

License Exempt (LE) Department of Workforce Services (DWS) Approvals Interpretation Manual

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

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

- Establishing and assessing health and safety standards.
- Training and supporting providers in meeting the established standards.
- Providing the public with accurate information about these child care programs.

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 requirement noncompliance and unlicensed care.
- Inform parents and the public about child care in Utah. Each child care provider's public licensing record is available on the Child Care Licensing website at: childcarelicensing.utah.gov.

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
- Caseload management
- Handling difficult conversations and effective communication
- Child Development
- Time management
- Cultural and linguistic diversity awareness
- Equity
- Teamwork, professionalism, and work ethics

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

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

The licensor's average caseload is: Homes licensor 1/120, Centers licensor 1/90, 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
- 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.
- 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 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:

- The provider is not scheduled for other duties during the inspection, such as transporting children, preparing meals, etc.
- 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 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 the provider is in compliance with all requirements.
- 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 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

Compliance 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.

ledws-1 Purpose

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

ledws-2 Definitions

- (1) "Caregiver" means an employee (who receives direct or indirect compensation) or a volunteer (who does not receive direct or indirect compensation) who provides direct care to children.
- (2) "CCL" means the Child Care Licensing Program.
- (3) "Covered Individual" means any of the following individuals involved with the facility/program:
 - (a) an owner or member of the governing body,
 - (b) a director or director designee,
 - (c) a caregiver, an assistant caregiver, or a teacher,
 - (d) an employee,
 - (e) a volunteer, except a parent of a child enrolled in the child care program;
 - (f) an individual 12 years old and older living where care is provided, or
 - (g) anyone who has unsupervised contact with a child in care.
- (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 or at the home where care is provided.
- (5) "Entrapment Hazard" means an opening greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter where a child's body could fit through but the child's head could not fit through, potentially causing a child's entrapment and strangulation.
- (6) "Facility" means the indoor and outdoor areas approved for child care.
- (7) "Group" means the children assigned to and supervised by one or more caregivers.
- (8) "Guest" means an individual who is not a Covered Individual and is at the facility with the provider's permission.
- (9) "Inaccessible" means:
 - (a) When there are children in care younger than 5 years old:
 - (i) locked, such as in a locked room, cupboard, or drawer;
 - (ii) secured with a child safety device, such as a child safety cupboard lock or door knob device;
 - (iii) behind a properly secured child safety gate;
 - (iv) located in a cupboard or on a shelf at least 36 inches above the floor; or
 - (v) 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.
 - (b) When all children in care are 5 years old or older:
 - (i) locked, such as in a locked room, cupboard, or drawer;
 - (ii) secured with a child safety device, such as a child safety cupboard lock or door knob device;
 - (iii) behind a properly secured child safety gate;
 - (iv) located in a cupboard or on a shelf at least 48 inches above the floor; or
 - (v) located in a bathroom cupboard or on a bathroom shelf at least 48 inches above a surface on which a child could stand or climb.
- (10) "Infant" means a child who is younger than 1 year old.
- (11) "Older toddler" is a child who is 18 months to 23 months old.

ledws-2 Definitions (continued)

- (12) "Parent volunteer" is an individual with legal guardianship of children currently enrolled at the facility/program.
- (a) A parent volunteer who counts in caregiver to child ratios or is ever left unsupervised with children other than their own (they are not in the same room/area as an eligible individual), is a caregiver and required to be eligible.
 - (b) A parent volunteer who never counts in caregiver to child ratios and is never left unsupervised with children other than their own is a guest and is not required to have a CCL background check but is required to wear a guest name tag.
- (13) "Protective barrier" means an enclosing structure such as bars, lattice, or solid panels, around an elevated play equipment platform (a flat surface on a piece of stationary play equipment intended for more than one user to stand on and upon which the users can move freely) and is intended to prevent accidental or deliberate movement through or access to something
- (14) "Protective cushioning" means a shock-absorbing surface under and around equipment that reduces the severity of injuries from falls.
- (15) "Provider" means the administrator of the facility/program.
- (16) "School age child" is a child who is 5 years old through 12 years old.
- (17) "Stationary play equipment" means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when children use it. Stationary play equipment does not include sandboxes, stationary circular tricycles, sensory tables, or playhouses that sit on the ground with no play equipment (such as slides, swings, ladders, and climbers) attached to them.
- (18) "Strangulation hazard" means something on which a child's clothes or something around a child's neck could become caught such as.
- (a) a protruding bolt end that extends more than 2 threads beyond the face of the nut;
 - (b) hardware that forms a hook or leaves a gap or space between components such as a protruding S-hook; or
 - (c) a rope, cord, or chain that is attached to a structure and is long enough to encircle a child's neck.
- (19) "Student intern" means a student who is employed or volunteering at the facility or with the program for a fixed period of time.
- (20) "Toddler" means a child who is 1 year old.
- (21) "Use zone" means the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment and onto which a child falling from or exiting the equipment could be expected to land.
- (22) "Volunteer" means an individual who does not receive any form of direct or indirect compensation for their services.
- (a) When a volunteer counts in caregiver to child ratios or is ever left unsupervised with children (they are not in the same room/area as an eligible individual), they are a caregiver and are required to be eligible.
 - (b) A volunteer who never counts in caregiver to child ratios and is never left unsupervised with children is a guest and is not required to have a CCL background check and is required to wear a guest name tag.
- (23) "Younger Toddler" means a child who is 12 through 17 months old.

ledws-3 Approval Details

- (1) LE DWS Approvals are required for providers to be eligible to receive Child Care Development Fund (CCDF) money and/or child care subsidy payments from DWS.
- (2) LE DWS Approvals are active for one year.
- (3) LE DWS Approvals are for the facility/program and the approved location and are not assignable or transferable. An application for a new LE DWS Approval is required for a different facility/program or for a different location.
- (4) LE DWS Approvals will not be given if there is an active Child Care License at the same location.
- (5) LE DWS Approvals are not available for license-exempt providers when the reason for the exemption is:
 - (a) The care is provided by or at a private school.
 - (b) The care is provided on a sporadic basis.

ledws-4 New and Renewal Approvals

- (1) To receive a new LE DWS approval, the applicant must do all of the following:
 - (a) Read the requirements.
 - (b) Submit the following:
 - (i) a completed LE DWS Approval Application,
 - (ii) a completed Background Check form for each Covered Individual,
 - (iii) required fingerprints and fingerprint processing fees, and
 - (iv) background check fees.
 - (c) Complete New Provider Training.
 - (d) Ensure all Covered Individuals are eligible.
 - (e) Have an onsite inspection and be in compliance with all requirements.
 - (f) Submit a W-9 form through their Child Care Licensing Portal.
- (2) A LE DWS Approval application will be denied when:
 - (a) The provider does not complete the CCL background check process within 6 months of submitting the application;
 - (b) The provider does not complete New Provider Training within 6 months of submitting the application;
 - (c) Covered Individuals are not eligible;
 - (d) The provider is not there for the onsite inspection; and/or
 - (e) The provider does not show compliance with the requirements within 6 months of submitting the application.
- (3) To renew a LE DWS Approval, the provider must:
 - (a) Submit a Renewal Request through their CCL Provider Portal at least 30 calendar days before the expiration of the current approval, and
 - (b) Have an announced onsite inspection and be in compliance with all requirements before the end date of the approval.

ledws-5 Inspections

- (1) Before the new 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 application will be denied when the provider does not show compliance with the requirement(s) by the required date.
- (2) During the approval year, the director or the director designee will have an unannounced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the director or the director designee will be given a date to come into compliance with the requirement(s). The approval will be deactivated when the director does not show compliance with the requirement(s) by the required date.
- (3) Before the expiration date of the approval, the director will have an announced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the director will be given a date to come into compliance with the requirement(s). The approval will be deactivated when the director does not show compliance with the requirement(s) by the required date.
- (4) When there are concerns with compliance, the director or the director designee will have an unannounced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the director or the director designee will be given a date to come into compliance with the requirement(s). The approval will be deactivated when the provider does not show compliance with the requirement(s) by the required date.
- (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.

Requirement

(1) The provider must ensure all areas of the facility are maintained and used in a safe manner to prevent injury to children. 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*

Noncompliance Risk

Moderate

Requirement

(2) 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

(3) On the day of its occurrence, the provider must ensure parents are notified of any incident, accident, or an injury involving their child(ren).

Rationale / Explanation

Injury patterns and child abuse and neglect can be discerned from such records and can be used to prevent future problems. Known data on typical injuries (scanning for hazards, providing direct supervision, etc.) can also show how to prevent them. A report form is also necessary for providing information to the child's parents/guardians and primary care provider and other appropriate health or state agencies. *CFOC 4th ed. Standard 9.4.1.9 p.p. 412-413*

Compliance Guideline(s)

The following are examples of incidents for which parents must be notified:

- any injury that requires medical treatment
- two children fighting such that one needs medical treatment
- any bites that break the skin, or one child being bitten frequently or biting frequently
- any abuse or inappropriate touching, even when the perpetrator is the child
- forgetting to pick up a child from school
- a child escaping or leaving the premises without a caregiver

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

Noncompliance Risk

Moderate

ledws-6 Administration and Children's Records (continued)

Requirement

(4) Within 48 hours of the change, the provider must ensure parents and Child Care Licensing staff is notified of a change in the program's phone number or email address.

Rationale / Explanation

Parents and Child Care Licensing staff must be able to communicate with staff at the program.

Noncompliance Risk

Moderate

Requirement

(5) The provider must ensure each child in care who is younger than school-age 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*

Utah law requires age-appropriate immunizations for children attending child care facilities.

Compliance Guideline(s)

Parents who choose not to immunize their children must have an exemption from their local Health Department and the provider must have a copy of that exemption available for review.

Noncompliance Risk

Moderate

Requirement

(6) If the documentation is not maintained by another agency or organization, the provider must ensure there is documentation of current immunizations for each child younger than school-age (children who are homeless or in foster care may have a 90 day exemption) 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

- (1) The provider must:
- (a) be at least 21 years old and
 - (b) ensure compliance with all federal, state, and local laws and rules, including fire requirements, pertaining to the operation of the program and the facility that houses the program.

Rationale / Explanation

The provider is responsible for the successful operation of their child care business. Both administrative and child development skills are essential in managing a child care facility. A well-trained provider has been shown to have a measurable, positive effect on quality child care. *CFOC 4th ed. Standard 1.3.1.1. pp. 10-11*

There are many laws and regulations that apply to out-of-home care and education. For example, local laws may regulate the number of children that a provider can care for, and state laws may regulate food sanitation, child immunizations, and fire safety in child care facilities. Providers in states that accept federal Child Care and Development Funds must comply with federal child care laws related to background checks, training, and other basic health and safety requirements. For the successful operation of a child care program, the provider must make every effort to comply with these laws and regulations. *CFOC 4th ed. Introduction. p. xviii*

The work of child care professionals has a far-reaching impact on a child's health, safety, and development. Child care providers are important figures in the lives of children in their care and in the well-being of families and communities. The provider should understand the importance of serving as a healthy role model for children and staff. *CFOC 4th ed. Standard 1.4.2.1. p.22; CFOC 4th ed. Standard 1.6.0.1. p.34*

Compliance Guideline(s)

The provider may delegate responsibilities to staff but the ultimate responsibility for compliance with laws, rules, and requirements rests with the provider.

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities. For information about ADA requirements, go to <https://www.ada.gov/>

When a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two requirements.

This requirement will be considered out of compliance when:

- There is a violation of federal, state, or local law or another agency's regulation regarding child care.
A child's well-being has been jeopardized or the provider's conduct is contrary to the health, morals, welfare, and safety of the public.

Examples of noncompliance include committing, aiding, abetting, or permitting the commission of any illegal act.

Noncompliance Risk

The VNoncompliance Risk depends on the law or rule found out of compliance or the severity of the problem.

ledws-7 Personnel and Training (continued)

Requirement

- (2) The provider must ensure there is a qualified director who is responsible for the day-to-day operation of the facility/ program. The provider must ensure the director is at least 21 years old and have one of the following:
- (a) an associates, bachelors, or graduate degree from an accredited college/university or successful completion of at least 12 semester credit hours of college/university level coursework in child development, early childhood education, elementary education, or a related field; or
 - (b) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition; or
 - (c) a currently valid Child Care Licensing-approved National Administrator Credential (NAC) plus at least 60 hours of approved Utah Early Childhood Career Ladder courses in child development or 60 hours of equivalent training as approved by the Department.

Rationale / Explanation

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

Compliance Guideline(s)

If they meet the above requirements, the director can be the Program Director, the Site Coordinator, the Operations Manager, the Grant Administrator, or a Classroom Teacher.

A course is only completed when documentation of a certificate or transcript is provided.

Continuing Education Units (CEUs) are different from college credits. In order to count as college credit, a course must appear on an official transcript from an accredited college or university.

Noncompliance Risk

Moderate

Requirement

- (3) The provider must ensure there is a director designee with the authority to act on behalf of the director. The provider must ensure the director designee is at least 18 years old.

Rationale / Explanation

There should always be a qualified individual on-site who assumes responsibility for the management of the program and the protection of children's health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have responsibility for compliance with requirements. *CFOC 4th ed. Standard 9.1.0.2 p.p. 372*

Compliance Guideline(s)

If they are at least 18 years old, the director designee can be the Site Coordinator or a Classroom Teacher.

Noncompliance Risk

Moderate

ledws-7 Personnel and Training (continued)

Requirement

(4) The provider must ensure the director or the director designee is at the facility whenever children are in attendance.

Rationale / Explanation

There must always be a qualified individual on-site who assumes responsibility for the management of the program and the protection of children's health and safety. *CFOC 4th ed. Standard 9.1.0.2 p.p. 372*

Noncompliance Risk

Moderate

Requirement

(5) The provider must ensure all caregivers who count in caregiver to child ratios are 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 caregivers. The amount of education and child care experience impacts a caregiver's ability to respond appropriately to the needs of children. *CFOC 4th ed. Standard 1.3.2.3 p.p. 14*

Compliance Guideline(s)

If they meet the above requirements, caregivers can be the Classroom Teachers.

Noncompliance Risk

Moderate

Requirement

(6) The provider must ensure all assistant caregivers are at least 16 years old and work under the immediate supervision of caregivers.

Rationale / Explanation

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

Compliance Guideline(s)

If they meet the above requirements, caregivers can be the Classroom Teachers.

Noncompliance Risk

Moderate

Requirement

(7) The provider must ensure all caregivers and assistant caregivers:

- (a) do not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care; and
- (b) take all reasonable measures to protect the safety of children in care.

Rationale / Explanation

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

Compliance Guideline(s)

The provider may delegate responsibilities to staff but the ultimate responsibility for compliance with laws, rules, and requirements rests with the provider.

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities. For information about ADA requirements, go to <https://www.ada.gov/>

When a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two requirements.

This requirement will be considered out of compliance when:

- There is a violation of federal, state, or local law or another agency's regulation regarding child care.
- A child's well-being has been jeopardized or the provider's conduct is contrary to the health, morals, welfare, and safety of the public.

Examples of noncompliance include committing, aiding, abetting, or permitting the commission of any illegal act.

Noncompliance Risk

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

ledws-7 Personnel and Training (continued)

Requirement

(8) The provider must ensure all directors, director designees, caregivers, and assistant caregivers hired after April 30, 2022 complete CCL's online preservice training no more than 6 months before their first day of interacting with the children in care.

Rationale / Explanation

Preservice training ensures that all new staff members receive basic training for the work they will be doing and are informed about their duties and responsibilities. To ensure the health and safety of children in care, it is essential that new caregivers and volunteers never have unsupervised contact with children until they have completed the required preservice training. *CFOC 4th ed. Standard 1.4.2.1 p.p. 23*

Compliance Guideline(s)

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

(9) CCL will ensure the preservice training includes at least the following topics:

- (a) children with special needs;
- (b) recognizing the signs of homelessness and available assistance;
- (c) building and physical premises safety;
- (d) prevention, signs, and symptoms of child abuse and neglect, and legal reporting requirements;
- (e) pediatric first aid and CPR training;
- (f) emergency preparedness, response, and recovery planning;
- (g) prevention and response to emergencies due to food and allergic reactions;
- (h) safe handling and disposal of hazardous materials and biocontaminants;
- (i) prevention and control of infectious diseases, including immunizations;
- (j) administration of medications;
- (k) child development, including the social, emotional, physical, cognitive and language principals of growth and brain development;
- (l) precautions in transporting children
- (m) prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment;
- (n) coping with crying babies; and
- (o) prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices.

Rationale / Explanation

Preservice training ensures that all new staff members receive basic training for the work they will be doing and are informed about their duties and responsibilities. To ensure the health and safety of children in care, it is essential that new caregivers and volunteers never have unsupervised contact with children until they have completed the required preservice training. *CFOC 4th ed. Standard 1.4.2.1 p.p. 23*

ledws-7 Personnel and Training (continued)

Requirement

(10)The provider must ensure directors, director designees and caregivers who count in caregiver to child ratios complete at least 1 hour of ongoing child care training for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must 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) review of the program's Emergency Preparedness, Response, and Recovery Plan; and
- (k) review of the LE DWS Approval Requirements.

Rationale / Explanation

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

Compliance Guideline(s)

Caregivers who work 10 or more hours, as averaged over 3 months, are required to complete on-going training.

Examples of approved training include:

- all classes offered by Care About Childcare (Refer to <https://careaboutchildcare.utah.gov/>)
- webinars dealing with child care
- training conducted at in-house staff meetings, but only the training portion
- any high school or college class in child development or related subject (Hours of attendance count as clock time if the student attends in person as opposed to working online or independent study. One semester credit equals 15 clock hours and one quarter credit equals 10 clock hours.)
- watching recordings of webinars on topics relating to child care
- reading books and watching videos related to child care
- doing homework for a high school or college child development class

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

ledws-7 Personnel and Training (continued)

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
- technical assistance 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
- obtaining and submitting fingerprints to CCL
- DWS policy-related webinars

Noncompliance Risk

Moderate

ledws-7 Personnel and Training (continued)

Requirement

- (11)The provider must ensure the ongoing training is documented and the documentation is available for review by the Child Care Licensing staff. The provider must ensure the documentation includes at least the following:
- (a) the name of the director, director designee, or caregiver;
 - (b) the training topic;
 - (c) the first date the person counted in ratios;
 - (d) the date of the training;
 - (e) the length of the training; and
 - (f) the source 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 records documentation for review.

Noncompliance Risk

Low

ledws-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 list on the Utah or a national sex offender registry.

Requirement

- (1) The provider must ensure all Covered Individuals are eligible before being with children in care.
 - (a) The provider must ensure background check forms and background check fees are submitted for all new Covered Individuals.
 - (b) The provider must ensure fingerprints and fingerprint processing fees for the FBI Next Generation Identification check are submitted for all new Covered Individuals 18 years old and older and all 16 and 17 year old assistant caregivers.

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 that 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. Providers must ensure each Covered Individual has a government-issued photo IDs (or a copy of the ID) available for review.

Providers whose background check has a "Temporary Cleared" must be with an eligible Covered Individual.

Noncompliance Risk

High

Requirement

- (2) The provider must ensure eligible Covered Individuals are associated with their facility before the Covered Individual is with children in care.

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 that eligible Covered Individuals who are associated with another facility are associated with their facility before being with children in care.

Noncompliance Risk

Low

ledws-8 Background Checks (continued)

Requirement

(3) The provider must ensure guests are always in the same room/area with an eligible individual and wear guest name tags.

Rationale / Explanation

This requirement explains guests and background checks.

Compliance Guideline(s)

When the program is a preschool program housed in a public school and substitute teachers are taken from the school district's pool of substitutes, the substitute teacher can count in ratios and be considered a guest.

Noncompliance Risk

Moderate

Requirement

(4) A student intern can count in caregiver to child ratios when:
(a) they are registered in a high school or college child care course, and
(b) they are always in the same room/area as an eligible individual.

Rationale / Explanation

This requirement explains student interns and background checks.

Requirement

(5) Owners and members of governing boards who live out of state and are never at the facility are not required to have CCL background checks.

Rationale / Explanation

This requirement explains when owners and members of governing boards are not required to have CCL background checks

Requirement

(6) The provider must ensure individuals who are not eligible are not at the facility or part of the program.

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

Rationale / Explanation

These are circumstances where additional action is needed to keep eligibility current.

Noncompliance Risk

High

Iedws-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. Having a well-designed, age-appropriate play area may lessen injuries. Although not required, a monthly safety check of the outdoor play area and equipment is highly recommended.

Requirement

(1) The provider must ensure there is a working telephone at the facility at all times children are in care.

Rationale / Explanation

Wherever children are in care, there should always be a telephone available for communication between caregivers and parents, and for emergency use. *CFOC 4th ed. Standard 5.3.1.12 p.p. 259*

Compliance Guideline(s)

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

Noncompliance Risk

Moderate

Requirement

(2) The provider must ensure there is a working fire extinguisher accessible to caregivers.

Rationale / Explanation

Caregivers should be able to put out small fires in the facility 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 there is a fire extinguisher in the facility and caregivers know its location.

Noncompliance Risk

Moderate

ledws-9 Facility (continued)

Requirement

(3) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the area is safely accessible.

Rationale / Explanation

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

Compliance Guideline(s)

The route from the building to the outdoor area must be safe. For example, an outdoor area is not safely accessible if children must walk across an unsafe deck (such as one with broken boards or holes in it) or cross a driveway where cars or other motor vehicles come and go.

The following are examples of outdoor areas that are safely accessible:

- the area that is directly adjacent to the building and children exit the facility straight into the area
- the area is on the premises and is accessed by a fenced walkway
- the area and the building are surrounded by fencing
- the area is on the premises and can be accessed by a sidewalk that is not near a busy street, is not near a water or other hazard, and/or does not pass through a parking lot
- the area is on the premises and is accessed by blocking off a portion of a parking lot with traffic cones to create a walkway.

Noncompliance Risk

High

Requirement

(4) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure drinking water is available to children in care.

Rationale / Explanation

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

Compliance Guideline(s)

When the outdoor source of drinking water is an outside drinking fountain, the fountain must be in working order. Drinking water may come from a hose as long as the hose is attached to a source of culinary water (the same water that is used inside), and not a secondary water source (such as water used to irrigate or water gardens and lawns).

Noncompliance Risk

High

ledws-9 Facility (continued)

Requirement

(5) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the following are inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care:

(a) metal animal swings.

Rationale / Explanation

Metal animal swings are prohibited because their heavy, rigid metal framework presents a risk of impact injury.

CPSC Standard 2.3.1. p.8

Noncompliance Risk

High

Requirement

(5) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure the following are inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care:

(b) unanchored swings and

(c) unanchored slides.

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)

To see if something is not anchored, shake the piece of equipment. User Field SEQ CHAPTER \h \r 1 = When a post or side of the equipment comes off or out of the ground, the equipment is not anchored.

Noncompliance Risk

High

Requirement

(6) If there is an outdoor area that is used by children in care and that is maintained by the provider, the provider must ensure standing water is inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care.

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)

Standing water is water that is at least 5 inches by 5 inches in diameter and at least two inches deep.

Standing water is commonly found in buckets, wading pools, fountains, birdbaths, wading pools, garbage cans or other similar containers, and wheelbarrows.

Standing water does not include water being used as part of a supervised project, water in a water table, and puddles caused by rain or sprinklers.

Noncompliance Risk

High

ledws-9 Facility (continued)

Requirement

(7) If there is an outdoor area that is used by children in care and that is maintained by the provider and there are children younger than school age in care, the provider must ensure:

- (a) The area is enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.

Rationale / Explanation

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

Compliance Guideline(s)

The entire perimeter of the fence must be at least 4 feet (48 inches) high.

The fence must be measured on each side at its lowest point, from the side the children play on, and include measuring the gate.

When a fence or wall was previously approved by CCL, there is compliance when:

- The barrier has not been replaced, repaired, or altered.
- All areas of the barrier measure within 5 inches of the required 4-foot height. This 5-inch allowance only applies to a previously-approved barrier that has not changed since the approval; it does not apply to barriers formed by bushes or shrubs, etc. When the fence or wall was replaced, repaired, adjusted, or it has changed since the last CCL inspection, it must be 4 feet high.

The provider is not out of compliance when a fence is lower than 48 inches in height due to temporary weather conditions, such as snow on the ground at the base of the fence.

Bushes will be considered a natural barrier when there are no gaps 5 by 5 inches or greater.

When a ramp (leading to the outdoor area) is separated from the area with a 4-foot-high gate that is closed, the height of a fence on the ramp does not need to be assessed. If there is no gate, the gate is open, or is less than 4 feet high, then the fence on the perimeter of the ramp (that encloses the ramp and outdoor area) must be at least 4 feet high. The interior fencing on the ramp does not need to be assessed.

Interior fences within the 4-foot perimeter fence do not need to be 48 inches high.

Noncompliance Risk

High

Requirement

(7) If there is an outdoor area that is used by children in care and that is maintained by the provider and there are children younger than school age in care, the provider must ensure:

- (b) Fences do not have gaps greater than 5 by 5 inches and gaps between the bottom of the fence and the ground cannot be more than 5 inches.

Rationale / Explanation

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

Compliance Guideline(s)

The entire perimeter of all required fences and barriers must be checked for gaps, including fences enclosing the outdoor area and any interior fences required to separate children from hazards even if previously approved.

Noncompliance Risk

High

ledws-10 Ratios and Group Size

Requirement

- (1) The provider must ensure the following minimum caregiver to child ratios and maximum group size are maintained.

Single Age Groups			
Minimum Number of Caregivers	Children's Age	Number of Children	Maximum Group Size
1	infant	4	8
1	younger toddler	4	8
1	older toddler	5	10
1	2 years old	7	14
1	3 years old	12	24
1	4 years old	15	30
1	school age	20	40

- (2) For any mixed-age groups of children, the provider shall:
- maintain at least the number of required caregivers;
 - not exceed the number of children in the caregiver-to-child ratio;
 - not exceed the maximum group sizes; and
 - separate any single-age group that reaches their maximum group size from the mix.
- (3) For mixed-age groups of children not including infants and toddlers, the provider shall ensure that:
- the caregiver-to-child ratio is determined by the age of the oldest child present in the group minus one child of that age group; and
 - the maximum group size is determined by the age of the oldest child present in the group, minus two children of that same age group.

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)

A group with more than one caregiver may be temporarily out of ratio for brief periods of time if one caregiver leaves the room but remains in the facility in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, etc.

Children may temporarily be in groups that exceed maximum group sizes for outdoor play, meal times, or when there is a special activity.

When a staff member is not being used to meet the required ratios and is caring for their own child, the staff member's child does not count in ratios, capacity or group size. The parent is the only person responsible for the care of his/her child.

For circumstances beyond the provider's control, ratios (not supervision) may be temporarily exceeded for up to 45 minutes from the time the provider is aware of the circumstance. Examples of circumstances beyond provider's control include staff members not arriving at their scheduled time and children arriving earlier or departing later than their normal time without notifying the facility staff.

Noncompliance Risk

High

ledws-10 Ratios and Group Size (continued)

Requirement

- (4) For mixed-age groups of children including infants and toddlers, the provider shall ensure that:
- (a) infants are only mixed with toddlers, unless:
 - (i) the group has eight or fewer children;
 - (ii) there are no more than three children younger than two years old in the group with one caregiver; and
 - (iii) there are at least two caregivers with the group if more than two children who are younger than 18 months old are present and the group has more than four children;
 - (b) if older toddlers and two-year-old children are mixed, there is at least one caregiver for up to seven children and at least two caregivers for eight and up to 14 children in the group;
 - (c) older toddlers and older children are only mixed, besides when only mixed with two-year-old children, when:
 - (i) the group has eight or fewer children;
 - (ii) there are no more than three older toddlers in the group; and
 - (iii) there are at least two caregivers with the group if more than three younger toddlers are present and the group has more than five children.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children. Younger infants should be cared for in rooms separate from the more boisterous toddlers. In addition to these developmental needs of infants, separation is important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life, indicating that respiratory tract illness becomes less severe as the child gets older. *CFOC 4th ed. Standard 2.1.2.4 p.p. 62*

Noncompliance Risk

High

ledws-10 Ratios and Group Size (continued)

Requirement

(5) During nap times (which cannot exceed 2 hours), the minimum caregiver to child ratios may double for children 18 months old and older if the children are in a restful or non-active state and the caregiver can communicate with another onsite caregiver without leaving the napping children.

Rationale / Explanation

During nap time for children birth through thirty months of age, the child:staff ratio must be maintained at all times regardless of how many infants are sleeping. They must also be maintained even during the adult's break time so that ratios are not relaxed. Children who are presumed to be sleeping might be awake and in need of adult attention. *CFOC 4th ed. Standard 1.1.1.2 p.p. 4. Standard 2.2.0.1 p.p. 69*

Compliance Guideline(s)

This requirement applies only to nap times. A rest time planned for quiet activities, such as reading, watching TV or movies, coloring, using play dough, or doing homework, is not considered a nap time and ratios may not be doubled during these activities.

As children begin to wake up from naps, if less than half the group is awake and engaged in a quiet activity, such as looking at books, putting together puzzles, drawing, coloring, or using play dough, there can still be half of the required number of caregivers. However, once half or more of the children are awake and off their nap mats or cots, there must be the minimum required number of caregivers with the children.

Noncompliance Risk

High

Requirement

(6) Employees' children 4 years old and older do not count in caregiver to child ratios but do count in maximum group sizes.

Rationale / Explanation

This requirement is used to determine if the provider is in compliance with the requirement for caregiver to child ratios and maximum group sizes.

Compliance Guideline(s)

A child's parent is considered to be working at the facility when he/she is on the clock but left the facility to perform a work-related duty (for example, a bus run or buying supplies) or if he/she is on a lunch or work break.

Requirement

(1) The provider must ensure caregivers maintain active supervision of all children in care at all times. Active supervision means caregivers must be physically in the room/area with children younger than school age and must be able to hear school age children and be near enough to intervene; must know the number of children in their care at all times; must be focused on the children and not their personal interests; and must be aware of the entire group even when interacting with a small group or individual child.

Rationale / Explanation

Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. Children who are presumed to be sleeping might be awake and in need of adult attention. A child's risk-taking behavior must be detected and illness, fear, or other stressful behaviors must be noticed and managed. School-age children should be within sight or hearing at all times. 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.p. 68*

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

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

Compliance Guideline(s)

Actively supervising children requires that the caregiver:

- knows where each child is at all times.
- visually checks (in person) on all awake and sleeping children who are not within the caregiver'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 provider is out of compliance if a personal task, such as texting or talking on a cell phone, interferes with a caregiver's active supervision of the children.

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

- napping, including when the children are napping
- taking a shower or bath
- leaving the facility 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 caregiver 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

Noncompliance Risk

High

ledws-11 Child Supervision and Security (continued)

Requirement

(2) Children 3 years old and older may go to the bathroom by themselves if there is a policy to ensure their safety.

Rationale / Explanation

This is a permission requirement.

Requirement

(3) To maintain the security and supervision of the children in care, the provider must ensure children are signed in and out of the facility/program with the time of arrival and the time of departure. The provider must ensure these records are kept for at least three years.

Rationale / Explanation

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

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

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

Noncompliance Risk

High

Requirement

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

Rationale / Explanation

This is to ensure students who are not eligible are not left alone with children in care.

Noncompliance Risk

High

Requirement

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

Rationale / Explanation

This is to ensure that parents who are not eligible are not left alone with children in care.

Noncompliance Risk

High

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

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

Compliance Guideline(s)

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

Noncompliance Risk

High

Requirement

(2) The provider must ensure all employees and volunteers follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

Rationale / Explanation

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

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

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

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

Compliance Guideline(s)

User Field SEQ CHAPTER \h \r 1 = 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

ledws-12 Child Guidance and Interaction (continued)

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (a) any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching.

Rationale / Explanation

Child care programs must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by an older child, caregiver/teacher, substitute or any other person employed by the facility, volunteer, or visitor should be prohibited in all child care settings. *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 ensure all employee and volunteer interactions with children in care do not include:
- (b) restraining movement by binding, tying, or other form of restraint.

Rationale / Explanation

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

ledws-12 Child Guidance and Interaction (continued)

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (c) shouting at children.

Rationale / Explanation

Child care programs must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by an older child, caregiver/teacher, substitute or any other person employed by the facility, volunteer, or visitor should be prohibited in all child care settings. *CFOC 4th ed. Standard 2.2.0.9 p.p. 78*

Compliance Guideline(s)

The caregiver 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 ensure all employee and volunteer interactions with children in care do not include:
- (d) any form of emotional abuse (behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, or profane language).

Rationale / Explanation

Child care programs must not tolerate, or in any manner condone, an act of abuse or neglect of a child. Such behaviors by an older child, caregiver/teacher, substitute or any other person employed by the facility, volunteer, or visitor should be prohibited in all child care settings. *CFOC 4th ed. Standard 2.2.0.9 p.p. 78*

Compliance Guideline(s)

A caregiver'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 caregiver and the rest of the children is considered emotional abuse.

Noncompliance Risk

High

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (e) forcing or withholding food, rest, or toileting.

Rationale / Explanation

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

ledws-12 Child Guidance and Interaction (continued)

Requirement

- (3) The provider must ensure all employee and volunteer interactions with children in care do not include:
- (f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale / Explanation

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

Requirement

(1) The provider must ensure firearms are stored separately from ammunition and in a cabinet or area that is locked with a key, combination, or fingerprint lock, unless it is 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.

Noncompliance Risk(s)

Moderate when a firearm with a trigger lock is accessible

High otherwise

Requirement

(2) The provider must ensure toxic or hazardous 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)

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.

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

ledws-13 Child Safety and Injury Prevention (continued)

Requirement

(3) The provider must ensure tobacco, e-cigarettes, and e-juice are inaccessible to children in care.

Rationale / Explanation

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

This requirement is in accordance with the Utah Indoor Clean Air Act, R392-510.

Compliance Guideline(s)

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

- ashtrays with cigarettes and cigarette butts
- chewing tobacco
- cigars
- cigarettes and cigarette butts
- pipes
- vaporizers (not to be mistaken for a humidifier or steam vaporizer)

Noncompliance Risk

High

Requirement

(4) 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

(5) The provider must ensure trampolines are inaccessible to children in care.

Rationale / Explanation

Both the American Academy of Pediatrics (AAP) and American Academy of Orthopedic Surgeons (AAOS) Policy Statements recommend the prohibition of trampolines for children younger than six years of age (1,2). The U.S. Consumer Product Safety Commission (CPSC) also supports this position. *CFOC 4th ed. Standard 6.2.4.4 p.p.296* AAP-recommended safety precautions apply to any trampoline on the premises, including mini, exercise, and in-the-ground trampolines.

Compliance Guideline(s)

Trampolines can be used as part of a child's IEP if the child is directly supervised while using it and the trampoline is not accessible to other children.

Noncompliance Risk

High

Requirement

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

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol an absolute requirement in child care programs. *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

(7) The provider must ensure sexually explicit materials are inaccessible to children in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of sexually explicit materials an absolute requirement in child care programs. *CFOC 4th ed. Standard 3.4.1.1 p.p. 127*

Noncompliance Risk

High

Requirement

(8) The provider must ensure illegal items are inaccessible to children in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of illegal items an absolute requirement in child care programs. *CFOC 4th ed. Standard 3.4.1.1 p.p. 127*

Noncompliance Risk

High

Requirement

(9) 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

ledws-14 Emergency Preparedness and Response

Requirement

- (1) The provider must ensure the facility's street address and emergency numbers, including ambulance, fire, police, and poison control, are posted near each telephone in the facility and/or in the contact list of cell phones.

Rationale / Explanation

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

Compliance Guideline(s)

Posting 911 meets the requirement of posting emergency numbers for ambulance, fire, and police, but not for posting the poison control number.

The program's street address must be posted in the same location as the emergency numbers.

If a portable phone or cell phone is used in the facility, emergency numbers must be posted in plain view so that anyone needing the information can easily find it. Emergency numbers can be posted either on the phone, on or near the base, or in a conspicuous place. They cannot be posted behind a closet or cupboard door.

If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone.

If a classroom telephone is programmed to only dial 911, only the program's street address needs to be posted near it.

Noncompliance Risk

Moderate

Requirement

- (2) The provider must ensure at least one person at the facility at all times children are in care, at least one person in each vehicle transporting children, and at least one person present during off-site activities has current Red Cross, American Heart Association, or equivalent pediatric First Aid and CPR certification. The provider must ensure the CPR certification is from a class that included 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)

Current First Aid certificates from any source will be accepted.

The expiration date on the First Aid and CPR card determines whether the certification is current. If there is no expiration date listed on the card but the issue date is less than 1 year old, Child Care Licensing staff will accept the card as current.

The person with a current First Aid certification and the person with a current CPR certification do not have to be the same person.

Due to differences in training courses, CNA certificates will not be accepted as approved CPR certification.

A current certification for RN's, LPN's or First Responders certification will be accepted for both CPR and First Aid. Because it does not have hands-on testing, certification from the National CPR Foundation will not be accepted.

Noncompliance Risk

Moderate

ledws-14 Emergency Preparedness and Response (continued)

Requirement

(3) The provider must ensure documentation of current First Aid and CPR certification is available for review by the 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 records documentation for review.

Noncompliance Risk

Low

Requirement

(4) 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

(5) The provider must ensure fire evacuation drills are held during each month the program is open.

Rationale / Explanation

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

Compliance Guideline(s)

All children and all staff must exit the building during drills.

An actual fire evacuations can count as a monthly drill.

Noncompliance Risk

Moderate

ledws-14 Emergency Preparedness and Response (continued)

Requirement

(6) The provider must ensure the date and time of each fire evacuation drill is documented and 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 records documentation for review.

Noncompliance Risk

Low

Requirement

(7) The provider must ensure disaster (other than fire) drills are held at least every six months that the program is open.

Rationale / Explanation

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

Compliance Guideline(s)

All children and all staff must participate in the drill.

Procedures followed in an actual disaster can count as a drill.

Noncompliance Risk

Moderate

Requirement

(8) The provider must ensure the date and time of each disaster drill is documented and 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 records documentation for review.

Noncompliance Risk

Low

ledws-14 Emergency Preparedness and Response (continued)

Requirement

(9) By the next working day, the provider must ensure Child Care Licensing staff is notified of any fatality, hospitalization, emergency medical response, or injury that required attention from a health care provider unless the medical service was part of the child's medical treatment plan. The provider must also ensure documentation of the incident is submitted 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 or any of the events in item d) occur due to negligence by the caregiver/teacher, immediate suspension of the license may be necessary. Public health staff can assist in stopping the spread of the infectious disease if they are notified quickly by the licensing agency or the facility. The action by the facility in response to an illness requiring medical attention is subject to licensing review. *CFOC 4th ed. Standard 9.4.1.10 p.p. 413*

Compliance 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 facility, and the provider did not find out until a day or two after the injury occurred. In this case, after being informed that the child received medical attention, the provider must report the incident by the end of CCL's next business day.

CCL notification is to be through the CCL Portal.

Noncompliance Risks

High for not reporting a fatality

Low otherwise

Requirement

(1) The provider must ensure all areas of the facility used for care are clean and sanitary.

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

Compliance Guideline(s)

When there is no visible dirt, grime, or body fluid on their hands, caregivers 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 caregiver is in the bathroom supervising and does not touch any child or bathroom surface (When the caregiver has given any hands-on help, such as lifting a child on or off the toilet, or turning the water on or off, the caregiver 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 caregiver 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 caregiver 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

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 parent 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 ensure there is a record of 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. 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

Requirement

(1) The provider must ensure over the counter or prescription medications are inaccessible to children in care.

Rationale / Explanation

User Field SEQ CHAPTER \h \r 1 = 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)

Consider a substance (other than food and water) to be 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.

With a few exceptions, CCL considers a substance that meets any of the above criteria to be a medication. In addition to all prescription medications and typical over-the-counter medications, the following are examples of products that are considered to be medications because they affect how the body functions.

- Baby powder (that contains talc)
- Energy drinks
- Essential oils
- Herbal remedies
- Hydrogen peroxide (more than 3% strength)
- Ipecac syrup
- Relaxation drinks (e.g. Chillax)
- Rubbing alcohol
- Simethicone gas drops or pills
- Teething gels
- Vitamins
- Weight loss liquid drinks (when labeling implies product is used for weight loss) • Witch hazel

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

Noncompliance Risk

Moderate

Requirement

(2) The provider must ensure there is parental permission 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

ledws-17 Medications (continued)

Requirement

(3) Immediately upon the recognition of the error, the provider must ensure parents are notified of any adverse reaction to a medication or an error in the administration of medication for their child(ren).

Rationale / Explanation

Caregivers/teachers need to know what medication the child is receiving, who prescribed the medicine and when, for what purpose the medicine has been prescribed and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A child's reaction to medication can be occasionally extreme enough to initiate the protocol developed for emergencies. The medication record is especially important if medications are frequently prescribed or if long-term medications are being used. *CFOC 4th ed. Standard 3.6.3.3 p.p. 155*

Compliance Guideline(s)

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

Noncompliance Risk

High

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](#)

[GuideUtah'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 facility should promote all children's active play every day. Children should have ample opportunity to do moderate to vigorous activities, such as running, climbing, dancing, skipping, and jumping, to the extent of their abilities. *CFOC 4th ed. Standard 3.1.3.1 p.p. 97-98*

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 of any off-site activities.

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

ledws-19 Play Equipment

If there is play equipment that is used by children in care and that is maintained by the provider, the provider must ensure:

Requirement

- (1) All stationary play equipment used by children in care meets the following requirements for use zones:
 - (a) When all children in care are at least two years old:
 - (i) If the height of a designated play surface (any accessible elevated surface for standing, walking, crawling, sitting, or climbing or an accessible flat surface at least 2" by 2" in size and having an angle less than 30 degrees from horizontal) or climbing bar on a piece of equipment, excluding swings, is greater than 30 inches:
 - The use zone must extend a minimum of 6 feet in all directions from the perimeter of each piece of equipment.
 - The use zones of two pieces of equipment that are positioned adjacent to one another may overlap if the designated play surfaces of each structure are no more than 30 inches above the protective cushioning underneath the equipment. When this is the case, there must be a minimum of 6 feet between the adjacent pieces of equipment.
 - There must be a minimum use zone of 9 feet between adjacent pieces of equipment if the designated play surface of one or both pieces of equipment is more than 30 inches above the protective cushioning underneath the equipment.
 - (ii) The use zone in the front and rear of a single-axis swing must extend a minimum of twice the height of the pivot point of the swing and may not overlap the use zone of any other piece of equipment.
 - (iii) The use zone of a multi-axis swing must extend a minimum of 6 feet plus the length of the suspending members and must never overlap the use zone of another piece of equipment.
 - (iv) The use zone for merry-go-rounds must never overlap the use zone of another piece of equipment.
 - (v) The use zone for spring rockers must extend a minimum of 6 feet from the at-rest perimeter of the equipment.
 - (b) When any child in care is an infant or toddler:
 - (i) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 18 inches:
 - The use zone must extend a minimum of 3 feet in all directions from the perimeter of each piece of equipment.
 - Use zones may overlap if two pieces of equipment are positioned adjacent to one another, with a minimum of 3 feet between the perimeters of the two pieces of equipment.
 - (ii) The use zone in front of a slide must not overlap the use zone of any other piece of equipment.
 - (iii) The use zone in the front and rear of all swings must extend a minimum distance of twice the height from the swing seat to the pivot point of the swing, and must not overlap the use zone of any other piece of equipment.
 - (iv) The use zone for the sides of a single-axis swing must extend a minimum of 3 feet from the perimeter of the structure, and may overlap the use zone of a separate adjacent piece of equipment.
 - (v) The use zone of a multi-axis swing must extend a minimum distance of 3 feet plus the length of the suspending members, and must never overlap the use zone of another piece of equipment.
 - (vi) The use zone for spring rockers must extend a minimum of 3 feet from the at-rest perimeter of the equipment.

Rationale / Explanation

User Field SEQ CHAPTER \h \r 1 = A use zone is the area beneath and surrounding play equipment or a structure that 1) allows for unrestricted movement around the equipment; 2) is free of hard objects and surfaces, and other hazards; and 3) is cushioned to reduce injuries from falling. Injuries from falls and collisions are more likely to occur when equipment is inappropriately placed and the use zone is inadequate. *CFOC 4th ed. Standard 6.2.2.1. p.272; Standard 6.2.2.4. p.292*

The use zones around equipment for infants and toddlers are smaller than those around equipment for

ledws-19 Play Equipment (continued)

User Field SEQ CHAPTER \h \r 1 = A single-axis swing (sometimes called a to-fro swing) is intended to only swing back and forth and generally has a seat suspended by at least two chains or ropes, each being connected to a separate pivot on an overhead structure. *CPSC Public Playground Safety Handbook. Standard 5.3.8. p.237*

Compliance Guideline(s)

- Measure from the ground to the highest designated play surface on each piece of stationary play equipment to determine whether a use zone is needed, and if needed, to determine how far the use zone is to extend.
- teeter-totters - Measure by pushing one end of the teeter-totter to the ground and then measuring from the ground to the top of the teeter-totter's seat that is raised to its highest position.
- spring rockers - Measure from the ground to the height of the rocker when it's at rest.
- Determine whether each piece of stationary play equipment has an adequate use zone. To confirm that the use zone extends the required number of feet, measure from the outermost edge of the play equipment in all directions around and above it. The outermost edge does not include a third supporting pole or beam that extends outwards from the side of the play equipment frame.
- tunnels - When a tunnel, such as a caterpillar tunnel, has hand or foot holds and is used as a climber, a use zone is required. When a tunnel is used only to crawl through, a use zone is not required.
- stumps, disks, or pillars - When they are meant for stepping from one to the other, they are considered one piece of equipment (even though they are installed individually).

A use zone is required around the group of stumps, disks, or pillars, and not around each individual component.

- foam climbers (usually vinyl-covered) - Mats that are part of the equipment are considered part of the use zone.
- single-axis swing sets - Use zones are required in the front and rear of the swing and on the sides of the set.
- multi-axis swing sets - Use zones are required in all directions of the swing and on the sides of the set.
- embankment slides - Use zones are not required on the sides. Use zones at least as wide as the slide are required at the bottom of the slide chute.

A use zone is not required for:

- stumps, boulders, disks, or pillars that are only used as seating
- portable stumps that children can move around
- sand diggers
- areas above the roof of a piece of play equipment
- the back or side of a piece of equipment that is flush against a wall
- tetherball poles

Noncompliance Risk

High

ledws-19 Play Equipment (continued)

Requirement

(2) There is adequate protective cushioning in all use zones.

- (a) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material must meet the Consumer Product Safety Commission (CPSC) guidelines in Table 1. The provider must ensure that the material is periodically checked for compaction, and if compacted, must loosen the material to the depth listed in Table 1. If the material cannot be loosened due to extreme weather conditions, the provider must ensure that children are not on the equipment until the material can be loosened to the required depth.

TABLE 1					
Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires					
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Fine Sand	Coarse Sand	Fine Gravel	Medium Gravel	Shredded Tires
4' high or less	6"	6"	6"	6"	6"
Over 4' up to 5'	6"	6"	6"	6"	6"
Over 5' up to 6'	9"	9"	6"	9"	6"
Over 6' up to 7'	9"	Not Allowed	9"	Not Allowed	6"
Over 7' up to 8'	9"	Not Allowed	9"	Not Allowed	6"
Over 8' up to 9'	9"	Not Allowed	9"	Not Allowed	6"
Over 9' up to 10'	Not Allowed	Not Allowed	9"	Not Allowed	6"
Over 10' up to 11'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Over 11' up to 12'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"

Fine Sand is white sand in bags marked "play sand". 100% of the material must pass through a #16 screen. Coarse Sand is usually sand for landscaping or construction. 98% of the material must pass through a #4 screen.

Fine Gravel is gravel with particles that are rounded and 3/8 inch or less in diameter.

Medium Gravel is gravel with particles that are rounded and 1/2 inch or less in diameter.

- (b) If shredded wood products are used as protective cushioning, the depth of the shredded wood must meet the CPSC guidelines in Table 2.

TABLE 2			
Depths of Protective Cushioning Required for Shredded Wood Products			
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
4' high or less	6"	6"	6"
Over 4' up to 5'	6"	6"	6"
Over 5' up to 6'	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 8'	9"	9"	9"
Over 8' up to 9'	9"	9"	9"
Over 9' up to 10'	9"	9"	9"
Over 10' up to 11'	9"	9"	9"
Over 11' up to 12'	9"	Not Allowed	Not Allowed

- (c) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning, the provider must ensure that the cushioning material is securely installed so that it cannot become displaced or picked up by children.

ledws-19 Play Equipment (continued)

- (d) Stationary play equipment may be placed on grass, but must not be placed on concrete, asphalt, dirt, or any other hard surface when:
- (i) all children in care are school age and the highest designated play surface (a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size) is less than 30 inches from the ground and there are no moving parts on which children sit or stand.
 - (ii) all children in care are at least 2 years old and the highest designated play surface is less than 20 inches from the ground and there are no moving parts on which children sit or stand.
 - (iii) any child in care is an infant or toddler and the highest designated play surface is less than 18 inches from the ground and there are no moving parts on which children sit or stand.

Rationale / Explanation

Head-impact and other injuries present a significant danger to children. Falls onto a shock-absorbing surface are less likely to cause serious injury because the surface is yielding, so the force of impact is reduced. Cushioning under and surrounding play equipment should receive careful attention. *CFOC 4th ed. Standard 6.2.3.1 p.p. 292-293*

Compliance Guideline(s)

When the highest designated play surface is at least 6 inches from the ground, the equipment requires cushioning. A fully enclosed area will not be considered the highest designated play surface.

A rounded tunnel sitting on the ground does not need cushioning unless it has a flat 2" by 2" surface on it.

When a tunnel, such as a caterpillar tunnel, has hand or foot holds and is used as a climber, cushioning is required.

When the tunnel is used only to crawl through, cushioning is not required.

When there is stationary play equipment that varies in height, assess the cushioning around each part of equipment.

Ensure there is cushioning under each piece of indoor and outdoor piece of stationary play equipment that is required to have cushioning.

To determine the depth of cushioning, for each area with stationary play equipment:

- Dig to the bottom of the cushioning in three spots. For embankment slides, dig only at the bottom of the slide chute. For swing sets, dig under the at rest swing seats.
- Place the bottom edge of a metal or wood ruler at the bottom of the hole and record the depths.
- Refill the holes with the cushioning.
- The requirement is out of compliance when any of the depths were too low. When there are various cushioning materials used in the same use zone, assess the depth of the material that requires the greatest depth.

When grass or weeds have grown into loose-fill cushioning in a use zone and the cushioning is no longer soft enough to displace, the requirement is out of compliance.

Pillows can be in the use zone of stationary play equipment, but may not be a substitute for approved cushioning.

This requirement is out of compliance when unitary cushioning material is not secured in place and it could become displaced when children jump, run, walk, land, or move on it, or if children could easily pick it up and move it.

Rubber mats are not required to be glued down when the tiles are interlocking without significant gaps between the tiles; when there is a border around the tiled play area that holds the tiles in place so they cannot be dislodged by children running or jumping on them; or when the equipment may be placed on grass due to the height of the equipment.

Mats that are part of the foam climbers (usually vinyl-covered) are considered cushioning and part of the use zone.

Loose cushioning is considered compacted when a shovel won't easily go into the cushioning.

Noncompliance Risk

High

Iedws-19 Play Equipment (continued)

Requirement

(3) Stationary play equipment has protective barriers on all play equipment platforms that are more than 48 inches above the ground. The bottom of the protective barrier must be less than 3-1/2 inches above the surface of the platform, and there can be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier must be at least 38 inches above the surface of the platform when all children in care are school-age and at least 30 inches above the ground when any child in care is younger than school-age.

Rationale / Explanation

A barrier should minimize the likelihood of passage of a child during deliberate attempts to defeat the barrier. Any openings between uprights or between the platform surface and lower edge of a protective barrier should prevent passage. *CPSC. Public Playground Safety Handbook. Standard 5.1.3 p.p. 18*

Compliance Guideline(s)

Protective barriers cannot have horizontal bars or slats because they promote climbing.

A provider can add more than the required amount of protective cushioning to lessen the height of a platform so that it does not need a protective barrier.

Noncompliance Risk

High

Requirement

(4) There are no entrapment hazards on any piece of stationary play equipment or within or adjacent to the use zone of any piece of stationary play equipment.

Rationale / Explanation

All openings in pieces of play equipment should be designed too large for a child's head to get stuck in or too small for a child's body to fit into, in order to prevent entrapment and strangulation. Any equipment opening between three and one-half inches and nine inches in diameter presents the potential for head entrapment. Similarly, openings between three-eighths inch and one inch can cause entrapment of the child's fingers. *CFOC 4th ed. Standard 6.2.1.9 p.p. 290*

Compliance Guideline(s)

This requirement applies to entrapment hazards that are outside of the use zone(s) of any piece of playground equipment and to entrapment hazards where a child's feet could not touch the ground.

Measure from the floor or ground (or other play surface) to the bottom of the opening to determine whether a child's feet could touch the ground. A child's feet could not touch the ground if:

- For infants or toddlers: the bottom of the opening is higher than 23¼ inches above the floor or ground.
- For preschoolers: the bottom of the opening is higher than 25¼ inches above the floor or ground.
- For school-age children: the bottom of the opening is higher than 33 inches above the floor or ground.

Assess entrapment hazards using the torso probe (6-1/2 inches by 3-1/4 inches). When the torso probe can pass through the opening, use the head probe (9 inches in diameter) and place it in the opening. When the head probe cannot pass through the opening, it is an entrapment hazard.

Entrapment hazards above 4' on fences will not be assessed as entrapment hazards.

Partially bound openings, such as those found in picket fences, will not be assessed as entrapment hazards.

Entrapment hazards that are higher than 48 inches from any surface a child could climb on and directly under a platform will not be assessed as entrapment hazards.

Noncompliance Risk

High

Requirement

(5) There are no strangulation hazards on any piece of stationary play equipment or within or adjacent to the use zone of any piece of stationary play equipment.

Rationale / Explanation

Strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats, and other clothing get caught in gaps in the equipment. The area on top of slides is one potential trouble spot. *CFOC 4th ed. Appendix EE. p.p. 534*

Compliance Guideline(s)

Strangulation hazards include:

- a bolt, screw, or other protrusion that passes the protrusion gauge test and which also project upward from a horizontal plane
- a bolt, screw or other protrusion that increases in size or diameter as it moves away from the surface (for example, a bolt with a washer on the outside of a nut, where the washer is greater in diameter than the nut or, a bolt with a large bolt head, where the bold head is not flush with the surface)
- bolt ends that extend more than two threads beyond the face of the nut
- on slides: a gap on the top or sides of sides of a slide that the 1/8", 2" diameter protrusion gauge could pass all the way through
- on "S" hooks: a gap in an "S" hook that a dime could fit in
- hanging ropes, cords, or chains, on stationary play equipment, that are longer than 12" and that can make a loop 5" in diameter, except ropes, cords, or chains with swings attached to the bottom of them
- ropes, cords, or chains that hang into the use zone of a piece of playground equipment and are attached to something solid

Connectors such as "S" hooks that have openings that don't face downward and are greater than .04 inches (the width of a dime) are strangulation hazards.

Connectors at the top of free standing swings that are more than 8 feet high and those at the top of swings with cross bars more than 8 feet high will not be assessed.

To assess compliance:

- Check each piece of play equipment for possible strangulation hazards.
- Check the entire use zone for possible strangulation hazards. The use zone surrounds the equipment including the use zone above the equipment. This means that there cannot be tree branches or another object that creates a strangulation hazard in the use zone above the equipment.

Protrusions

Strangulation hazards caused by protrusions include:

- bolt ends that extend more than two threads beyond the face of the nut unless the bolt end is facing straight down
- a bolt, screw, or other protrusion which increases in size or diameter as it moves away from the surface (e.g. a bolt with a large bolt head that is not flush with the surface)
- a bolt, screw, or other protrusion angled upward from a horizontal plane that fails the protrusion gauge test
- loose handholds on climbing walls

To assess protruding elements on pieces of playground equipment for possible strangulation hazards, use the A-, B-, and/or C-gauge.

- When a gauge does not fit over the protrusion, it is not a strangulation hazard.
- When a gauge fits over the protrusion and the protrusion does not extend beyond the gauge, it is not a strangulation hazard.
- When a gauge: 1) fits over the protrusion, 2) angles upward from a horizontal plane and is not in a recessed area, 3) extends beyond the face of the gauge, and 4) is at a height where a child's feet could not touch the ground, it is a strangulation hazard.

Iedws-19 Play Equipment (continued)

Gaps or Openings

Strangulation hazards caused by hardware gaps or spaces between components include a hardware connector, such as an S- or C-hook, that has a gap or opening greater than .04 of an inch (the edge of a dime) and the opening does not face downward.

To assess gaps for possible strangulation hazards:

Inspect all connectors such as S- and C-hooks, no matter where they are located on a piece of equipment, except those that are:

- at the top of a free standing swing higher than 8 feet
- at the top of a swing with a crossbar that is higher than 8 feet

Use a dime (or the wire hook tool) to measure the width of the gap or space.

- When the dime or tool does not fit in the gap, it is not a strangulation hazard.
- When the dime or wire tool fits into the gap and the gap angles upward, it is a strangulation hazard.



Hanging Ropes, Cords, Chains

Strangulation hazards caused by ropes, cords, chains, etc. include:

- Hanging ropes, cords, wires, or chains longer than 12 inches that can make a loop 5 inches in diameter, except ropes, cords, wires, or chains with swings or tetherballs attached to the bottoms of them.
- Ropes, cords, twine, etc. that hang into the use zone of a piece of playground equipment and are attached to something solid.
- Ropes that are not anchored securely at both ends, and/or are capable of forming a loop or a noose.

To assess ropes, cords, chains, twine, etc. for possible strangulation hazards:

- Measure the rope, cord, or chain to determine if it is longer than 12 inches.
- Determine if it can make a loop that is 5 inches in diameter.
 - When the rope is not 12 inches or longer and cannot make a 5-inch loop, it is not a strangulation hazard.
 - When the rope is 12 inches or longer and can make a 5-inch loop, it is a strangulation hazard if attached to a solid structure or other object.

Do not assess gaps at the top of slide chutes.

The following equipment components are not strangulation hazards:

- Protrusion or strangulation hazards on the underside of platforms that are 48 inches or higher.
- Protrusions on the top crossbar of free standing swings when the top of the swing is higher than 8 feet tall and there is not a horizontal bar between the support poles, nor is the swing attached to any other component or platform.
- Protruding parts that are molded as a part of the design for dramatic play, such as the eyepiece of a telescope or the ear of an animal (as long as the part is in good repair and no parts are missing).
- Handholds and foot bars that are designed for that purpose, such as those found on spring rockers.
- A bolt end or other protruding hardware in recessed areas unless it extends past the recessed area.
- Ropes or cords suspending a tether ball or swing.

Noncompliance Risk

High

ledws-19 Play Equipment (continued)

Requirement

(6) When any child in care is an infant or toddler:

- (a) There are no designated play surfaces that exceed 3 feet in height on any piece of stationary play equipment used by infants and toddlers.

Rationale / Explanation

Equipment that is sized for larger and more mature children poses challenges that younger, smaller, and less mature children may not be able to meet. *CFOC 4th ed. Standard 6.2.1.1 p.p. 288*

Compliance Guideline(s)

The highest designated play surface is determined by measuring from the floor or ground to the equipment's highest designated play surface.

A fully enclosed area on the play equipment, such as an elevated crawling tube, will not be considered the highest designated play surface.

Noncompliance Risk

High

Requirement

(6) When any child in care is an infant or toddler:

- (b) Swings used by infants and toddlers must have enclosed seats.

Rationale / Explanation

This rule is based on guidelines from CPSC. Enclosed (or bucket) seats are recommended in order to provide support on all sides of an infant or toddler, and because they have a safety restraint system that fits between the legs to prevent the child from falling out. Full bucket seat swings are intended for children under 4 years of age to use with adult assistance. *CPSC. Public Playground Safety Handbook. Standard 5.3.8.3.2 p.p. 39*

Noncompliance Risk

High

If transportation is provided:

Requirement

(1) While transporting children in care, the provider must ensure the driver has children in care in 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 ensure the driver never leaves 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

ledws-21 Animals

Currently there are no requirements for this section.

ledws-22 Rest and Sleep

Currently there are no requirements for this section.

ledws-23 Diapering

If diapering is provided:

Requirement

(1) The provider must ensure children's diapers are changed at a diaper changing station with railings.

Rationale / Explanation

Diapering stations should be equipped with railings or barriers to prevent falls. Safety straps on changing tables are provided to prevent falls but they trap soil and they are not easily disinfected. Therefore, diaper changing tables should not have safety straps. *CFOC 4th ed. Standard 5.4.2.5 p.p. 266*

Compliance Guideline(s)

This applies to infants and toddlers only.

Children who are too large to be changed at the diapering station, such as older children with disabilities, may be changed on a nap mat or other smooth, waterproof surface placed on the floor, provided the surface is thoroughly cleaned and sanitized after each diaper change. When this is the case, the children are to be changed next to the diaper changing station and not in any other area of the room.

Diapering stations with a molded edge that prevents children from falling are acceptable, unless the diapering mat is thick enough that it is flush with the molded edge, so that the molded edge does not protect children from rolling or falling off the changing table.

Noncompliance Risk

High

Requirement

(2) The provider must ensure caregivers do not leave children unattended when the children are on the diapering surface.

Rationale / Explanation

Data from the U.S. Consumer Product Safety Commission (CPSC) show that falls are a serious hazard associated with infant changing tables. *CFOC 4th ed. Standard 5.4.2.5 p.p. 267*

Compliance Guideline(s)

Caregivers are considered attending the child if they are facing the child and not more than an arm's length away from the child.

Noncompliance Risk

High

ledws-24 Infant and Toddler Care

If any child in care is younger than two years old is in the facility/program:

Requirement

(1) The provider must ensure high chairs have T-shaped safety straps or devices that are used whenever a child is in the chair.

Rationale / Explanation

High chairs, if used, should have a wide base and a securely locking tray, along with a crotch bar/guard to prevent a child from slipping down and becoming entrapped between the tray and the seat. High chairs should also be equipped with a safety strap to prevent a child from climbing out of the chair. *CFOC 4th ed. Standard 5.3.1.8. pp. 258*

Compliance Guideline(s)

Booster seats are considered high chairs.

When high chairs are on or low enough to the floor that children's feet touch the ground while sitting in the chairs, t-shaped straps or devices are not required.

Noncompliance Risk

High

Requirement

The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen and are not placed to sleep on mats or cots or in bouncers, swings, car seats, or other pieces of similar equipment. The provider must ensure soft toys, loose blankets, or other objects are not placed 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 and the National Institutes of Health at: 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 caregiver sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the caregiver 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. Caregivers 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 caregiver 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 caregiver 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.
- 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

ledws-24 Infant and Toddler Care (continued)

Requirement

(2) The provider must ensure infants are placed on their backs for sleeping unless there is documentation from a health care provider for the treatment of a medical condition.

Rationale / Explanation

About 3,500 SUIDs 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 the National Institutes of Health: Safe to Sleep

Noncompliance Risk

High

Requirement

(3) When there are more than eight children in the area, the provider must ensure infants and toddlers do not use the outdoor play area at the same time as older children.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children. *CFOC 4th ed. Standard 2.1.2.4 p.p. 62*

Compliance Guideline(s)

When there is a separate, enclosed outdoor play area for infants and toddlers, they may be outside at the same time as other groups of children.

Noncompliance Risk

High