

## Department of Workforce Services (DWS) Family, Friend, & Neighbor (FFN) Approvals

### 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!

### Child Care Licensing Vision

Access to safe, healthy child care for Utah families.

### Child Care Licensing Mission

The mission of CCL is 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.

### Introduction to Child Care Licensing

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

The purpose of Child Care Licensing is to ensure a healthy and safe environment for the children in child care settings through regulation of both residential and center 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 noncompliance with requirements 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](https://childcarelicensing.utah.gov).

## Code of Ethics

CCL has adopted the [National Association for Regulatory Administration \(NARA\) Code of Ethics](#). 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.

## 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 (Immunization Training)
- 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 the 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.
- Ask for a government issued photo ID to confirm all covered individuals are eligible by having 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.
- 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 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 the 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.

## **Inspections**

Providers have required Announced and Unannounced Inspections during the year. They will also have Complaint Investigations when there are reports of alleged noncompliance with child care requirements. During these Inspections and Investigations, licensors assess compliance with requirements. When noncompliance is found and not corrected during the inspections and/or investigations, providers are given dates by which to show compliance. When providers don't show compliance by those dates, their approvals are deactivated.

### **Pre-Approval Inspections**

This inspection is conducted before a new approval is issued. At the Pre-Approval Inspection, an applicant for an approval must demonstrate that they are in compliance with all approval requirements.

### **Announced Inspections**

An Announced Inspection is conducted annually at each facility to ensure that all requirements are in compliance. This inspection is scheduled with the child care provider and usually takes place 30 to 90 days before the approval expiration date. The inspection process will proceed more quickly and smoothly if:

- Keys to locked areas of the home are readily available. Rooms and areas that are locked to make them inaccessible should not be unlocked until requested by the licensor.
- Required paperwork is completed, organized, and available for review.

### **Unannounced Inspections**

Each facility will receive an Unannounced Inspection annually. This inspection is not scheduled with the provider and takes place sometime during the approval year. Its purpose is for CCL to ensure that a child care provider is in compliance with requirements at all times a child is in care, even when an inspection is unexpected.

### **Follow-up Inspections**

Licensors conduct a Follow-up Inspection to verify that any noncompliance found in previous inspections are corrected. Follow-up Inspections are always unannounced.

### **Complaint Investigations**

In addition to the previously mentioned regular inspections, complaints with allegations of requirement noncompliance 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.

### **Focus Inspections**

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 noncompliance to the provider.
- Give the provider an opportunity to discuss each noncompliance and provide feedback.
- Decide, with the provider, on a correction date for each noncompliance. However, if any 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.
- Conduct an unannounced Follow-up Inspection to verify that all noncompliance were corrected.
- 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 noncompliance or a corrective action.

### **Noncompliance**

After Inspections/Investigations where noncompliance with requirements were found, the details, the date by which the requirement was or must be in compliance, and the level of risk are documented. The level of risk is the level of potential harm to children. High Risk is the most serious, Moderate Risk is less serious, and Low Risk is the least serious.

The level of risk also determines the Corrective Action. A Citation has a higher potential of harm to children than a Warning. A Low Risk Noncompliance will receive a Warning the first and second time it

occurs and a Citation on the third time it occurs. A Moderate Risk Noncompliance will receive a Warning the first time it occurs, a Citation the second time it occurs, and a Repeat Citation the third time it occurs. A High Risk Noncompliance will receive a Citation the first time it occurs and a Repeat Citation the second and third time it occurs.

### **Child Care Provider Bill of Rights**

Child Care Licensing staff developed a [Child Care Provider Bill of Rights](#) which lists some of the rights of child care providers.

### **Purpose and Use of the Interpretation Manual**

This manual is for providers and Child Care Licensing staff. Its purpose is to help ensure statewide consistency in the understanding and enforcement of the DWS FFN Approval Requirements. Each section of requirements has the:

**Requirement** – the text of each requirement

**Rationale / Explanation** – the reason for and, when applicable, additional information about the requirement

**Compliance Guideline(s)** - how compliance can be achieved and maintained

**Noncompliance Risk(s)** – the level(s) of potential harm to children due to a noncompliance

Information in the Rationale / Explanation section has references to “CFOC.” This stands for *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs*. This book has standards generally accepted as the best practices to ensure the health and safety of children in child care.

### **dwsffn-1 Purpose**

- (1) These requirements define the procedures for obtaining and renewing a DWS FFN Approval.**
- (2) These requirements establish the foundational standards necessary to protect the health and safety of children in DWS FFN Approved homes.**

### **dwsffn-2 Definitions**

- (1) "CCL" means the Child Care Licensing Program.**
- (2) "Children in Care" are those children for whom the provider receives direct or indirect compensation for their care and all other children younger than 13 years old who are in the home when care is provided.**
- (3) "Covered Individual" means:**
  - (a) When care is being provided in the home of the provider: Everyone 12 years old and older who lives (stays continuously for 2 weeks or longer) in the same home as the provider.**
  - (b) When care is being provided in the home of the child(ren) in care: Everyone 12 years old and older who lives (stays continuously for 2 weeks or longer) in the same home as the child(ren) in care, except the parents or guardians with DWS child care assistance and siblings younger than 18 years old.**
- (4) "Eligible" means there were no findings in a Covered Individual's CCL background check that could prohibit that Covered Individual from being involved with child care.**
- (5) "Emotional abuse" means behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, profane language, and inappropriate physical restraint.**
- (6) "Facility" means the indoor and outdoor areas approved for child care.**
- (7) "Health care provider" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.**
- (8) "Inaccessible" means:**
  - (a) locked, such as in a locked room, cupboard, or drawer;**
  - (b) secured with a child safety device, such as a child safety cupboard lock or door knob device;**
  - (c) behind a properly secured child safety gate;**
  - (d) located in a cupboard or on a shelf at least 36 inches above the floor; or**
  - (e) located in a bathroom cupboard or on a bathroom shelf at least 36 inches above a surface on which a child could stand or climb.**
- (9) "Infant" means a child's birth through 11 months.**
- (10) "Living in the same home" means the person:**
  - (a) shares any of the following with the provider:**
    - (i) a kitchen**

- (ii) a bathroom
- (iii) a living area (the living room and/or bedroom)
- (iv) an entrance

The person shares the entrance when, for example, they must walk through the living room to access the stairs to their basement apartment.

The person has a separate entrance when, for example, they use a common door from the outside but can access the stairs to their basement apartment without going through any area of the main home and there is not an interior doorway (inside the home) between the living areas.

- (v) an address – the person does not have a separate residential/physical address recognized by the post office (a PO Box is not a separate mailing address; or
- (b) lives in a separate structure with running water and electricity that is on the same property as the provider (such as an apartment over the garage or a camper in the yard) but shares the kitchen and/or bathroom with the provider.

(11) “Parent” means the parent or legal guardian of a child in care.

(12) “Provider” means the person approved to provide child care.

Related children” mean the children for whom the provider is the parent, legal guardian, stepparent, grandparent, step grandparent, great grandparent, sibling, half sibling, step sibling, aunt, step aunt, great aunt, uncle, step uncle, or great uncle.

(13) “School age” means between 5 years old and 12 years old.

(14) “Sexual abuse” means abuse as described in Utah Code, Section 76-5-404-1.

(15) “Stationary play equipment” means equipment such as a climber, slide, swing, merry-go-round, or spring rocker, which is meant to stay in one location when in use.

### dwsffn-3 Approval Details

- (1) DWS FFN Approvals are required for providers to be eligible to receive child care subsidy payments from DWS.
- (2) DWS FFN Approvals are active for one year.
- (3) DWS FFN Approvals are for the provider and the location and are not assignable or transferable. An application for a DWS FFN Approval is required for a different provider and for a different location.
- (4) DWS FFN Approvals will only be given for child care in the home of the provider or in the home of the child(ren) in care.
- (5) DWS FFN Approvals will not be given if there is an active DWS FFN Approval, Child Care License, or Child Care Certificate at the same location.
- (6) DWS FFN Approvals will not be given if there is a foster care license at the same location.
- (7) A DWS FFN Approval is not a guarantee of payment from DWS. The DWS customer applying for child care assistance must be eligible and comply with the DWS eligibility processes. The DWS customer has specific application, review, and reporting time frames that may be different from the DWS FFN Approval process. Late verifications may result in a loss of

benefits and/or require the DWS customer to complete a new child care assistance application. The DWS customer is responsible for any costs not covered by DWS.

#### **dwsffn-4 New and Renewal Approvals**

- (1) To receive a new DWS FFN Child Care Approval, the applicant must do all of the following:**
  - (a) Read the requirements.**
  - (b) Submit the following to the Utah Department of Health Child Care Licensing Program:**
    - (i) a completed DWS FFN Approval Application,**
    - (ii) a completed Background Check form for each Covered Individual, and**
    - (iii) fingerprints and the fingerprint processing fee for each Covered Individual 18 years old and older.**
  - (c) Complete New Provider Training.**
  - (d) Ensure all Covered Individuals are eligible.**
  - (e) Have a home inspection and be in compliance with the requirements.**
  - (f) Show documentation of their lawful presence in the United States.**
  - (g) Submit a W-9 form through their Child Care Licensing Portal.**
- (2) A DWS FFN Approval application will be denied when:**
  - (a) The provider does not complete the CCL background check process within 60 calendar days of submitting the application;**
  - (b) The provider does not complete New Provider Training within 60 calendar days of submitting the application;**
  - (c) Covered Individuals are not eligible.**
  - (d) The provider is not lawfully in the United States;**
  - (e) The provider is not there for the home inspection; and/or**
  - (f) The provider does not show compliance with the requirements within 60 calendar days of submitting the application.**
- (3) To renew a DWS FFN Approval, the provider must:**
  - (a) Submit a Request Renewal through their CCL Portal at least 30 calendar days before the expiration of their current approval, and**
  - (b) Have an announced home inspection and be in compliance with all requirements before the end date of the approval.**

#### **dwsffn-5 Inspections**

- (1) Before a new approval is issued, the provider will have an announced home inspection to assess compliance with all requirements. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). The application will be denied when:**
  - (a) The provider is not there for the home inspection.**
  - (b) The provider does not show compliance with the requirement(s) by the required date.**

- (2) During the approval year, the provider will have an unannounced inspection to assess compliance with all requirements. Before this inspection, the provider will be contacted and asked the days and times they are providing child care. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). The approval will be deactivated when:
  - (a) The provider does not contact the licensor with the days and times they are providing child care.
  - (b) The provider is not there for the inspection. (Several attempts will be made to complete the inspection.)
  - (c) The provider does not show compliance with the requirement(s) by the required date.
- (3) Before the expiration date of the approval, the provider will have an announced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). The approval will be deactivated when:
  - (a) The provider is not there for the inspection.
  - (b) The provider does not show compliance with the requirement(s) by the required date.
- (4) When there are concerns with compliance, the provider will have an unannounced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). When the provider does not show compliance with requirements by the required date, the approval will be deactivated.
- (5) Providers can request a review of any action taken by the Child Care Licensing staff by submitting the request through the Child Care Licensing Portal.

#### dwsffn-6 Administration and Children's Records

##### **Requirement**

- (1) The provider must take all reasonable measures to protect the safety of the children in care and must not engage in or allow conduct that unreasonably endangers the children in care or is adverse to the health, morals, welfare, and safety of children in care.

##### **Rationale / Explanation**

Providers 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*

##### **Noncompliance Risk**

The Noncompliance Risk will be determined on a case-by-case basis and depend on the severity of the noncompliance.

### **Requirement**

- (2) The provider must maintain the home, outdoor play area, toys, and equipment in a safe manner to prevent injury to children in care. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants.**

### **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 Guideline(s)**

To ensure there are no hazards that could cause injury to the children, providers are to do regular checks of and have a regular maintenance schedule for all areas of the home and outdoor area that are used by children.

Providers are to read the labels and follow the instructions for the storage and disposal of hazardous materials and bio-contaminants.

### **Noncompliance Risk**

The Noncompliance Risk will be determined on a case-by-case basis and depend on the severity of the noncompliance.

### **Requirement**

- (3) The provider must ensure parents have access to all areas of the home used for care.**

### **Rationale / Explanation**

Allowing parents unrestricted access to their children and all areas of the home that are used for child care is one of the most important methods of preventing abuse and maltreatment of children in care. When access is restricted, areas observable by parents may not reflect the care that children actually receive. *CFOC 4<sup>th</sup> ed. Standard 2.3.1.2. p.78; Standard 9.4.1.6. pp.380-381*

### **Compliance Guideline(s)**

This does not mean providers cannot lock their doors. It means providers must open their doors in a timely manner and allow parents to enter any part of the home or outdoor areas that is used for child care.

### **Noncompliance Risk**

Moderate

**Requirement**

**(4) When caring for children with special needs, the provider must make any necessary accommodations to meet their needs.**

**Rationale / Explanation**

Providers may have to make structural changes or have specialized training to care for children with special needs.

**Compliance Guideline(s)**

Providers must get instructions from the parents as to what, if any, accommodations will be needed to properly care for their child(ren).

**Noncompliance Risk**

High

**Requirement**

**(5) The provider must ensure each child in care has current immunizations.**

**Rationale / Explanation**

Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Immunization is particularly important for children in child care because preschool-aged children have the highest age-specific incidence or are at high risk of complications from many vaccine-preventable diseases. *CFOC 4th ed. Standards 7.2.0.1, 7.2.0.2 p.p. 317-318*

**Noncompliance Risk**

Moderate

**Requirement**

**(6) The provider must have documentation of current immunizations for each child in care who does not attend school (children who are homeless or in foster care may have a 90 day exemption) and have the documentation available for review by Child Care Licensing staff.**

**Rationale / Explanation**

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

**Compliance Guideline(s)**

Providers can have hard-copy or electronic documentation available for review.

According to Immunization Rule R396-100, providers must document children's immunizations by:

- Using the official Utah School Immunization Record (USIR or pink form);
- Accepting any immunization record provided by a licensed physician, registered nurse, or public health official and transferring the information to the USIR (pink form); or
- Keeping immunization records in the Utah Statewide Immunization Information System (USIIS).

If a child is exempt from being immunized, the provider must keep a copy of the child's official immunization exemption form (attached to the Utah School Immunization Record) and other required exemption documents in the child's file.

Parents must use an official immunization exemption form to exclude their child from being immunized and present the form to the child care provider. An exemption form can be obtained by completing an online education module (free of charge) and then printing the vaccination exemption form. It can also be obtained through an in-person consultation at the local health department (a fee may apply) where it will be signed.

For a medical exemption from vaccination, the child's parent must give the child care provider the completed immunization exemption form as well as a note signed by a licensed healthcare professional. The note must state that due to the physical condition of the child, administration of the vaccine would endanger the child's life or health. For an exemption from vaccination due to a child's immunity to a disease (the child previously had the disease), the parent must submit a document signed by a healthcare provider to the child care provider as proof of immunity.

The McKinney-Vento Act allows 90 days from enrollment for families who are experiencing homelessness to provide the required immunization records. A written statement that the family is homeless is adequate documentation for this 90-day exemption. More information may be found at:

[https://careaboutchildcare.utah.gov/pub/OCC\\_Homeless\\_Child.pdf](https://careaboutchildcare.utah.gov/pub/OCC_Homeless_Child.pdf)

### **Noncompliance Risk**

Low

### **Requirement**

**(7) Within 10 calendar days of the change, the provider must notify Child Care Licensing staff of changes in any of the following:**

- (a) their name;**
- (b) their telephone number or email address;**
- (c) their child care schedule;**
- (d) the number of children of DWS customers in care; and/or**
- (e) the DWS customer(s) whose child(ren) are in care and their DWS case number(s).**

### **Rationale / Explanation**

Parents and Child Care Licensing staff must be able to communicate with staff at the program. CCL must ensure the number of children in care does not exceed the number allowed for exempt care.

### **Noncompliance Risk**

Moderate

## dwsffn-7 Personnel and Training

### **Requirement**

- (1) The provider must:**  
**(a) be at least 18 years old.**

### **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 providers. *CFOC 4th ed.*

*Standard 1.3.2.3 p.p. 14*

### **Noncompliance Risk**

High

### **Requirement**

- (1) The provider must:**  
**(b) have knowledge of and comply with all applicable federal, state, and local laws and rules, including fire requirements.**

### **Rationale / Explanation**

There are many laws and regulations that apply to the out-of-home care and education of children. For example, local laws may regulate the number of children allowed in care, and state laws may regulate food sanitation, child immunizations, and fire safety. *CFOC 4th ed. Introduction. p. xviii*

### **Compliance Guideline(s)**

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.

### **Noncompliance Risk**

The Noncompliance Risk depends on the law or rule found out of compliance.

### **Requirement**

- (2) The provider can only live in the same home as the child(ren) in care for payment when one or more of the children have special needs. When care is in the home of the provider, the parent of the child(ren) in care for payment cannot live in that home.**

### **Rationale / Explanation**

This is part of the DWS eligibility requirements.

### **Noncompliance Risk**

High

**Requirement**

- (3) The provider cannot be a sibling who lives in the same home as the children in care for payment.

**Rationale / Explanation**

This is part of the DWS eligibility requirements.

**Noncompliance Risk**

High

**Requirement**

- (4) The provider cannot be a parent, specified relative or legal guardian of the children in care for payment. This includes a divorced spouse, a step-parent, a former step-parent, a spouse of a specified relative, and a spouse of a legal guardian.

**Rationale / Explanation**

This is part of the DWS eligibility requirements.

**Noncompliance Risk**

High

**Requirement**

- (5) The provider cannot provide care when there is a parent of the child(ren) in the home, including when a DWS customer works from home.

**Rationale / Explanation**

This is part of the DWS eligibility requirements.

**Noncompliance Risk**

High

**Requirement**

- (6) At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:
- (a) disaster preparedness, response, and recovery;
  - (b) pediatric first aid and CPR;
  - (c) children with special needs;
  - (d) safe handling and disposal of hazardous materials;
  - (e) the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
  - (f) principles of child growth and development, including brain development;
  - (g) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;

- (h) prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;**
- (i) recognizing the signs of homelessness and available assistance;**
- (j) a review of the Emergency Preparedness, Response, and Recovery Plan; and**
- (k) a review of the DWS FFN Approval Requirements.**

### **Rationale / Explanation**

Because of the nature of their caregiving/teaching tasks, providers 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 Guideline(s)**

The following trainings and classes do not count towards training hours:

- self-help classes such as anger or stress management
- time spent doing yoga or meditating
- guidance from CCL staff
- ESL and other language classes
- craft classes, such as origami, scrapbooking, sewing
- 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
- DWS policy-related webinars

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
- child care business practices

### **Noncompliance Risk**

Moderate

### **Requirement**

- (7) The provider must document the completion of ongoing training and ensure the documentation is available for review by Child Care Licensing staff and includes at least the following:**
- (a) the date of the training;**
  - (b) the training topic; and**
  - (c) the length of the training.**

### **Rationale / Explanation**

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

### **Compliance Guideline(s)**

Providers can have hard-copy or electronic documentation available for review.

### **Noncompliance Risk**

Low

## **dwsffn-8 Background Checks**

### **General Information**

Working days refers to the days the Child Care Licensing Program is open for business. Ten working days is 14 calendar days for weeks with no federal holidays and 15 calendar days for weeks with federal holidays.

Whether 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 a national sex offender registry.*

### **Requirement**

- (1) The provider must ensure all Covered Individuals are eligible and associated with their facility. The provider must submit background check forms, required fingerprints, and required fees for new Covered Individuals.**

### **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 Guideline(s)**

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized,

- required fingerprints and fees are submitted, and
- each Covered Individual has a government-issued photo IDs (or a copy of the ID) available for review.

### **Noncompliance Risk**

High

### **Requirement**

**(2) Before new Covered Individuals move into the home, the provider must ensure they are eligible.**

### **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 Guideline(s)**

When Covered Individuals leave the state for more than 90 calendar days the provider must, when they return home, submit a new form with fingerprints for those individuals.

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized, and
- required fingerprints and fees are submitted.

### **Noncompliance Risk**

High

### **Requirement**

**(3) Before new Covered Individuals staying in the home for more than 2 weeks arrive at the home, the provider must ensure they are eligible.**

### **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 Guideline(s)**

This includes children who are college students who live at college but stay in the home for more than 2 weeks when they are not at college.

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized, and
- required fingerprints and fees are submitted.

### Noncompliance Risk

High

#### Requirement

- (4) The provider must submit Background Check forms for children who live in the home where care is provided when the children turn 12 years old. These forms must be submitted within 10 working days of the children's 12<sup>th</sup> birthday.**

#### 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 Guideline(s)

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal, and
- background check forms are authorized.

#### Noncompliance Risks

High when the form was not submitted

Moderate when the form was submitted but not within 10 working days

#### Requirement

- (5) The provider must submit another Background Check form, fingerprints, and the fingerprint processing fee when a child who lives in the home where care is provided turns 18 years old. These must be submitted within 10 working days of their 18<sup>th</sup> birthday.**

#### 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 Guideline(s)

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized, and
- required fingerprints and fees are submitted.

#### Noncompliance Risk

Moderate

**Requirement**

**(6) The provider must ensure individuals who are not eligible are not on the premises of the home where care is provided.**

**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*

**Noncompliance Risk**

High

**Requirement**

**(7) Within 48 hours of becoming aware of the conviction, the provider must notify Child Care Licensing Staff of any felony or misdemeanor conviction of a Covered Individual.**

**Rationale / Explanation**

Individuals who are not eligible must not have unsupervised access to children in care.

**Noncompliance Risks**

High when CCL was not notified

Moderate when CCL was notified but not within 48 hours

**dwsffn-9 Facility**

**General Information**

The physical structure where children spend each day can present health and safety concerns if it is not kept clean and maintained in good repair and in a safe condition.

Children benefit from being outside and it is important for them to have a safe play area in good repair.

Inaccessible means not:

- on the floor OR
- on a shelf that is at least 36 inches from the floor OR
- in an unlocked cupboard or drawer that is at least 36 inches from the floor OR
- in a bathroom cupboard or on a bathroom shelf that is at least 36 inches or less from a surface on which a child could stand.

Unanchored swings and unanchored slides must be surrounded by a barrier that is at least 48 inches high to be inaccessible to children in care.

**Requirement**

- (1) The provider must have a flushing toilet and a working hand washing sink accessible to non-diapered children in care.**

**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 Guideline(s)**

The following are not acceptable toilets or sinks:

- indoor and outdoor portable toilets, such as chemical toilets, composting toilets, and bucket toilets
- portable sinks with no water in them

**Noncompliance Risk**

Moderate

**Requirement**

- (2) The provider must have a working telephone.**

**Rationale / Explanation**

Providers must have 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 Guideline(s)**

Cell phones must be with providers at all times, including during transport and on off-site activities.

**Noncompliance Risk**

Moderate

**Requirement**

- (3) The provider must have a working fire extinguisher.**

**Rationale / Explanation**

The provider should be able to put out small fires in the home before they cause serious damage.

**Compliance Guideline(s)**

Any size fire extinguisher is acceptable. Gauges on fire extinguishers must be in the green zone.

Providers are considered in compliance with this requirement when they live in an apartment building with a fire extinguisher in the building.

**Noncompliance Risk**

Moderate

**Requirement**

- (4) The provider must have a working smoke detector on each floor of the home.**

**Rationale / Explanation**

The provider needs to be alerted of a possible fire in the home to take the steps necessary for the safety of the children.

**Noncompliance Risk**

Moderate

**Requirement**

- (5) The provider must ensure accessible raised decks or balconies that are 5 feet or higher and open stairwells that are 5 feet or deeper have protective barriers that are at least 3 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 Guideline(s)**

When there is a lip on the edge of the stairwell, measure the depth from the top of the lip down to the bottom of the stairs.

Barriers need to be at least 3 feet high (measured from the surface from which a person could fall).

**Noncompliance Risk**

High

**Requirement**

- (6) When there is an outdoor area used by children in care, the provider must ensure unanchored swings and large metal slides are inaccessible to children in care.**

**Rationale / Explanation**

All pieces of stationary play equipment should be installed as directed by the manufacturer's instructions, and meet ASTM and CPSC standards. The equipment should be able to withstand maximum active use that might cause it to overturn, tip, slide, or move in any way. *CFOC 4th ed. Standard 6.2.1.4. p.290*

**Compliance Guideline(s)**

Shake the swings and/or slides to see if they are anchored. The equipment is not anchored when a post or side of the equipment comes off or out of the ground.

**Noncompliance Risk**

High

**Requirement**

- (7) When there is an outdoor area used by children in care, the provider must ensure motor vehicles on blocks are inaccessible to children in care.**

### **Rationale / Explanation**

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. *CFOC, 4th ed. p.259 Standard 5.7.0.1*

### **Noncompliance Risk**

High

### **Requirement**

- (8) When there is an outdoor area used by children in care, the provider must ensure rebar or metal rods less than 36 inches long sticking up from the ground or out of walls are inaccessible to children in care.**

### **Rationale / Explanation**

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. *CFOC, 4th ed. p.259 Standard 5.7.0.1*

### **Noncompliance Risk**

High

## **dwsffn-10 Ratios and Group Size**

### **General Information**

Children in care are all children younger than 13 years old, including the provider's children and any children who are in the home when care is provided.

### **Requirement**

- (1) When care is in the home of the provider:**
- (a) When the children in care are all siblings who are related to the provider and there are no other children in care, there is no limit to the number of children in care.**
  - (b) When there are children in care who are not siblings who are related to the provider, the provider must ensure there are no more than 8 children in care and no more than 2 of those children are younger than 2 years old. When there are more than 6 children in care who are not related to the provider, the provider must (by statute) have a Child Care Family License or Residential Certificate.**

### **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*

**Compliance Guideline(s)**

Step-siblings and half-siblings are considered siblings.

**Noncompliance Risk**

High

**Requirement**

- (2) When care is in the home of the child(ren) in care, only the child(ren) living in the home can be in care, and:**
- (a) When the children in care are all siblings and there are no other children in care, there is no limit to the number of children in care.**
  - (b) When there are children in care who are not siblings, the provider must ensure there are no more than 8 children in care and no more than 2 of those children are younger than 2 years old.**

**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*

**Compliance Guideline(s)**

Step-siblings and half-siblings are considered siblings.

**Noncompliance Risk**

High

**dwsffn-11 Child Supervision and Security**

**Requirement**

- (1) The provider, not other individuals in the home or outdoor area, must be awake, physically onsite, and actively supervising children in care at all times. Actively supervising children in care means being inside the home when children in care are inside the home, being outside when children in care younger than 5 years old are outside, knowing the number of children in care at all times, and focusing on the children and not on personal interests.**

**Rationale / Explanation**

Providers 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. A child's risk-taking behavior must be detected and illness, fear, or other stressful behaviors must be noticed and

managed. 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. 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 provider to begin a search before the child gets too far, into trouble, or slips into an unobserved location. Providers should do the counts before the group leaves an area and when the group enters a new area. *CFOC 4th ed. Standard 2.2.0.1 p.p. 69*

### **Compliance Guideline(s)**

Actively supervising children requires that the provider:

- knows where each child is at all times.
- visually checks (in person) on all awake and sleeping children who are not within the provider's sight at least every 15 minutes. (The use of video and audio monitoring or mirrors does not replace personally checking on children.)
- is within hearing distance when school-age children are playing outdoors.
- maintains awareness of the entire group of children even when interacting with small groups or individual children.
- is primarily focused on the children even when performing a personal task (such as visiting with another adult, talking on the phone, text messaging, reading, lesson planning, taking a bathroom break, or performing other tasks unrelated to child care).

The requirement is out of compliance, if a personal task, such as texting or talking on a cell phone, interferes with a provider's active supervision of the children.

When supervising the children, the provider may not engage in the following types of activities:

- napping, including when the children are napping
- taking a shower or bath
- leaving the home to pick up the mail or for other reasons unrelated to child care
- performing the tasks of a secondary business (a tax business, a beauty salon, a shop, etc.)

When the children are indoors, the provider may briefly (5 minutes or less) go outside to perform a legitimate child care task. Legitimate child care tasks include:

- taking trash to the outdoors garbage bin
- conducting a quick observation to prevent hazards before children use the outdoor play area
- emptying or filling up a wading pool after or before use
- situating non-stationary play equipment before children use it

When children are outdoors:

- The provider must be outdoors and positioned in a place where they are able to see each child.
- When children younger than 5 years old are in the outdoor area, the provider may leave them outside and go inside for only two reasons:
  - to help a child use the bathroom if needed, and
  - to administer first aid to an injured child.

Leaving the children unsupervised for one of these reasons is allowed only when:

- The provider takes the children who are younger than 2 years old inside with them; and

- The children are not left outside for longer than 5 minutes.

The provider is out of compliance when children younger than 5 years old are left unsupervised outside while the provider answers the door (even for licensing staff).

Children age three or older may be sent indoors, one at a time and without the provider, to use the bathroom.

### **Noncompliance Risk**

High

### **Requirement**

**(2) The provider, not other individuals in the home or outdoor area, must supervise sleeping infants by:**

- (a) having the infants sleep in a location where they are within sight and hearing of the provider or**
- (b) an in-person observation of the sleeping infants at least once every 15 minutes.**

### **Rationale / Explanation**

Generally, infants do not require a dark and quiet place for sleep, and are able to sleep in places with light and noise. Placing infants within the sight and hearing of the provider is best practice in monitoring sleeping infants, and allows for a safer and faster evacuation in case of an emergency. If the provider cannot remain in the same room with sleeping infants, then they must do visual checks every fifteen minutes. The provider must be able to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing. *CFOC 4th ed. Standard 1.1.1.1. p.3; Standard 3.1.4.1. pp.96-98*

Because infants are at increased risk for dying from SIDS while in child care and because providers are liable for their actions, they must err on the side of caution and must provide the safest sleep environment for the infants in their care. *CFOC 4th ed. Standard 3.1.4.1. p.97*

### **Compliance Guideline(s)**

When checking on a sleeping infant, the provider must:

- ensure the infant is breathing.
- remove and/or correct any potential hazards to ensure the child's safety, such as adjusting a blanket from covering an infant's head.

The provider may use an enclosed porta-crib if the porta-crib window and top remain open so that the child can be visually checked on.

### **Noncompliance Risk**

High

### **Requirement**

- (3) When a wading pool is used by children in care, the provider, not other individuals in the home or outdoor area, must be at the pool supervising the children in care whenever there is water in the pool.**

### **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. During any swimming/ wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. 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*

Providers should check with their local health departments before allowing children to use wading pools.

### **Compliance Guideline(s)**

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.

### **Noncompliance Risk**

High

### **Requirement**

- (4) When there is a swimming pool that is not emptied after each use on the premises, the provider, not other individuals in the home or outdoor area, must be at the pool supervising children in care whenever they are using the pool or have access to the pool.**

### **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. During any swimming/ wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. 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*

### **Compliance Guideline(s)**

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.

### **Noncompliance Risk**

High

### **Requirement**

- (5) When there is a trampoline on the premises, the provider, not other individuals in the home or outdoor area, must be next to the trampoline supervising the children in care whenever the children in care are on the trampoline.**

### **Rationale / Explanation**

Trampolines pose serious safety hazards. The CPSC estimates that in 2014 there were 104,694 injuries associated with trampolines that were treated in hospital emergency rooms. They are also aware of a total of 22 deaths between 2000 and 2009. The hazards that result in injuries and deaths include:

- falling or jumping off the trampoline.
- falling on the trampoline springs or frame.
- colliding with another person on the trampoline.
- landing improperly while jumping or doing stunts on the trampoline.

The American Society for Testing and Materials (ASTM), which conducts product safety testing, has issued the following warnings for trampoline use:

- Do not attempt or allow somersaults on the trampoline. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the bed. *ASTM F 381, 7.5.1.1*
- Do not allow more than one person on the trampoline. Use by more than one person at the same time can result in serious injury. *ASTM F 381, 7.5.1.2*
- Allow trampoline use only with mature, knowledgeable supervision. *ASTM F 381, 7.5.1.3*
- Trampolines over 20 inches tall are not recommended for use by children under 6 years of age. *ASTM F 381, 7.5.1.4*
- Inspect the trampoline before each use. Make sure the frame padding is correctly and securely positioned. Replace any worn, defective, or missing parts. *ASTM F 381, 7.5.1.5*

### **Compliance Guideline(s)**

This includes above-ground trampolines and built into the ground trampolines.

Supervising at a trampoline means the provider is standing close enough to be able to reach out and touch the trampoline.

### **Noncompliance Risk**

High

### **Requirement**

- (6) To maintain the security and supervision of the children in care, the provider must ensure that each child in care is signed in and signed out each day. The provider must ensure those attendance records are kept for at least three years and are available for review by Child Care Licensing staff.**

### **Rationale / Explanation**

The provider 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*

**Compliance Guideline(s)**

Providers can have hard-copy or electronic records available for review.

**Noncompliance Risk**

Moderate when there is no documentation

Low when there is documentation but it is not available for review

**dwsffn-12 Child Guidance and Interaction**

**General Information**

Suspected child abuse or neglect is to be reported to the Division of Child and Family Services (DCFS) Hotline 1-855-323-3237.

**Requirement**

- (1) The provider must ensure children in care are not subjected to physical, emotional, or sexual abuse while in care.**

**Rationale / Explanation**

Serious physical abuse sometimes occurs when the provider is under high stress. Too much stress can not only affect the provider's health, but also the quality of the care that the adult is able to give. A provider who is feeling too much stress may not be able to offer the praise, nurturing, and direction that children need for good development. *CFOC 4th ed. Standard 1.7.0.5 p.p. 45*

The physical layout of homes 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. Maltreatment tends to occur in privacy and isolation, and especially in toileting areas. *CFOC 4th ed. Standard 3.4.4.5 p.p. 135*

**Noncompliance Risk**

High

**Requirement**

- (2) The provider must follow the reporting requirements for the witnessing or suspicion of abuse, neglect, and exploitation found in Section 62A-4a-403 and 62A of the Utah Code.**

**Rationale / Explanation**

The provider 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:

- <https://pcautah.org/> (Prevent Child Abuse Utah)
- <https://preventchildabuse.org/> (Prevent Child Abuse America)

**Compliance Guideline(s)**

A person only needs to have reason to believe abuse has occurred. If witnessed or suspected, it should be directly reported to the Division of Child and Family Services (DCFS) hotline at 1-855-323-3237 or law enforcement.

**Noncompliance Risk**

High

**Requirement**

- (3) The provider must not do any of the following to children in care:**
- (a) use any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching.**

**Rationale / Explanation**

Providers must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by any individual should be prohibited. *CFOC 4th ed. Standard 2.2.0.9 p.p. 78*

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.

**Compliance Guideline(s)**

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

**Noncompliance Risk**

High

**Requirement**

- (3) The provider must not do any of the following to children in care:**
- (b) restrain their movement by binding, tying, or other form of restraint.**

**Rationale / Explanation**

Providers must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by any individual should be prohibited. *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*

**Compliance Guideline(s)**

Placing a child in a harness or leash is considered restraining a child's movements.

Swaddling a child will not be considered restraining a child's movement.

Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, is not considered restraining a child's movement.

**Noncompliance Risk**

High

**Requirement**

- (3) The provider must not do any of the following to children in care:**  
**(c) shout at them.**

**Rationale / Explanation**

Providers must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by any individual should be prohibited. *CFOC 4th ed. Standard 2.2.0.9 p.p. 78*

**Compliance Guideline(s)**

The provider can shout to a child in an emergency situation where there is a danger of imminent serious physical harm, such as to prevent a child from running into the street.

**Noncompliance Risk**

High

**Requirement**

- (3) The provider must not do any of the following to children in care:**  
**(d) inflict any form of emotional abuse.**

**Rationale / Explanation**

Providers must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by any individual should be prohibited. *CFOC 4th ed. Standard 2.2.0.9 p.p. 78*

**Compliance Guideline(s)**

A provider's use of profanity in the presence of children is considered emotional abuse.

Using humiliation, such as putting an older child in a highchair or crib to make the child look like a "baby", is considered emotional abuse.

Isolating children who are in emotional distress behind a gate or door away from the provider and the rest of the children is considered emotional abuse.

**Noncompliance Risk**

High

**Requirement**

- (3) The provider must not do any of the following to children in care:**  
**(e) force or withhold food, rest, or toileting.**

### **Rationale / Explanation**

Providers must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by any individual should be prohibited. *CFOC 4th ed. Standard 2.2.0.9 p.p. 78*

### **Compliance Guideline(s)**

Not offering dessert to children who do not finish their food is not considered withholding food.

### **Noncompliance Risk**

High

### **Requirement**

- (3) The provider must not do any of the following to children in care:**
- (f) confine them in a closet, locked room, or other enclosure such as a box, cupboard, or cage.**

### **Rationale / Explanation**

Providers must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by any individual should be prohibited. *CFOC 4th ed. Standard 2.2.0.9 p.p. 78*

### **Compliance Guideline(s)**

A child may not be put in an enclosure for time out purposes. This is considered confining a child.

### **Noncompliance Risk**

High

## **dwsffn-13 Child Safety and Injury Prevention**

### **Requirement**

- (1) When there are firearms on the premises, the provider must ensure the firearms are not loaded and are in a cabinet, safe, or area that is locked with a key, combination, or fingerprint lock, unless otherwise allowed by law.**

### **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 the home. 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)*

### **Compliance Guideline(s)**

Firearms must be stored unloaded. When the area is locked, ammunition may be stored in the same area as the firearm.

When a gun that cannot be fired is used as decoration and is not in a locked cabinet, safe, or area, the provider needs documentation from a gunsmith that the gun cannot be fired.

A trigger lock or a lock that is controlled by swiping an app, is not a substitute for a key, combination, or fingerprint lock.

When a firearm is stored in a vehicle that is not used to transport children, the vehicle must be locked. When 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.

**Noncompliance Risk(s)**

Moderate when a firearm with a trigger lock is accessible  
High otherwise

**Requirement**

- (2) The provider must ensure empty refrigerators and freezers are inaccessible to children in care.**

**Rationale / Explanation**

Children can suffocate in empty refrigerators and freezers.

**Noncompliance Risk**

High

**Requirement**

- (3) The provider must ensure exposed live electrical wires are inaccessible to children in care.**

**Rationale / Explanation**

Preventing children from touching electrical wires or placing objects or fingers into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. The combination of electricity and mouth moisture closes the electrical circuit, and can lead to serious lifelong injuries. *CFOC 4th ed. Standard 5.2.4.2 p.p. 233*

**Compliance Guideline(s)**

Live electrical wires are those with exposed metal. They will be treated as if electrical current is running through them and will not be tested to determine compliance.

**Noncompliance Risk**

High

**Requirement**

- (4) The provider must ensure portable space heaters, fireplaces, and wood burning stoves, when in use, are inaccessible to children in care.**

**Rationale / Explanation**

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 Guideline(s)**

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 requirement applies to all types of fireplaces including electric, gas, and infrared.

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. (A baby gate makes a piece of heating equipment inaccessible when 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 the piece of heating equipment is safe for children to touch.

### **Noncompliance Risks**

High for accessible wood burning stoves or fireplaces

Moderate for accessible portable space heaters

### **Requirement**

**(5) The provider must ensure toxic substances are inaccessible to children in care.**

### **Rationale / Explanation**

There are more than 2 million poison exposures reported to poison control centers every year. Young children 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. Chemical products must be inaccessible to children. *CFOC 4th ed. Standard 5.2.9.1 p.p. 243* Children must be protected from exposure to toxic products including insecticides and pesticides. To prevent contamination and poisoning, providers must be sure that chemicals are used and applied by individuals who fully understand how to avoid risk to children. These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas. *CFOC 4th ed. Standard 5.2.8.1 p.p. 242*

Rubbing alcohol looks like water. Only small amounts are poisonous to children. It is also poisonous to adults, who sometimes substitute rubbing alcohol for drinking alcohol. Rubbing alcohol can also be toxic when inhaled. It should be used in a well-ventilated area. In addition, because it is flammable, it should always be kept away from open flame. (taken from [www.poison.org](http://www.poison.org))

### **Compliance Guideline(s)**

Toiletries (products used to clean and/or groom one's body, including hair dye) will not be considered chemicals or cleaners. This includes hand sanitizers, even those containing alcohol.

Aerosol cans that contain flammable substances must be inaccessible.

Nail polish remover, and contact lens cleaner solutions will be considered chemicals and have to be made inaccessible to children.

Dish soap and laundry detergent are cleaners and must be inaccessible to children.

Disinfecting wipes or another sanitizing solution that is accessible to a child on a changing table will not be considered out of compliance as long as it is inaccessible to all children who are not being changed. Gasoline and other similar products enclosed in a vehicle or equipment, such as a lawn mower, are not considered accessible.

Paint or another substance in a sealed can is 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.

### **Noncompliance Risk**

Moderate

### **Requirement**

**(6) The provider must ensure poisonous plants are inaccessible to children in care.**

### **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*

For an illustrated list of poisonous plants, refer to:

<https://www.poison.org/articles/plant#poisonousplants>

For a list of poisonous plants native to Utah, refer to the Utah Poison Control Center at

<https://poisoncontrol.utah.edu/plants/listNativePlants.html>

### **Compliance Guideline(s)**

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

### **Noncompliance Risk**

Moderate

### **Requirement**

**(7) The provider must ensure open flames are inaccessible to children in care.**

### **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*

### **Compliance Guideline(s)**

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 out of compliance.

**Noncompliance Risk**

High

**Requirement**

**(8) The provider must ensure open containers of alcohol are inaccessible to children in care.**

**Rationale / Explanation**

The age, defenselessness, and dependence upon the judgment of caregivers of the children under care make this prohibition an absolute requirement. *CFOC 4th ed. Standard 3.4.1.1 p.p. 127*

**Compliance Guideline(s)**

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

Open bottles of alcohol and alcohol that is being served or consumed is prohibited when a child is in care.

**Noncompliance Risk**

High

**Requirement**

**(9) The provider must ensure illegal substances are inaccessible to children in care.**

**Rationale / Explanation**

The age, defenselessness, and dependence upon the judgment of caregivers of the children under care make this prohibition an absolute requirement. *CFOC 4th ed. Standard 3.4.1.1 p.p. 127*

**Noncompliance Risk**

High

**Requirement**

**(10) The provider must ensure children in care are protected from unintended access to pools that are not emptied after each use.**

**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. *CFOC 4th ed. Standard 2.2.0.4 p.p. 71-72*

**Compliance Guideline(s)**

Pools can be fenced or barricaded to prevent access by children.

Providers must always have children in their sight when there is an accessible pool in the area.

**Noncompliance Risk**

High

**Requirement**

**(11) The provider must ensure children in care are protected from unintended access to hot tubs with water in them.**

**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. *CFOC 4th ed. Standard 2.2.0.4 p.p. 71-72*

**Compliance Guideline(s)**

This requirement only applies to tubs with water in them. However, it should be noted that empty tubs with unsafe or unlocked covers can also be dangerous since children can get trapped in them. Hot tubs can be locked, fenced, or barricaded to prevent access by children. Providers must always have children in their sight when there is an accessible hot tub in the area.

**Noncompliance Risk**

High

**Requirement**

**(12) The provider must ensure children in care are protected from unintended access to water hazards such as ponds, streams and fountains with more than 2 inches of water in them.**

**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. *CFOC 4th ed. Standard 2.2.0.4 p.p. 71-72*

**Compliance Guideline(s)**

Water hazards can be locked, fenced, or barricaded to prevent access by children. Providers must always have children in their sight when there is an accessible water hazard in the area.

**Noncompliance Risk**

High

**Requirement**

**(13) The provider must ensure children in care are protected from unintended access to vehicular traffic.**

**Rationale / Explanation**

Providers must take precautions to help prevent children from being hit by moving vehicles. Children can quickly dart into roads and/or across parking lots and drivers may not be able to stop their vehicle in time to avoid hitting them.

**Compliance Guideline(s)**

When possible, the outdoor area for the children should be fenced. Outdoor areas without fences should not face the street.

When walking on a sidewalk, on the side of a street, and/or through a parking lot, the provider should be able to see all children and hold the hands of younger children.

When having children cross streets, providers should use crosswalks and obey traffic light signals.

When parked on a street, providers should have children exit and enter vehicles using the doors that don't open into the street.

**Noncompliance Risk**

High

**dwsffn-14 Emergency Preparedness and Response**

**Requirement**

- (1) The provider must have current Red Cross, American Heart Association, or equivalent certification in pediatric First Aid CPR. The provider must ensure the CPR class includes hands-on testing.**

**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 Guideline(s)**

The expiration date on the First Aid card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old. Any First Aid certification is considered equivalent to the Red Cross or American Heart Association.

The expiration date on the CPR card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old. Current certification for RNs, LPNs, or First Responders will be accepted.

Due to differences in training courses, a CNA certificate is not an approved CPR certification.

Training that includes basic life support (BLS) meets this requirement. (The card or certificate may not have the words "infant and child" written on them.)

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

Because it does not have hands-on testing, certification from the National CPR Foundation will not be accepted.

**Noncompliance Risk**

Moderate

**Requirement**

- (2) The provider must have documentation of current First Aid and CPR certifications and have the documentation available for review by Child Care Licensing staff.**

**Rationale / Explanation**

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

**Compliance Guideline(s)**

Providers can have hard-copy or electronic documentation available for review.

**Noncompliance Risk**

Low

**Requirement**

- (3) The provider must have and follow, when needed, a written Emergency Preparedness, Response, and Recovery Plan that is reviewed annually and updated when needed. The provider must ensure the plan is available for review by Child Care Licensing staff and includes procedures for at least:**
- (a) shelter in place,**
  - (b) lockdown,**
  - (c) evacuation and relocation,**
  - (d) communication with parents and reunification of families,**
  - (e) continuity of operations, and**
  - (f) accommodating infants and toddlers, children with disabilities, and children with chronic medical conditions during emergencies.**

**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*

**Compliance Guidelines**

The plan has to include at least the procedures listed in the requirement and its contents are the responsibility of the provider.

**Noncompliance Risk**

Moderate

**Requirement**

**(4) The provider must conduct fire evacuation drills at least quarterly.**

**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. *CFOC 4th ed. Standard 9.2.4.5 p.p. 399-400*

**Compliance Guideline(s)**

A fire evacuation drill needs to be conducted some time during the quarter (the 3-month period) and drills do not need to be held exactly three months apart.

An evacuation due to an actual emergency situation may count as one of the quarterly fire drills as long as it is documented.

**Noncompliance Risk**

Moderate

**Requirement**

**(5) The provider must document the date and time of each fire evacuation drill and ensure the documentation is available for review by Child Care Licensing staff.**

**Rationale / Explanation**

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

**Compliance Guideline(s)**

Providers can have hard-copy or electronic documentation available for review.

**Noncompliance Risk**

Low

**Requirement**

**(6) The provider must conduct disaster (other than fire) drills at least yearly.**

**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. *CFOC 4th ed. Standard 9.2.4.5 p.p. 399-400*

**Compliance Guideline(s)**

Yearly means the drill must be conducted one time during the approval year.

An evacuation due to an actual emergency situation may count as one of the fire drills or the disaster drill as long as it is documented.

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.

### **Noncompliance Risk**

Moderate

#### **Requirement**

- (7) The provider must document the date and time of each disaster drill and ensure the documentation is available for review by Child Care Licensing staff.**

#### **Rationale / Explanation**

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

#### **Compliance Guideline(s)**

Providers can have hard-copy or electronic documentation available for review.

### **Noncompliance Risk**

Low

#### **Requirement**

- (8) In an unforeseen emergency and for up to 24 hours, the provider may use an emergency provider for the children in care. The emergency provider must be at least 18 years old and cannot have a felony or misdemeanor conviction or substantiated case of abuse or neglect.**

#### **Rationale / Explanation**

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

### **Noncompliance Risk**

Moderate

#### **Requirement**

- (9) In the case of a life threatening incident or injury or an incident or injury that poses a threat of the loss of vision, hearing, or a limb, the provider must contact emergency personnel immediately and before contacting the parent.**

#### **Rationale / Explanation**

A delay in contacting emergency personnel in the case of a life-threatening injury could result in permanent disability or death. This is the reason emergency personnel must be contacted before anyone else when a child has a potentially life-threatening or disabling injury. *CFOC 4th ed. Appendix P. p. 458*

### **Noncompliance Risk**

High

### **Requirement**

**(10) Within 24 hours of its occurrence, the provider must notify Child Care Licensing staff of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless the medical treatment was part of the child's medical treatment plan. The provider must submit documentation of the incident to Child Care Licensing staff within five working 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 occur due to negligence by the provider, 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 provider 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 Guideline(s)**

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). 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, faxing, 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 home, 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.

CCL notification is to be through the CCL Portal.

### **Noncompliance Risks**

High for not reporting a fatality

Low otherwise

## dwsffn-15 Health and Infection Control

### **Requirement**

**(1) The provider must ensure there is a clean and sanitary environment for the children in care.**

### **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*

### **Compliance Guideline(s)**

An unsanitary environment has a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow, not when there is a mess from an activity done that day.

### **Noncompliance Risks**

Moderate when there is:

- rotting food or a buildup of food on a surface
- a slippery spill on a floor
- mold growing
- a visible buildup of dirt, soil, grime, etc.
- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is a child with asthma or another known respiratory condition in care
- feces in an accessible indoor area

Low when there is:

- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is no child with asthma or another known respiratory condition in care
- flooring or a wall that is damaged and cannot be effectively cleaned

### **Requirement**

**(2) To prevent and control infectious diseases, the provider and children in care must wash their hands thoroughly with liquid soap and warm running water:**

- (a) upon arrival;**
- (b) before handling and/or preparing food;**
- (c) before serving and/or eating meals and snacks;**
- (d) after using the toilet;**
- (e) before administering and/or taking medication;**
- (f) after coming into contact with body fluids (blood, urine, feces, vomit, mucus, and saliva);**
- (g) after playing with or handling animals; and**
- (h) after cleaning and/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 providers in child care settings. Providers who 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 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 Guideline(s)**

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

- when coming in from outdoors
- when a snack is handed directly to a distressed child
- when the provider is in the bathroom supervising and does not touch any child or bathroom surface (When the provider has given any hands-on help, such as lifting a child on or off the toilet, or turning the water on or off, the provider must wash their hands.)

During evacuation drills, when the children go outside and go right back inside they are not required to wash their hands. When the children are allowed to play outside during and after the drills, they are required to wash their hands.

The provider is not required to wash an infant's hands after a bottle feeding or diaper change unless the infant's hands come in contact with a body fluid. When this is the case, the provider may clean the infant's hands with a baby wipe or soapy washcloth. When a soapy washcloth is used, the cloth must be washed after each use.

### **Noncompliance Risk**

Moderate

**dwsffn-16 Food and Nutrition**

**Requirement**

**(1) The provider must meet the nutritional needs of the children in care.**

**Rationale / Explanation**

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*

**Compliance Guideline(s)**

The provider should communicate with the parents and learn the eating habits of the children. The children should be fed healthy food and should be given meals and/or snacks at least every 4 hours.

**Noncompliance Risk**

High

**Requirement**

**(2) The provider must have parents inform them of any known food allergies of children in care.**

**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](http://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 Guideline(s)**

Providers must have parents tell them of known allergies and let them know when new allergies are discovered. This can be done verbally, in writing, by text, or in an email.

Providers should but are not required to post children's allergies in their food preparation area.

**Noncompliance Risk**

High

**Requirement**

- (3) Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.**

**Rationale / Explanation**

A child may have a negative reaction to a particular food. Providers need to avoid additional harm to the child by immediately dealing with an adverse reaction, including by calling emergency personnel if necessary. *CFOC 4th ed. Standard 4.2.0.10. p.172*

**Compliance Guideline(s)**

This can be done verbally, in writing, by text, or by email.

**Noncompliance Risk**

High

**dwsffn-17 Medications**

**Requirement**

- (1) The provider must ensure prescription medications, over the counter medications, vitamins, and herbal supplements are inaccessible to children in care.**

**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 Guideline(s)**

A substance (other than food and water) is considered a medication if it is taken into or 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.

When a medication is in a first aid kit, the first aid kit must be inaccessible.

**Noncompliance Risk**

Moderate

**Requirement**

- (2) The provider must have permission from parents before administering medication to children in care.**

**Rationale / Explanation**

Getting permission prior to administering medication protects both the children and the provider by ensuring that medication is never given to a child without parental knowledge and permission.

Dispensing medication to children affects their health and errors may have legal consequences for the provider. *CFOC 4th ed. Standard 9.4.2.6. p. 391*

**Compliance Guideline(s)**

There must be permission from parents 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, permission is only required once as long as the administration instructions do not change.

Parental permission can be given verbally, in writing, by text, or by email.

**Noncompliance Risk**

High

**Requirement**

- (3) Immediately upon recognizing it, the provider must report to the parent any adverse reaction a child in care has to a medication, or any error in the administration of a medication to a child in care.**

**Rationale / Explanation**

Providers 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*

**Compliance Guideline(s)**

This can be done verbally, in writing, by text, or by email.

**Noncompliance Risk**

High

## dwsffn-18 Activities

### General Information

Since the experiences of each child are crucial for their healthy development, particularly during their first five years of life, we recommend that providers use the following state resources to create or strengthen their 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](#)

### Requirement

**(1) The provider must ensure the children in care have enough physical activity.**

### Rationale / Explanation

The provider 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*

### Compliance Guideline(s)

Light physical activity generally includes playing board games, puzzles, drawing, painting, etc.

Moderate physical activity generally includes yoga, indoor exercise, walking, shooting baskets, movement games, etc.

Vigorous physical activity generally includes running, climbing, jumping rope, playing sports, etc.

Providers must be sure children are not sitting for long periods of time and provide daily opportunities for all levels of physical activities.

Providers should limit the amount of screen time for children, especially young children.

### Noncompliance Risk

High

### Requirement

**(2) The provider must ensure parents are aware they:**

- (a) take children in care off the premises, such as to run errands or go to a park; and/or
- (b) allow children in care to leave the premises, such as to go to a neighbor's house or ride their bikes on the street.

### Rationale / Explanation

Both children and providers are protected by ensuring that children are never taken off-site without parental awareness. *CFOC, 4th Ed. p.83 Standard 2.3.2.1*

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in care, and that the provider will not allow their child to go off site without the parent's knowledge. *CFOC, 4th Ed. pp.68-69 Standard 2.2.0.1*

### **Compliance Guideline(s)**

Parents must be made aware of the days and times when children will be taken off-site. Parental awareness is not needed for spontaneous walking field trips when the children are away from the home for no more than 60 minutes and are within ½ mile of the home.

### **Noncompliance Risk**

Low

## **dwsffn-19 Play Equipment**

### **Requirement**

- (1) The provider must ensure stationary play equipment accessible to children in care is not over hard surfaces such as cement or asphalt.**

### **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 Guideline(s)**

This requirement applies to stationary play equipment over 6 inches high.

This requirement does not apply to areas directly under swings and trampolines.

Artificial grass is acceptable for surfacing underneath stationary playground equipment.

Packed dirt and packed sand are considered hard surfaces. Dirt and sand are packed when they do not displace when walked on.

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

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

Providers can place cushioning mats under playground equipment before children in care use the equipment.

### **Noncompliance Risk**

High

### **Requirement**

- (2) The provider must ensure play equipment is used in a safe manner to prevent injury to children in care.**

### **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 Guideline(s)**

Unsafe use includes walking on slides, going down slides head first, being on top of swing sets, climbing up the outside of covered slides, playing on the roofs of structures, and swinging while standing, twisting, or on stomachs.

**Noncompliance Risk**

Moderate

**dwsffn-20 Transportation**

**Requirement**

- (1) While transporting children in care, the provider must ensure that children in care are wearing appropriate individual safety restraints.**

**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 <https://www.iihs.org/topics/child-safety>

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 <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats>

**Compliance Guideline(s)**

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.

Providers must buckle the safety belts for younger children and check to be sure older children buckled their seat belts.

**Noncompliance Risk**

High

### **Requirement**

- (2) While transporting children in care, the provider must never leave the children in care unattended in the vehicle.**

### **Rationale / Explanation**

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*

### **Compliance Guideline(s)**

Leaving children unattended in the vehicle includes leaving them alone while they go inside a store to pay for gas.

When providers have to leave the vehicle, they must take the children with them.

### **Noncompliance Risk**

High

## **dwsffn-21 Animals**

### **Requirement**

- (1) The provider must ensure there is no accessible animal that has a history of dangerous, attacking, or aggressive behavior.**

### **Rationale / Explanation**

The risk of injury, infection, and aggravation of allergy from contact between children and animals is significant. Providers 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. *CFOC 4th ed. Standard 3.4.2.1 p.p. 129*

### **Compliance Guideline(s)**

Animals which are bred or trained to demonstrate aggression towards humans or other animals, and/or animals which have demonstrated aggressive behavior or have bitten anyone in the past, cannot be on the premises.

Although some wild animals may be legal to own, many are naturally aggressive and are prohibited. These include tigers, wolves, piranhas, chimpanzees, some types of monkeys, bears, and several kinds of snakes.

Boa constrictors, anacondas, and most pythons are examples of naturally aggressive snakes and are very dangerous. They may not be on the premises. Ball pythons are not generally aggressive and may be on the premises if the provider has documentation confirming that the snake is a ball python.

Chickens, pigeons, cats, dogs, and ferrets are examples of animals that are not naturally aggressive.

### Noncompliance Risk

High

#### **dwsffn-22 Rest and Sleep**

Currently there are no requirements for this section.

#### **dwsffn-23 Diapering**

Currently there are no requirements for this section.

#### **dwsffn-24 Infant and Toddler Care**

When there are infants in care:

##### **Requirement**

- (1) The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib, or playpen. Equipment designed for sleep does not include mats, cots, bouncers, swings, or car seats. The provider shall not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.**

##### **Rationale / Explanation**

###### Appropriate Sleep Equipment

Injuries and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in car seats or infant seats when the straps have entrapped body parts, or the children have turned the seats over while in them. Sleeping in a seated position can restrict breathing and cause oxygen desaturation in young infants. Sleeping should occur in equipment manufactured for this activity. *CFOC 4th ed. Standard 2.2.0.2 p.p. 69-70*

Cradles and bassinets are not immune to the hazards that may cause SIDS. Ninety percent of SIDS cases occur during the first six months of a baby's life, which is prime bassinet time. CPSC safety guidelines stipulate: 1) a sturdy bottom and wide base; 2) smooth surfaces without protruding hardware; 3) legs with locks to prevent folding while in use; 4) a firm, snugly fitting mattress; and 5) adherence to the manufacturer's guidelines regarding maximum weight and size of the infant. *Pike, Jodi & Moon, Rachel. (2008). Bassinet Use and Sudden Unexpected Death in Infancy. Journal of Pediatrics. p.p. 509-512*

###### Safe Sleep Environment

Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from unknown causes, such as SIDS, while others are from other sleep-related causes of infant death. Creating a safe sleep environment by keeping the following items out of an infant's sleep area reduces the risk of SIDS, suffocation, entrapment, and strangulation:

- Toys and objects such as stuffed animals
- Soft or loose bedding such as blankets, pillows, quilts, comforters, flat sheets, sheep skins
- Other soft objects such as bumper pads, sleep positioning devices, cloth diapers, bibs, etc.

*National Institute of Child Health and Human Development, NIH Pub No 17-HD-7642, June 2017*

### Blankets

Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be strangled or suffocated. The provider should remain alert and should actively supervise sleeping infants in an ongoing manner. The provider should check to ensure that the infant's head remains uncovered and re-adjust clothing as needed. *CFOC 4th ed. Standard 3.1.4.1 p.p. 102-105*

### Swaddling

Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used. There is evidence that swaddling can increase the risk of serious health outcomes, especially in certain situations. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep or if the infant can roll over from back to stomach. Loose blankets around the head can be a risk factor for sudden infant death syndrome (SIDS). With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability. Hip dysplasia is felt to be more common with swaddling because infants' legs can be forcibly extended. With excessive swaddling, infants may overheat. *CFOC 4th ed. Standard 3.1.4.1 p.p. 102-105; Standard 3.1.4.2 p.p.105.*

*For more information about safe sleep practices, visit the American Academy of Pediatrics website at: [www.aap.org](http://www.aap.org) and the National Institutes of Health at: [safetosleep.nichd.nih.gov](http://safetosleep.nichd.nih.gov).*

### **Compliance Guideline(s)**

#### Appropriate Sleep Equipment

Cribs, bassinets, cradles, porta-cribs, playpens, and play yards are approved to sleep infants.

A crib is defined as a child's bed that has sides for protection from falling.

The following equipment is not approved to sleep infants:

- a mat, cot, pillow, bouncer, swing, or car seat
- any size bed
- a crib that has been converted into a toddler bed
- a couch or chair, even when the provider is sitting next to the infant
- a Boppy pillow, even when it is placed on or in a bed, crib, cradle, bassinet, playpen, or play yard
- a bassinet or cradle when the infant is able to push up on hands and knees, pull up, or sit unassisted

Before a provider sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the provider must obtain and keep available for review written documentation from the manufacturer stating that the equipment is approved for sleeping infants.

Infants may not sleep on blankets inside on the floor or on the ground. Providers may take approved equipment outside to use for sleeping the infant.

The provider is not out of compliance if an infant is asleep in a car seat when arriving at the home and the provider immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. The provider is out of compliance if more than 5 minutes elapse before the infant is moved.

The provider may hold an infant while the infant sleeps.

### Soft Objects

Objects that are possible hazards for a sleeping infant must not be in or on sleep equipment or within 36 inches of the sleep equipment while the infant is asleep. This includes objects that may increase risk of SIDS, or cause entrapment, strangulation, suffocation, or choking.

Examples of prohibited objects include but are not limited to:

- soft and hard toys
- crib bumpers or bumper pads (regardless of their type)
- baby gyms
- mobiles
- pacifiers with attached ribbons, toys, and other objects. (Plain pacifiers on a cord of 8 inches or less are allowed.)
- bedding and other fabric products that are loose, such as blankets, pillows, sheets, comforters, cloth diapers, clothing, etc.

It is recommended that instead of covering a sleeping infant:

- The room where the infant sleeps is kept at a safe and comfortable temperature.
- For needed warmth, the infant is placed in sleep clothing such as a sleepsack, a swaddler, pajamas, wearable blankets etc. All sleep attire should fit properly and never cover the infant's neck or face.

### **Noncompliance Risk**

High

### **Requirement**

**(2) The provider must place infants on their backs for sleeping, unless the provider has written instructions from a health care provider for a different sleep position.**

### **Rationale / Explanation**

About 3,500 SIDs occurred in the U.S. in 2014. Most sleep-related deaths in child care facilities occur in the first day or first week that an infant starts attending a child care program. Many of these deaths appear to be associated with prone (tummy) positioning, especially when the infant is unaccustomed to being placed in that position. *CFOC 4th ed. Standard 3.1.4.1 p.p. 102-105*

For more information about safe sleep practices for infants, visit:

[https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/NICHD\\_Safe\\_to\\_Sleep\\_brochure.pdf](https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf)

### **Noncompliance Risk**

High