliance Guidelines

- When the use zone for play equipment is measured:
 - Each piece of play equipment must be placed where it is normally used by the children.
 - Measurements will be taken from the play equipment's outermost edge extending in all directions around and above the equipment.
 - A ½ inch allowance will be given to account for any uneven ground surfaces.
- Mats that are a component of foam climbers are considered cushioning and part of the use zone.
- A third supporting leg that is used to help stabilize the play equipment and extends beyond the equipment frame is not considered when determining the required use zone.
- Teeter-totters — To measure the height of a teeter-totter, push one end of the teeter-totter to the ground and then measure from the ground to the top of the teeter-totter seat that is raised to its highest position.
- Roller coasters – The height of a roller coaster is determined by moving the wheeled toy to the highest point on the track and then measuring from the ground to the top of the seat of the wheeled toy.
- Tunnels — If a tunnel is used to climb on, then the tunnel must be in compliance with this rule. If the tunnel is used only as a tunnel to crawl through or if the tunnel is 18 inches high or lower, then a use zone and cushioning are not required.
- Stumps, disks, or pillars — If they are meant for stepping from one to the other, they are considered one piece of equipment even though they are installed individually. A use zone is required around the group of stumps, disks, or pillars, and not around each individual component.
- Climbing wall — The highest designated play surface on a climbing wall is the highest flat 2 inch by 2 inch surface or the highest hand hold.
- Other equipment — Examples of other stationary play equipment that may require a use zone are listed in the introduction of this section.

A use zone is not required for:

- Stumps, boulders, disks, or pillars that are only used as seating.
- Portable stumps that children can move around.
- Sand diggers.
- Areas above the roof of a piece of play equipment.
- The back or side of a piece of equipment that is flush against a wall.
- An embankment slide except at the bottom of the slide chute. This use zone must be at least as wide as the slide chute.
- Tetherball poles.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(3) The provider shall ensure that the use zone in the front and rear of a single-axis swing extends at least twice the distance of the swing pivot point to the ground.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(4) The provider shall ensure that the use zone for a multi-axis swing, such as a tire swing, extends at least the measurement of the suspending rope or chain plus six feet.

Rationale/Explanation

A multi-axis swing consists of a seat (generally a tire or disk) that is suspended from a single pivot that permits it to swing in any direction.

Compliance Guidelines

- The use zone of a multi-axis swing is measured from the edges of the swing seat in all directions.
- Sensory swings are assessed as multi-axis swings.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (5) The provider shall ensure that the use zone for a merry-go-round extends at least six feet in any direction from its outermost edge.**

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (6) The provider shall ensure that the use zone for a spring rocker extends:**
- (a) at least three feet from the outermost edge of the rocker when at rest; or**
 - (b) at least six feet from the outermost edge of the rocker when at rest if the seat is higher than 20 inches.**

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (7) The provider shall ensure that the following use zones do not overlap the use zone of any other piece of play equipment:**
- (a) the use zone in front of a slide;**
 - (b) the use zone in the front and rear of any single-axis swing, including a single-axis enclosed swing;**
 - (c) the use zone of a multi-axis swing; and**
 - (d) the use zone of a merry-go-round if the platform diameter measures 20 inches or more.**

Rationale/Explanation

Playground equipment components must be secure to prevent sudden falls or collisions by children. Adequate access space permits adult assistance and first aid measures. CFOC 4th ed. Standard 6.2.1.6 p.p. 289.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(8) Unless prohibited in Subsection R381-70-19(7), the provider shall ensure that the use zones of play equipment only overlap when there is at least six feet between the pieces of equipment if the designated play surface is 30 inches or lower, or there is at least nine feet between the pieces of equipment if the designated play surface is higher than 30 inches.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

Cushioning

(9) The provider shall ensure that, when in use, stationary play equipment is not placed on a hard surface such as concrete, asphalt, dirt, or the bare floor.

Rationale/Explanation

Cushioning is material that is placed under and in the use zones of stationary play equipment in order to cushion a child's fall from the equipment. There are two main types of cushioning for playgrounds: unitary and loose-fill materials. Unitary materials are generally rubber mats and tiles or a combination of energy-absorbing materials held or poured in place. Loose-fill materials include such products as shredded rubber or wood mulch.

Equipment used for climbing should not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment. CFOC 4th ed. Standard 6.2.3.1 p.p. 292-293.

Compliance Guidelines

- A fully enclosed area on the play equipment, such as an elevated crawling tube, is not considered the highest designated play surface.
- Packed sand and/or dirt (it does not displace when walking on it) is considered a hard surface.
- Mats used for cushioning must be in place under and around play equipment when children use the equipment. If cushioning mats are removed when there are no children in the area, CCL staff may ask to see how the mats are placed before children use the play equipment.
- Cushioning material that is frozen is considered a hard surface. If the cushioning cannot be loosened due to weather conditions, children may not use the play equipment until the material can be loosened. Although the equipment does not need to be inaccessible, it is a rule noncompliance if children use the equipment while the cushioning is frozen.
- Equipment is considered "in use" if children are climbing, sitting, or otherwise engaged in general play on the equipment or the play equipment area has been declared open for play by the caregiver.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(10) The provider shall ensure that protective cushioning covers the entire surface of each required use zone and that its depth or thickness is determined by the highest designated play surface of the equipment.

Rationale/Explanation

Head-impact injuries present a significant danger to children. Falls into a shock-absorbing surface are less likely to cause serious injury because the surface is yielding, so peak deceleration and force are reduced. CFOC 4th ed. Standard 6.2.3.1 p.p. 292-293.

Compliance Guidelines

- Cushioning must not have worn spots that are 5 by 5 inches or greater.
- Tile that is worn down ½ inch or more no longer provides cushioning. An area of 5 by 5 inches or greater of worn tile is out of compliance. However, if the cones underneath the tile are visible, the cushioning is out of compliance regardless of the size of the area.
- When there are various cushioning materials used in the same use zone, the material that requires the greatest depth will be assessed.
- A fully enclosed area on the play equipment, such as an elevated crawling tube, is not considered the highest designated play surface.
- If grass or weeds have grown into loose-fill cushioning in a use zone or the cushioning is no longer soft enough to displace, this rule is out of compliance.
- An embankment slide does not require cushioning except at the bottom of the slide chute where the cushioning must extend at least as wide as the slide chute.
- Tetherball poles do not need cushioning.
- Pillows are allowed to be in the use zone of stationary play equipment, but may not be a substitute for approved cushioning.

Acceptable cushioning materials include the following:

- Any material tested to ASTM F1292 standards
- Sand (as long as it is not packed)
- Gravel
- Shredded rubber mulch, such as recycled shredded tires
- Shredded wood products, such as wood mulch or chips
- Unitary cushioning material, such as mats or playground tiles that meet ASTM standards

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (11) If sand, gravel, or shredded tires are used as protective cushioning, the provider shall:
- (a) ensure that the cushioning is periodically checked for compaction and loosened to the depth listed in Table 1 if compacted;
 - (b) if the material cannot be loosened due to extreme weather conditions, not allow children to play on the equipment until the material can be loosened to the required depth; and
 - (c) ensure that the depth of the material meets the guidelines in Table 1.

Table 1: Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires					
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Fine Sand	Coarse Sand	Fine Gravel	Coarse Gravel	Shredded Tires
Up to 5' high	6"	6"	6"	6"	6"
Over 5' up to 6'	6"	9"	6"	9"	6"
Over 6' up to 9'	9"	Not allowed	9"	Not allowed	6"
Over 9' up to 10'	Not allowed	Not allowed	9"	Not allowed	6"
Over 10' up to 12'	Not allowed	Not allowed	Not allowed	Not allowed	6"

Rationale/Explanation

Field and laboratory tests are used to determine the depth of cushioning that is required to prevent life-threatening head injuries due to falls from various equipment heights. Providers must ensure that protective cushioning meets these ASTM standards.

Cushioning that is compacted means that it is packed and hard causing it to lose its shock absorbing properties. Loose-fill materials will compress at least 25% over time due to use and weathering. Loose-fill cushioning requires frequent maintenance to ensure that surfacing levels never drop below the minimum depth requirement. Areas under swings and at slide exits are more likely to displace so special attention must be paid to the cushioning in these areas. CPSC. Public Playground Safety Handbook. Standard 2.4 p.p. 8.

Compliance Guidelines

- The required depth of sand, gravel, or shredded tires used as cushioning is determined by measuring from the floor or ground to the highest designated play surface, highest swing pivot point, or highest climbing bar.
- Refer to Table 1 above for the minimum required depths of the cushioning based on the height of the highest designated play surface and the cushioning type.

To measure the depth of cushioning in each use zone:

- Dig to the bottom of the cushioning in three spots.
- Place the bottom edge of a metal ruler at the bottom of the hole, and refill the hole with the cushioning.
- Do not take measurements directly under an at-rest swing seat, or directly at the bottom of the slide shoot where children exit.
- Document the depth of the cushioning at each of the three spots.
- If the cushioning is low at any of the three spots, average the three measurements to determine if the cushioning needs to be redistributed or if additional cushioning needs to be added. It is out of compliance if the average depth is low.
- If each of the three areas of cushioning are the required depth, it is in compliance with the rule.
- If the three areas are not the required depth, but the average depth of the three areas is at least the required depth, then cushioning has to be redistributed and cushioning is in compliance.

Additional guidelines:

- It is a rule noncompliance if a cushioning product is used that is not allowed due to the height of the equipment (refer to Table 1).
- The cushioning is not compacted if the shovel slides easily into it when digging to assess its depth. If the shovel hits frozen cushioning, the depth of the cushioning is measured from the surface to the frozen layer.
- Cushioning material that is frozen due to cold weather is considered a hard surface. If the material cannot be loosened due to weather conditions, children are not to use the play equipment until the material can be loosened. The equipment does not need to be inaccessible. However, it is a rule noncompliance if the children use the equipment while the cushioning is frozen.
- If, according to manufacturer recommendations less cushioning than required by rule is used, the provider must have documentation from the manufacturer available for CCL review.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (12) If shredded wood products are used as protective cushioning, the provider shall:
- (a) keep on-site for review by the department documentation from the manufacturer that the wood product is protective cushioning;
 - (b) ensure there is adequate drainage under the material; and
 - (c) ensure the depth of the shredded wood meets the guidelines in Table 2.

Table 2: Depths of Protective Cushioning Required for Shredded Wood Products			
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
Up to 6' high	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 11'	9"	9"	9"
Over 11'	9"	Not allowed	Not allowed

Rationale/Explanation

Inadequate drainage under wood cushioning material can result in trapped water freezing, which makes the material unable to absorb the impact from falls. It can also lead to the growth of bacteria, mold, and the breeding of mosquitoes.

Compliance Guidelines

- If a shredded wood product is used as cushioning, CCL will review the manufacturer documentation
 - 1) at the first inspection of the cushioning,
 - 2) if the cushioning has been changed or replaced, and
 - 3) for verification during a complaint investigation.
- If the depth of the wood cushioning is 9 inches or deeper, manufacturer documentation will not be required.
- It is a rule noncompliance if a cushioning product is used that is not allowed due to the height of the equipment (refer to Table 2).
- Gardening bark mulch does not have the cushioning properties required, and cannot be used as playground cushioning material.
- Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.
- Standing puddles of water on wood cushioning indicate inadequate drainage and are out of compliance. It is also inadequate drainage and out of compliance if, when digging to measure depth, the hole fills with water.
- Documentation may be kept and made available either as a hardcopy or electronically.

To determine the required depth of wood-product cushioning:

- Measure from the floor or ground to the highest designated play surface, highest swing pivot point, or highest climbing bar.
- Refer to Table 2 above for the minimum required depths of the cushioning based on the height of the highest designated play surface and the type of shredded wood cushioning.

Measure the depth of cushioning in each use zone according to the following guidelines.

- Dig to the bottom of the cushioning in three spots. Even if the first few inches of cushioning are loose, cushioning underneath could be frozen. In this case, stop digging because the frozen layer would be considered the bottom of the cushioning.
- Place the bottom edge of a metal ruler at the bottom of the hole, and refill the hole with the cushioning. If there is frozen cushioning, measure the depth of the cushioning from the frozen layer to the surface.
- Do not take measurements directly under an at-rest swing seat, or directly at the bottom of the slide shoot where children exit.
- Document the depth of the cushioning at each of the three spots.
- If the cushioning is low at any of the three spots, average the three measurements to determine if the cushioning needs to be redistributed or if additional cushioning needs to be added. It is out of compliance if the average depth is low.
- If each of the three areas of cushioning are the required depth, it is in compliance with the rule.
- If the three areas are not the required depth, but the average depth of the three areas is at least the required depth, then cushioning has to be redistributed and cushioning is in compliance.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- Documentation is out of compliance.

(13) If a unitary cushioning is used, the provider shall maintain on-site for review by the department documentation from the manufacturer that the material is cushioning for playgrounds.

Rationale/Explanation

Unitary surface material – A cushioned surface material (such as rubber mats or a combination of rubberlike materials held in place by a binder) for placement under and around playground equipment that forms an uninterrupted shock absorbing surface. CFOC 4th ed. Glossary p.p. 572.

A review of documentation helps CCL determine compliance to licensing rule.

Compliance Guidelines

- There are several different types of compliant cushioning that can be used under indoor and outdoor play equipment. These include certain mats, carpeting, playground tiles, rubber matting, and other unitary cushioning materials.
- Documentation may be kept and made available either as a hardcopy or electronically.
- CCL will review manufacturer documentation
 - 1) at the first inspection of the cushioning,
 - 2) if the cushioning has been changed or replaced, and
 - 3) for verification during a complaint investigation.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

Risk Level

Low

Corrective Action for 1st Instance

Warning when:

- Documentation is out of compliance.

(14) If a unitary cushioning is used, the provider shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.

Rationale/Explanation

Persons wishing to install a unitary material as a playground surface should request ASTM F1292 test data from the manufacturer identifying the critical height rating of the desired surface. In addition, site requirements should be obtained from the manufacturer because some unitary materials require installation over a hard surface while others do not. Manufacturer's instructions should be followed closely, as some unitary systems require professional installation. CPSC. Public Playground Safety Handbook. Standard 2.4.2.1 p.p. 9.

Compliance Guidelines

Rubber mats or tiles are not required to be glued down when any of the following conditions are met:

- The tiles are interlocking with no gaps between the tiles that are greater than 1 inch wide.
- There is a border around the play area that holds the mats or tiles in place so they cannot be dislodged by children running or jumping on them.
- If tiles are used under equipment that is allowed to be placed on grass due to its low height.

Insulating foam sealant may be used to fill gaps in cushioning on condition that:

- It is not used to fill gaps that are 5 by 5 inches or greater.
- It is inaccessible to children until it dries. (The sealant is toxic in liquid form.)
- Once dried, the foam sealant is level with the surrounding cushioning.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

Protective Barriers

(15) The provider shall ensure that a play equipment platform that is more than 48 inches above the floor or ground has a protective barrier that is at least 38 inches high.

Rationale/Explanation

A barrier should minimize the likelihood of passage of a child during deliberate attempts to defeat the barrier. Any openings between uprights or between the platform surface and lower edge of a protective barrier should prevent passage. CPSC. Public Playground Safety Handbook. Standard 5.1.3 p.p. 18.

Compliance Guidelines

A protective barrier can be made of any material as long as it accomplishes its intended purpose.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(16) The provider shall ensure that there is no gap greater than 3-1/2 inches in or under a required protective barrier on a play equipment platform.

Rationale/Explanation

Spaces between three and one-half inches and nine inches are a head entrapment hazard CFOC 4th ed. Standard 5.1.6.6 p.p. 224.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(17) The provider shall ensure that stationary play equipment is stable or securely anchored.

Rationale/Explanation

Secure anchoring is a key factor in stable installation, and because the required footing sizes and depths may vary according to type of equipment, the anchoring process should be completed in strict accordance with the manufacturer's specifications. CFOC 4th ed. Standard 6.2.1.4 p.p. 289.

Compliance Guidelines

- If a child is not using the play equipment (such as a swing set or climbing wall), shake the equipment to determine if it is stable and securely anchored. If a post (such as a swing set pole) or side of the equipment comes off or out of the ground, the equipment is not secure and it is a rule noncompliance.
- If a child is using the equipment and the equipment post or side tips off the ground, it is a rule noncompliance.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(18) The provider shall ensure that there are no trampolines on the premises that are accessible to any child in care.

Rationale/Explanation

Both the American Academy of Pediatrics (AAP) and American Academy of Orthopedic Surgeons (AAOS) Policy Statements recommend the prohibition of trampolines for children younger than six years of age (1,2). The U.S. Consumer Product Safety Commission (CPSC) also supports this position. CFOC 4th ed. Standard 6.2.4.4 p.p.296.

Licensing rule is based on AAP-recommended safety precautions and applies to any trampoline on the premises, including mini, exercise, and in-the-ground trampolines. The hazards that may result in injuries and deaths are from:

- Falling or jumping off the trampoline.
- Falling on the trampoline springs or frame.
- Colliding with another person on the trampoline.
- Landing improperly while jumping or doing stunts on the trampoline.

Compliance Guidelines

This rule applies to any trampoline on the premises, including mini, exercise, and in ground trampolines.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(19) The provider shall ensure that there are no entrapment hazards on or within the use zone of any piece of stationary play equipment.

Rationale/Explanation

All openings in pieces of play equipment should be designed too large for a child's head to get stuck in or too small for a child's body to fit into, in order to prevent entrapment and strangulation. Any equipment opening between three and one-half inches and nine inches in diameter presents the potential for head entrapment. Similarly, openings between three-eighths inch and one inch can cause entrapment of the child's fingers. CFOC 4th ed. Standard 6.2.1.9 p.p. 290.

Compliance Guidelines

- This rule only applies to entrapment hazards where a child's feet cannot touch the floor, ground, or designated play surface (with the exception of ladders).
- On play equipment ladders, there shall be no entrapment hazards where a child's feet cannot touch the floor or ground.
- An opening directly under a platform and higher than 48 inches from any surface a child could climb on will not be considered an entrapment hazard.

To determine compliance with this rule:

- Measure from the floor or ground (or other play surface) to the bottom of the opening to determine whether a child's feet could touch the ground. A child's feet could not touch the ground if:
 - For school-age children: the bottom of the opening is higher than 33 inches above the ground.
- If the stationary play equipment is used by children of different age groups, refer to the measurement that applies to the youngest children who are allowed to use the equipment.
- If the opening is at a height where a child's feet could not touch the ground, measure the size of the opening to determine if it is an entrapment hazard.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(20) The provider shall ensure that there are no strangulation hazards on or within the use zone of any piece of stationary play equipment.

Rationale/Explanation

A strangulation hazard is something on which a child's clothes or drawstrings could become caught, or something in which a child could become entangled.

Strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats, and other clothing get caught in gaps in the equipment. The area on top of slides is one potential trouble spot. CFOC 4th ed. Appendix EE. p.p. 534.

Compliance Guidelines

- Strangulation hazards are typically caused by
 - 1) hardware or small equipment components that protrude out from a surface,
 - 2) hardware that forms a hook or leaves a gap or space between components, and
 - 3) hanging ropes, cords, wire, or chains that are long enough to encircle a child's neck.
- Since the use zone surrounds the play equipment, including the area above the equipment, there cannot be tree branches or another object that creates a strangulation hazard in the use zone above the equipment.

Protrusions

Strangulation hazards caused by protrusions include:

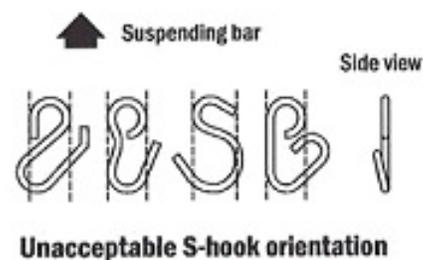
- Bolt ends that extend more than two threads beyond the face of the nut unless the bolt end is facing straight down.
- A bolt, screw, or other protrusion which increases in size or diameter as it moves away from the surface (e.g. a bolt with a large bolt head that is not flush with the surface).
- A bolt, screw, or other protrusion angled upward from a horizontal plane that fails the protrusion gauge test.
- Loose handholds on climbing walls.

To assess protruding elements on pieces of playground equipment a licensor will use gauges designed for inspecting playground equipment.

Gaps or Openings

Strangulation hazards caused by hardware gaps or space between components include:

- A hardware connector, such as an S- or C-hook, that has a gap or opening greater than .04 of an inch (the edge of a dime) and the opening does not face downward.



To assess gaps on play equipment:

- All connectors such as S- and C-hooks must be checked, no matter where they are located on a piece of equipment, except those that are:
 - At the top of a free standing swing higher than 8 feet.
 - At the top of a swing with a crossbar that is higher than 8 feet.
- Use a dime or the wire hook tool to measure the width of the gap or space.
 - When the dime or tool does not fit in the gap, it is not a strangulation hazard.
 - When the dime or wire tool fits into the gap and the gap angles upward, it is a strangulation hazard.
- CCL does not assess gaps at the top of slide chutes.

Hanging Ropes, Cords, Chains

Strangulation hazards caused by ropes, cords, chains, etc. include:

- Hanging ropes, cords, wires, or chains that are 12 inches or longer and can make a loop 5 inches in diameter, except ropes, cords, wires, or chains with swings or tetherballs attached to the bottoms of them.
- Ropes, cords, twine, etc. that hang into the use zone of a piece of playground equipment and are attached to something solid.
- Ropes that are not anchored securely at both ends, and/or are capable of forming a loop or a noose.

To assess ropes, cords, chains, twine, etc. for possible strangulation hazards:

- Measure the rope, cord, or chain to determine if it is 12 inches or longer.
- Determine if it can make a loop that is 5 inches in diameter.
 - When the rope is not 12 inches or longer and cannot make a 5-inch loop, it is not a strangulation hazard.
 - When the rope is 12 inches or longer and can make a 5-inch loop, it is a strangulation hazard if attached to a solid structure or other object.

The following equipment components are not out of compliance:

- Protrusion or strangulation hazards on the underside of platforms that are 48 inches or higher.
- Protrusions on the top crossbar of free standing swings when the top of the swing is higher than 8 feet tall and there is not a horizontal bar between the support poles, nor is the swing attached to any other component or platform.
- Protruding parts that are molded as a part of the design for dramatic play, such as the eyepiece of a telescope or the ear of an animal (as long as the part is in good repair and no parts are missing).
- Handholds and foot bars that are designed for that purpose, such as those found on spring rockers.
- A bolt end or other protruding hardware in recessed areas unless it extends past the recessed area.
- Ropes or cords suspending a tetherball or swing.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(21) The provider shall ensure that there are no crush, shearing, or sharp edge hazards on or within the use zone of any piece of stationary play equipment.

Rationale/Explanation

Playground injuries often involve pinching, catching, or crushing of body parts or clothing by equipment mechanisms. CFOC 4th ed. Standard 6.2.1.7 p.p. 290.

Anything that could crush or shear limbs should not be accessible to children on a playground. Crush and shear points can be caused by parts moving relative to each other or to a fixed part during a normal use cycle, such as a seesaw. CPSC Standard 3.1 p.p. 14.

Any sharp or protruding surface presents a potential for lacerations and contusions to the child's body. CFOC 4th ed. Standard 6.2.1.8 p.p. 290.

Compliance Guidelines

For crush hazards, it is a rule noncompliance if:

- A disc swing hanging from a tree or frame touches the trunk of the tree or the frame when the swing is stretched to its full length.
- Two moving parts on a piece of equipment come together in such a way that they could crush a child's fingers, toes, or other body part.

For shearing hazards, it is a rule noncompliance if:

- There are two pieces of equipment or two parts of a piece of equipment that move against each other in such a way that they could sever a child's fingers, toes, or other body parts.

For sharp edge hazards, it is a rule noncompliance if:

- There is a sharp point or edge that could cut or puncture a child's skin on a piece of equipment's play surface or in a use zone. This includes any play surface that the children usually come in contact with, for example, a platform, an equipment part commonly touched by the children, the hand rail on a slide, the slide surface, etc.

Additional guidelines:

- Since the use zone surrounds the play equipment, including above the equipment, there cannot be hard or inflexible tree branches or any other object that creates a crush, shearing, or sharp edge hazard in the use zone above the equipment.
- A molded plastic steering wheel that is part of a piece of play equipment will not be assessed as a crush hazard.
- It is not out of compliance when the movement between two pieces of equipment or two parts of a piece of equipment is minimal and would be unlikely to cause contusions, lacerations, abrasions, amputations, or fractures during use.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(22) The provider shall ensure that there are no tripping hazards such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.

Rationale/Explanation

Tripping is one of the hazards listed by CPSC to be most commonly associated with injury. CFOC 4th ed. Standard 5.3.1.1 p.p. 237-238.

Compliance Guidelines

In addition to those listed in rule, other tripping hazards include:

- Weed barrier that is pulled up.
- An object such as a tire used to cushion an equipment footing unless the object is flush to the ground.
- The leash or rope of a tethered animal if it can reach into the use zone of a piece of play equipment.
- Metal rods in horseshoe pits that are in the use zone of outdoor play equipment.
- Equipment frames or supports that are not part of the original equipment or are not directly under a platform.

The following are not considered tripping hazards:

- Mats that are placed under equipment as cushioning.
- Poles on a tent-type sandbox or canopy unless the poles are in the use zone of another piece of equipment.
- Equipment frames or supports that are part of the original equipment or are directly under a platform.
- Moveable objects (e.g. tricycles, toys, and other hard objects) that are left in the use zone of stationary play equipment when the equipment is not being used.
- Moveable objects that are left in a use zone by children, but are immediately removed from the area.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

The rules and information in this section apply when a provider walks, transports, and/or uses public transportation to accompany a child in care from one place to another. A provider's policies on offering transportation should comply with the requirements of the American with Disabilities Act (ADA). For more information about this law, refer to: www.ada.gov.

When the provider arranges and is responsible for a child to be taken to or from the facility for any reason, the provider must be in compliance with licensing rules. For example, if the provider asks a parent to be an additional driver on a field trip, then all applicable licensing rules are in effect for the parent (such as passing a background check) as well as for the vehicle the parent is driving.

However, when a parent arranges and is responsible for their own child to be taken to or from the facility, then licensing rules do not apply while the child is under the responsibility of someone other than the provider. For example, if parents arrange to carpool their children to and from school without the provider's involvement, then licensing rules do not apply during carpooling.

If transportation services are offered:

- (1) For each child being transported, the provider shall have a transportation permission form:**
- (a) signed by the parent; and**
 - (b) on-site for review by the department**

Rationale/Explanation

When a child is being transported the potential risk of injury increases. For a child's health and safety, it is important that the child's parents understand and give permission for when, where, why, and how their child will be transported.

Compliance Guidelines

- This rule is out of compliance when the provider does not have a record of signed permission by the parent available at the facility for review.
- This permission form may be either hardcopy or electronic.
- Digital signatures are acceptable.
- The provider does not need to take the permission form offsite with them.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(2) The provider shall ensure that each vehicle used for transporting children:

- (a) is enclosed with a roof or top;**
- (b) is equipped with safety restraints;**
- (c) has a current vehicle registration;**
- (d) is maintained in a safe and clean condition; and**
- (e) contains first aid supplies, including at least antiseptic, bandages, and tweezers.**

Rationale/Explanation

The use of child safety seats reduces risk of death by 71% for children less than one year of age and by 54% for children ages one to four. In addition, booster seats reduce the risk of injury in a crash by 45%, compared to the use of an adult seat belt alone. CFOC 4th ed. Standard 6.5.2.2 p.p. 311.

Motor vehicle crashes are the leading cause of death in children two to fourteen years of age in the United States. It is necessary for the safety of children to require that the caregiver/teacher comply with requirements governing the transportation of children in care, in the absence of the parent/guardian. Not all vehicles are designed to safely transport children, especially young children. CFOC 4th ed. Standard 9.2.5.1 p.p. 402-403.

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

- This rule applies to each vehicle that is used to transport children in care.
- "Safety restraints" refers to seat belts, car seats, and booster seats. They must be used individually, and as required by Utah law.
- A current registration is verified by the sticker on the license plate or a current registration certificate.
- Vehicle windows should be clean enough that a driver has adequate visibility to drive safely.
- The rule does not require that the vehicle windows be rolled up.
- The vehicle's interior can show signs of normal use and does not have to be entirely free of all debris. This rule applies to situations in which a buildup of dirt or debris could endanger children's health or safety. For example, a pile of debris could cause a child to trip, or rotting food could provide a place where disease-causing bacteria can grow.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(3) The provider shall ensure that the safety restraints in each vehicle that transports children are:

- (a) appropriate for the age and size of each child who is transported, as required by Utah law;**
- (b) properly installed; and**
- (c) in safe condition and working order**

Rationale/Explanation

The best car safety seat is one that fits in the vehicle being used, fits the child being transported, has never been in a crash, and is used correctly every time. The use of restraint devices while riding in a vehicle reduces the likelihood of any passenger suffering serious injury or death if the vehicle is involved in a crash CFOC 4th ed. Standard 6.5.2.2 p.p. 310-311.

For a safety restraint to be effective in preventing injury or death in a vehicle accident, the restraint must be age and size appropriate, installed according to manufacturer's instructions, and in working condition.

- Child restraint laws vary by state. For up-to-date information on Utah's laws, check with the Insurance Institute for Highway Safety at www.iihs.org.
- To better understand which safety restraint is appropriate, how to install a car or booster seat, and where to get a car seat safety check, call 1-866-SEAT-CHECK or go to seatcheck.org.

Compliance Guidelines

- Safety restraints (seat belts, car seats, and booster seats) must be securely installed during transportation.
- Safety restraints are considered in safe condition and working order when they are not broken, frayed, or torn, and their locks work properly.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

- (4) **The provider shall ensure that the driver of each vehicle who is transporting children:**
- (a) **is at least 18 years old;**
 - (b) **has and carries with them a current, valid driver's license for the type of vehicle being driven;**
 - (c) **has with them the written emergency contact information for each child being transported;**
 - (d) **ensures that each child being transported is in an individual safety restraint that is used according to Utah law;**
 - (e) **ensures that the inside vehicle temperature is between 60-85 degrees Fahrenheit;**
 - (f) **never leaves a child in the vehicle unattended by an adult;**
 - (g) **ensures that children stay seated while the vehicle is moving;**
 - (h) **never leaves the keys in the ignition when not in the driver's seat; and**
 - (i) **ensures that the vehicle is locked during transport.**

Rationale/Explanation

Driver Qualifications

Driving children is a significant responsibility. Child care programs must assure that anyone who drives the children is competent to drive the vehicle being driven. CFOC 4th ed. Standard 6.5.1.2 p.p. 309.

In Utah, a person who drives a vehicle designed to carry 16 or more passengers including the driver, is required to have a commercial driver's license (CDL). See Utah Code 53-3-412.

Emergency Contact Information

In the event of an accident or a missing child, both caregivers and emergency response personnel need access to the children's emergency and contact information. CFOC 4th ed. Standard 9.2.4.1 p.p. 393-394.

Safety Restraints

"Safety restraints" refers to seat belts, car seats, and booster seats.

Utah Code 41-6a-1803 states the following regarding the use of child restraints:

- (1)(a) The operator of a motor vehicle operated on a highway shall:
- (i) wear a properly adjusted and fastened safety belt;
 - (ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
 - (iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

Vehicle Temperature

The interior of vehicles used to transport children should be maintained at a temperature comfortable to children. Some children have problems with temperature variations. Whenever possible, opening windows to provide fresh air to cool a hot interior is preferable before using air conditioning. Over-use of air conditioning can increase problems with respiratory infections and allergies. Excessively high temperatures in vehicles can cause neurological damage in children. CFOC 4th ed. Standard 6.5.2.4 p.p. 312.

The American Academy of Pediatrics and the American Public Health Association recommend:

- The inside temperature of the vehicle should be maintained at a temperature comfortable to children.
- When the vehicle's interior temperature exceeds 82 degrees Fahrenheit and opening the windows does not reduce the temperature, the vehicle should be air conditioned.
- Temperatures in hot cars can reach dangerous levels within 15 minutes.
- When the interior temperature drops below 65 degrees Fahrenheit and when children are feeling uncomfortably cold, the interior should be heated.

CFOC 4th ed. Standard 6.5.2.4 p.p. 313.

Supervision

Children have died from heat stress from being left unattended in closed vehicles. Temperatures in hot motor vehicles can reach dangerous levels within fifteen minutes. Due to this danger, vehicles should be locked when not in use and checked after use to make sure no child is left unintentionally in a vehicle. Children left unattended also can be victims of backovers (when an unseen child is run over by being behind a vehicle that is backing up), power window strangulations, and other preventable injuries. CFOC 4th ed. Standard 6.5.1.1 p.p. 307-308.

To prevent hyperthermia, all vehicles should be locked when not in use, head counts of children should be taken after transporting to prevent a child from being left unintentionally in a vehicle, and children should never be intentionally left in a vehicle unattended. CFOC 4th ed. Standard 6.5.2.4 p.p. 312.

Compliance Guidelines

- The driver must have a paper copy or an accessible electronic copy of children's contact and emergency information. Not having accessible paperwork copy could result in critical information being inaccessible to emergency personnel and others who may need it in the event of an accident.
- When loading and unloading children into a vehicle, the driver may not leave one child unattended in a vehicle while going inside the facility to take or get another child.
- When children are in a vehicle, the driver may walk around the vehicle to attend to children (e.g. buckling belts) as long as the vehicle is not running and the keys are not in the ignition.
 - In the case of keyless cars, the fob cannot be left in the vehicle unless the driver is in the driver's seat.
- A bus that will not go into drive gear when the bus door is locked is exempt from being locked during transport.
- When the vehicle is colder than 60 degrees fahrenheit the heat must be turned on and when the vehicle is warmer than 85 degrees fahrenheit the air conditioning must be turned on.
- If the temperature can not be regulated and it is colder than 60 degrees fahrenheit or warmer than 85 degrees fahrenheit in the vehicle during transportation, then the children cannot be transported in the vehicle.
- If a child is left unattended in a vehicle, the noncompliance will be issued to 100-11(1).

Risk Level

High

Corrective Action for 1st Instance

If a child is transported without an individual restraint according to Utah law

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise

- (5) If the provider walks or uses public transportation to transport children to or from the facility, the provider shall ensure that:**
- (a) each child being transported has a completed transportation permission form signed by their parent;**
 - (b) a staff member goes with the children and actively supervises the children;**
 - (c) the staff-to-child ratio is maintained; and**
 - (d) a staff member with the children has written emergency contact information and releases for the children being transported.**

Rationale/Explanation

Parents expect that their children will be safe including when offsite. The provider must ensure compliance with all applicable transportation rules when walking or using public transportation to take a child to and from another location. This includes such activities as going to and from school, taking a walk around the neighborhood, and using public transportation.

Compliance Guidelines

- The caregiver who is accompanying the children must have a paper copy or an accessible electronic copy of the children's contact and emergency information. In the event of an accident, emergency responders must be able to access needed information.
- When some children are on an offsite activity and at the same time there are some children at the facility, the provider must maintain the caregiver-to-child ratio and supervision for each group.
- "Releases" refers to each child's current emergency medical treatment and emergency transportation releases (with the parent's signature) that are required as part of the child's admission and health assessment information.
- Having a copy of the child's written emergency contact information and releases (rather than the original) meets the intent of this rule.

Risk Level

High

Corrective Action for 1st Instance

- For lack of supervision, the corrective action will be issued to rule 70-11(1).
- When the caregiver-to-child ratio is out of compliance, the corrective action will be issued to 70-10(1).

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise

This section consists of the rules and supporting information pertaining to animals that are in a child care setting. The rules apply if any animals are regularly allowed on the premises whether or not the animals belong to the provider.

The risk of injury, infection, and aggravation of allergy from contact between children and animals is significant. The staff must plan carefully when having an animal in the facility and when visiting a zoo or local pet store (5,9,10). Children should be brought into direct contact only with animals known to be friendly and comfortable in the company of children. CFOC 4th ed. Standard 3.4.2.1 p.p. 129.

(1) The provider shall inform parents of the kinds of animals allowed at the facility.

Rationale/Explanation

Bringing animals and children together has both risks and benefits. Animals teach children about how to be gentle and responsible, about life and death, and about unconditional love. Nevertheless, animals can pose serious health and safety risks. CFOC 4th ed. Standard 3.4.2.1 p.p. 129.

Compliance Guidelines

The provider must inform parents of animals that are on the premises on a regular basis even when the animal does not reside at the facility. For example, if the provider chooses to feed a stray animal or takes care of any animal at the facility, the provider must notify parents of the animal's presence.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(2) The provider shall ensure that there is no animal on the premises that:

- (a) is naturally aggressive;**
- (b) has a history of dangerous, attacking, or aggressive behavior; or**
- (c) has a history of biting even one individual.**

Rationale/Explanation

The risk of injury, infection, and aggravation of allergy from contact between children and animals is significant. The staff must plan carefully when having an animal in the facility and when visiting a zoo or local pet store. Children should be brought into direct contact only with animals known to be friendly and comfortable in the company of children. Dog bites to children under four years of age usually occur at home, and the most common injury sites are the head, face, and neck. Many human illnesses can be acquired from animals. Many allergic children have symptoms when they are around animals. CFOC 4th ed. Standard 3.4.2.1 p.p. 129.

Compliance Guidelines

- Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated aggressive behavior in the past, should not be at a child care facility.
- Aggressive animals are animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated such aggressive behavior in the past, may not be permitted on the grounds of the child care facility.
- Boa constrictors, anacondas, and most pythons are examples of naturally aggressive snakes and are very dangerous. They may not be on the premises.
- No animal that has bitten anyone or has a history of aggressive behavior may be on the premises whether or not they are kept in a cage, and whether or not they are vaccinated.
- Contact between animals and children should be supervised by a caregiver who is close enough to remove the child immediately if the animal shows signs of distress (e.g., growling, baring teeth, tail down, ears back) or the child shows signs of treating the animal inappropriately.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(3) The provider shall ensure that animals at the facility are clean and free of obvious disease or health problems that could adversely affect children.

Rationale/Explanation

Animals, including pets, are a source of illness for people, and people may be a source of illness for animals. Reptiles usually carry salmonella and pose a risk to children who are likely to put unwashed hands in their mouths. CFOC 4th ed. Standard 3.4.2.3 p.p. 130.

Animals can be entertaining and educational. But children, especially [children under 5 years of age](#), are more likely to get sick from germs animals can sometimes carry. Children can learn a lot from animals, and it's important to make sure they stay safe and healthy while they're learning. If you plan to have an animal in your classroom, whether it's a class pet or for a hands-on learning experience, be aware of the risks and how to prevent illness. You can help kids enjoy and learn from animals while staying healthy. Visit [CDC: Animals in Schools and Daycares for more information](#).

Compliance Guidelines

- Animals accessible to children should not be visibly dirty.
- Animals who are ill should be kept separate from children in care.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(4) The provider shall ensure that there is no animal or animal equipment in food preparation or eating areas.

Rationale/Explanation

The food preparation area of the kitchen should be separate from eating, play, laundry, toilet, and bathroom areas and from areas where animals are permitted. CFOC 4th ed. Standard 4.8.0.1 p.p. 197.

Compliance Guidelines

- Animals and their equipment, such as food and water bowls, cat litter boxes, or dog beds, cannot be within 36 inches of food preparation or eating areas. All kitchen counters are considered to be food preparation areas.
- To determine if there is adequate space between animal equipment and food preparation and eating areas, a measurement is taken from the outermost edge of the food preparation or eating area to the outermost part of the animal equipment.
- This rule does not prohibit fish bowls or tanks in food preparation or eating areas. However, these habitats need to be well maintained because fish and their aquariums may carry germs.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(5) If children help in the cleaning of animals or animal equipment, the provider shall ensure that the children wash their hands immediately after cleaning the animal or equipment.

Rationale/Explanation

The AAP and APHA suggest that caregivers instruct children on safe procedures to follow when cleaning animals or their equipment including:

- Use disposable gloves when cleaning animal equipment.
- Do not let children clean aquariums because contaminated water can splash into eyes and mouths.
- Do not dispose of used fish tank water in sinks used for getting drinking water or food preparation.
- Remove all animal waste and litter immediately from children's areas.
- Disinfect areas where equipment is cleaned after the cleaning activity is finished.

CFOC 4th ed. Standard 3.4.2.3 p.p. 130.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(6) The provider shall ensure that children and staff wash their hands immediately after playing with or touching reptiles and amphibians.

Rationale/Explanation

Reptiles and amphibians are species known to carry salmonella. All persons who have contact with animals, animal products, or animal environments should wash their hands immediately after the contact. CFOC 4th ed. Standard 3.4.2.3 p.p. 131

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(7) The provider shall ensure that dogs, cats, and ferrets that are housed at the facility have current rabies vaccinations.

Rationale/Explanation

Although the spread of diseases from animals to people is rare, pets do sometimes carry germs that can make people sick. Learn about the germs that animals in your facility can spread plus actions you can take that can help you and your pets stay healthy at [CDC: Pets and Other Animals](https://www.cdc.gov/pets/).

Compliance Guidelines

- This rule applies to dogs, cats, and ferrets that are repeatedly (more than one time) on the premises whether or not they belong to the provider. For example, if the provider takes care of an animal at the facility or chooses to feed a stray animal, that animal must have current rabies vaccinations.
- Documentation may be kept and made available either as a hardcopy or electronically.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(8) The provider shall keep current animal vaccination records on-site for review by the department.

Rationale/Explanation

Vaccination records help the provider track and keep their animal's vaccinations current as well as provide proof that the provider is in compliance with licensing rules.

Compliance Guidelines

- An animal's veterinary tag is acceptable documentation as long as it has enough information to show that the animal's vaccinations are current.
- The provider does not need immunization records for animals that are brought in for show and Tell.
- Records may be kept and made available either as a hardcopy or electronically.

Risk Level

Low

Corrective Action for 1st Instance

Warning

R381-70. Rule Interpretation Manual: Out of School Time Appendix A

The contents of this document are not intended as rules. Instead, this document is a tool to help as a quick reference to some of the Child Care Licensing (CCL) rules. This document will be updated as needed, but at least once a year. For complete access to the rules and their interpretation, please go to <https://childcarelicensing.utah.gov/child-care-providers/rules-and-requirements/>.

For Child Care Licensing (CCL), all records must be kept on-site for at least six weeks or longer depending upon the action or event that is documented. Children’s and personnel records must be current and kept on-site while the individual is involved with the program, and for six weeks after the individual leaves the program. The business license and other facility records, such as fire inspection reports, must be current and kept on-site for at least 6 weeks after their expiration dates. At least 12 months of fire and disaster drills must be kept on-site for review by CCL. Other agencies, such as the local health department, the food program, or the IRS, may require that records be kept for a longer period of time.

Records: Children		
Rule	Record	Requirement
70-6(11) - (12)	Admission & Health Assessment for each child including emergency medical treatment & emergency transportation releases	<ul style="list-style-type: none"> Obtain from parent before admission into program Update annually Keep on-site for CCL review
70-11(7), (9)	Children’s daily attendance including sign-in and signout records	<ul style="list-style-type: none"> Document daily Keep 6-week record on-site for CCL review
70-14(10), (14)	Incident, accident or injury involving child	<ul style="list-style-type: none"> Give written report to parent on day of occurrence Keep 6-week record on-site for CCL review
70-14(13)	Child received medical attention for injury while in care or for fatality	<ul style="list-style-type: none"> Notify CCL within next business day Submit written report within 5 business days
70-17(4) - (7)	Medication permission & instructions	Must be filled out and signed by child's parent before administering medication
70-17(9), (12)	Medication administration record	<ul style="list-style-type: none"> Complete immediately after administering medication Keep 6-week record on-site for CCL review

70-18(7), (8)	Parental permission for swimming & offsite activities	Obtain before each activity
70-18(9)	Written emergency information and releases	Must be with caregiver for each child on offsite activity
70-20(1)	Transportation permission form	<ul style="list-style-type: none"> • Signed by parent • Keep on-site for CCL review
70-20(4), (5)	Children's emergency contact information	Driver/caregiver must have for each child being transported

Records: Personnel

Rule	Record	Requirement
70-7(16), (17)	Preservice training documentation	Keep on-site for CCL review
70-7(18) - (19)	Annual training documentation	Keep on-site for CCL review
70-7(22)	Personnel Records <ul style="list-style-type: none"> - Date of initial employment or association - First aid / CPR certification - Days and hours worked 	<ul style="list-style-type: none"> • Keep on-site for CCL review • Days and hours worked kept for 6 weeks
70-8(1) - (6)	<ul style="list-style-type: none"> - Background check form & fees for new covered individuals - Fingerprints & fees as required per rule 	<ul style="list-style-type: none"> • Submit to CCL • Individual must pass CCL background check before involvement with child care
70-20(4)(b)	Current driver's license for each driver	<ul style="list-style-type: none"> • Valid for the type of vehicle being driven • Carried with the driver

Records: Facility

Rules	Record	Requirement
70-14(1)	Emergency Preparedness, Response and Recovery Plan	<ul style="list-style-type: none"> • Complete before beginning to provide for care • Reviewed and updated as needed • Available during business
70-14(4) - (9)	Fire & disaster drills	<ul style="list-style-type: none"> • Documentation contains all required information • 12-month record kept on-site for CCL review

70-16(2)	Meal & snack menus if not on CACFP	<ul style="list-style-type: none"> • Current Approval • Keep 6-week record on-site for CCL review
70-19(11) - (12)	Documentation for cushioning	Keep on-site for CCL review
70-21(7)- (8)	Animal vaccination records	<ul style="list-style-type: none"> • Must be current • Keep onsite for CCL review

Reports		
Rule	Report	Requirement
70-14(10) - (14)	Incident, accident or injury involving a child	<ul style="list-style-type: none"> • Give written report to parent on day of occurrence • Keep 6-week record on-site for CCL review

Notifications		
Rule	Notification	Requirement
70-6(8)	Telephone number & contact information change	Notify CCL & parents within 48 hours of change
70-6(9)	Liability Insurance	Inform parents in writing if no liability insurance
70-8(14)	Arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding	Notify CCL within 48 hours of becoming aware of occurrence
70-9(6)	Lead-based paint testing	<ul style="list-style-type: none"> • Contact local health department within 5 working days of discovery • Follow instructions for remediation
70-12(2)	Behavioral expectations for children & how misbehavior will be handled	Inform children, parents & those who interact with children
70-12(6)	Child abuse, neglect, or exploitation	Notify CPS or law enforcement immediately upon witnessing or suspicion
70-14(11)	Serious, but not life-threatening injury involving a child	Contact parent of child immediately
70-14(12)	Life-threatening injury or injury that poses threat of loss of vision, hearing, or limb involving a child	<ul style="list-style-type: none"> • Contact emergency personnel immediately • Contact parent after emergency personnel • Contact emergency contacts if parents cannot be reached

70-14(13)	Child received medical attention for injury while in care or for fatality	<ul style="list-style-type: none"> • Notify CCL within next business day • Submit written report within 5 business days
70-15(18)	Child becomes ill while in care	<ul style="list-style-type: none"> • Contact parent immediately • Contact emergency contacts if parents cannot be reached
70-15(19)	Child or employee with infectious or unusual disease or serious illness	Notify local health department on day of discovery
70-17(10)	Child's adverse reaction to medication or error in administration	<ul style="list-style-type: none"> • Notify emergency personnel immediately if reaction is life threatening • Report to parent immediately upon recognizing reaction or error or after notifying emergency personnel
70-17(11)	Provider's refusal to administer medication	Notify parent before medication needs to be given to child
70-21(1)	Animals permitted at facility	Inform parents of the kinds of animals allowed

Posted Items		
Rule	Posted Item	Requirement
70-6(6)	Child Care License	Post unaltered in visible location
70-6(7)	Parent Guide	Post current version during business hours for parents' review
70-14(2)	Emergency numbers with facility address	Post near each telephone or in clearly visible area
70-15(8)	Handwashing procedures	Post where readily visible from each hand washing sink
70-15(20)	Staff member or child has infectious disease or parasite	<ul style="list-style-type: none"> • Post notice with date on day of discovery • Post in conspicuous place • Remain posted for at least 5 days
70-16(2)	Meal & snack menus	Post current week's menu for review by parents and CCL
70-18(4)	Daily schedule of activities	Post for preschool and school-age children

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<https://childcarelicensing.utah.gov/child-care-providers/rules-and-requirements/>.

[Office of Child Care - Steps for New Providers to Receive a Child Care Subsidy](#)

[DWS Child Care Provider Guide](#)

[DWS Child Care Provider Guide - Spanish \(In Process\)](#)

DWS Rules and Requirements:

[R986-700-753. Criminal Background Checks.](#)

- (1) The Department will contract with **CCL** to perform a criminal background check, which includes a review of the Bureau of Criminal Identification (BCI) database maintained by the Department of Public Safety pursuant to Title 53, Chapter 10, Part 2, Bureau of Criminal Identification; and if a fingerprint card, waiver, and fee are submitted, CCL will submit the fingerprint card and fee to the Department of Public Safety for submission to the FBI for a national criminal history record check.
- (2) (a) Each client requesting approval of a covered provider must submit to CCL a form, which will include a certification, completed and signed by the provider as part of the DWS FFN approved provider process.
 - (i) Additional household members must give permission to run the background check.
 - (ii) The provider shall pay applicable background check fees.
 - (iii) A fingerprint card and fee, prepared either by the local law enforcement agency or an agency approved by local law enforcement, shall also be submitted if required by Subsection R986-700-753(4).
 - (iv) If the fingerprints are submitted electronically, they must be submitted in conformity with the CCL guidelines regarding electronic submissions.

- (b) Fingerprints are not required to be submitted if:
 - (i) the covered individual has previously submitted fingerprints to CCL for a Next Generation national criminal history record check;
 - (ii) the covered individual has resided in Utah continuously since the fingerprints were submitted; and
 - (iii) the covered individual has not permitted their background check to lapse or expire since the fingerprints were submitted.
- (3)
 - (i) The provider must state in writing, based upon the provider's best information and belief, that no covered person, including the provider's own children, has ever been convicted of a felony, misdemeanor, or had a supported finding from DHHS or a substantiated finding from a juvenile court of severe abuse or neglect of a child.
 - (ii) If a provider is aware of any such conviction or supported or substantiated finding, but is not certain it will result in a disqualification, CCL will obtain information from the provider to assess the threat to children.
 - (iii) If a provider knowingly makes false representations or material omissions to CCL regarding a covered individual's record, the provider will be responsible for repayment to the Department of CC paid by the Department.
 - (iv) If a provider signs an attestation, a disqualification based on a covered individual who no longer lives in the home can be cured under certain conditions.
- (4) ***A provider, caregiver who is 16 years old and older, or covered individual who is 18 years and older shall submit fingerprints under Sections R986-700-751 through R986-700-756 as requested.***
- (5) If CCL takes an action adverse to a covered individual based upon a background check, CCL will send a denial letter to the provider and the covered individual.
- (6) A background check must be submitted for each covered individual:
 - (a) before the date the person becomes a covered individual, unless:
 - (i) the person is turning 12 years old and resides in the facility where child care is being provided, in which case the background check form must be submitted and authorized within ten business days of the date the child turns 12 years old;
 - (ii) the person is currently employed by another child care provider within the State and has a current background check; or
 - (iii) the person has been separated from employment from another child care provider within the State for no more than 180 days and has a current background check; and
 - (b) on an annual basis.

- (7)
 - (i) A person may not begin work as a covered individual until the person has completed a fingerprint-based check and the results have been received.
 - (ii) After the fingerprint-based check has been completed but before full completion of the background check process, a covered individual must be supervised by a person who has fully completed and passed the background check process.
- (8) The Department may conduct background checks annually.