

R381-60-12: CHILD GUIDANCE AND INTERACTION

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

Caregivers should guide children to manage their own behavior in a socially acceptable manner. Adults should help each child learn how to resolve conflicts, manage transitions, and express feelings, needs, and wants. The adult's guidance helps children respond to difficult situations in appropriate ways. Talking and listening to children, playing with them, and responding to their needs are effective ways in guiding and interacting with children. *CFOC 3rd ed. Standard 2.2.0.6. pp. 70-71.*

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

Rationale / Explanation

Child care facilities should have policies and procedures to identify and prevent physical, emotional, and sexual abuse from occurring while a child is in care. Caregivers and all others who are in direct contact with children should receive training on preventing abuse. *CFOC 3rd ed. Standard 3.4.4.3. p. 125.*

Physical and emotional abuse may occur when the caregiver is under high stress. Too much stress can affect the quality of the care that the adult is able to give. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they cannot continue to provide safe care. *CFOC 3rd ed. Standard 1.7.0.5. p. 42.*

The facility's physical layout should be arranged so that there is a high level of visibility in the inside and outside areas as well as in diaper changing and toileting areas used by children. The presence of multiple caregivers also reduces the risk of abuse to children. Abuse tends to occur in privacy and isolation, often in toileting areas. *CFOC 3rd ed. Standard 3.4.4.5. pp. 125-126.*

Compliance Guidelines

- CCL will investigate all allegations of child abuse and neglect in child care programs 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.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

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

Rationale / Explanation

It is important that all parties involved, including parents, children, and caregivers understand the program's expectations of children's behavior. The guidance and discipline of children should be based on children's developmental level with simple rules that children can understand, and be proactive in teaching and supporting children in learning the rules. Children cannot be expected to

conform to behavioral expectations if they do not know what those expectations are. *CFOC 3rd ed. Standard 2.2.0.6. pp. 70-72; Standard 9.2.1.3. pp. 349-350.*

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

Infants: Ages Birth through 11 Months

- Cry to communicate that they are hungry, tired, in distress, or have other needs.
- May cry or scream when left in child care due to separation anxiety.
- Put everything in their mouths because they explore through taste.
- Feel and touch everything because they learn and explore by using their five senses.
- Need physical exercise such as “tummy time.”

Toddlers: Ages 12 Months to 24 Months

- Put everything in their mouths because they explore through taste.
- Feel and touch everything because they learn and explore by using their five senses.
- May cry, hit, or bite to get their way or to communicate with others.
- May express their emotions through hugging, smiling, hitting, or biting because of their limited verbal skills.
- May show signs of anxiety by withdrawing, crying, clinging, or needing to be held especially during change.

Two-Year-Olds

- Like to assert their independence.
- Often say “no” and “mine” because of their limited vocabulary and social skills.
- Do not understand the concept of sharing.
- Exhibit bursts of emotion because they want to express themselves and do not know how.

Three- and Four-Year-Olds

- Have a great desire to please adults.
- Often cannot tell what is real and what is make-believe.
- May still have a difficult time sharing and taking turns or playing with others.
- May have outbursts of emotions.
- Like to be independent, have choices, and “do it themselves.”
- Need to win and be successful.
- Often tell on others to prove that they know the rules.

School-Age Children: Five- to-Twelve-Year-Olds

- Are sometimes demanding and sometimes cooperative.
- Want to please their friends.
- Like to play with others but want to be recognized as an individual.
- Like to make decisions and do well when they are part of group decisions.
- Will often stretch the truth to meet their social needs.

Compliance Guidelines

- The provider's expectations for children's behavior and how misbehavior is handled must be described in the provider's health and safety plan.
- The provider may inform staff, parents, and children of the program's behavioral expectations in a variety of ways, such as making the information part of the orientation for new enrolling parents, putting it in a parent handbook, or posting it on a parent bulletin board.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning

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

Rationale / Explanation

Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural and logical consequences (for example, if a child breaks a toy, then the toy no longer works; or if a child throws sand, then they may not play in the sand box for a while).

CFOC 3rd ed. Standard 2.2.0.6. p. 70-72.

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

- Have a positive relationship with the children,
- Use encouragement and descriptive praise to point out appropriate behaviors,
- Show children positive alternatives, and
- Set clear, direct, and simple limits. *CFOC 3rd ed. Standard 2.2.0.6. p. 70.*

- (4) **Caregivers shall use gentle, passive restraint with children only when it is needed to stop children from injuring themselves or others, or from destroying property.**

Rationale / Explanation

It should never be necessary to physically restrain a typically developing child unless their safety, the safety of others, or property is at risk. If restraint becomes necessary, the most desirable method is holding the child as gently as possible. The child should not be physically restrained any longer than is necessary to control the situation. *CFOC 3rd ed. Standard 2.2.0.10. p. 76.*

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

Rationale / Explanation

Corporal (physical) punishment may be physically and emotionally abusive, or may easily become abusive. Physical abuse is prohibited by law, including when disciplining children. Research has found that corporal punishment has limited effectiveness and potentially harmful side effects. There is a link between corporal punishment, such as spanking and hitting, with negative effects such as later aggression, antisocial behavior, and learning impairments. *CFOC 3rd ed. Standard 2.2.0.9. pp. 75-76.*

A child could be harmed if not restrained properly. No bonds, ties, blankets, straps, car seats, or heavy weights (such as adult sitting on a child), or abusive words should be used. *CFOC 3rd ed. Standard 2.2.0.10. p. 76.*

The child care program should strongly encourage all staff members to model healthy and safe behaviors and attitudes in their interactions with children. Modeling is an effective way of confirming that a behavior is one to be imitated. Brief verbal expressions of disapproval help children use reasoning. Shouting at children or others is not an effective communication tool and can be emotionally abusive. *CFOC 3rd ed. Standard 2.2.0.9. p. 75; Standard 2.4.1.2. p. 82.*

Emotional abuse includes threatening, intimidating, humiliating, demeaning, criticizing, rejecting, using profane language, and/or using inappropriate physical restraint and is prohibited in child care programs, including when disciplining children. These prohibited methods of discipline are considered psychologically and emotionally harmful. *CFOC 3rd ed. Standard 2.2.0.9. pp. 75-76.*

While speaking to children relays information and facts, the social and emotional communication and the atmosphere of the exchange are equally important. Profanity should not be used at any time in a child care setting. *CFOC 3rd ed. Standard 2.1.1.9. p. 56.*

When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop food dislikes and unhealthy eating behaviors. Forcing or withholding rest and toileting is also harmful and is prohibited. *CFOC 3rd ed. Standard 4.5.0.11. p. 182.*

No child of any age should be confined in an enclosure or a locked room including for disciplinary measures. This includes placing a child in a crib or playpen for time-out. Confining a child in this way is an unsafe practice and emotionally harmful to the child.

It is best practice to use time-out infrequently and only for children who are at least two years old. The American Academy of Pediatrics and the American Public Health Association recommend these guidelines when using time-out:

- Time-outs should only be used for behaviors that are persistent and unacceptable.
- The caregiver should explain to the child how time-out works BEFORE it is used.
- When placing the child in time-out, the caregiver should stay calm.
- While the child is in time-out, the caregiver should not interact with the child, but should always keep the child in sight.
- Time-outs do not need to be long. The caregiver could use one minute of time-out for each year of the child's age.
- The caregiver should end the time-out on a positive note and allow the child to feel good again. *CFOC 3rd ed. Standard 2.2.0.6. p. 71.*

Compliance Guidelines

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

Examples of inappropriate interactions include:

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

The following are not rule violations:

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

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

- (6) **Any person who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in Utah Code Section 62A-4a-403 and Section 62A-4a-411.**

Rationale / Explanation

The reporting of suspected child abuse or neglect is required by law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services by the person who witnesses or suspects the abuse. *CFOC 3rd ed. Standard 3.4.4.1. pp. 123-124.*

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

- <https://pcautah.org> (Prevent Child Abuse Utah)
- *CFOC 3rd ed. Appendix M. pp. 445-448 and Appendix N. pp. 449-450.*
- <http://preventchildabuse.org> (Prevent Child Abuse America)

Compliance Guidelines

- If a person has reason to believe that abuse or neglect has occurred, it must be reported. If witnessed or suspected, abuse or neglect should be directly reported to the Division of Child and Family Services (DCFS) hotline at 1-855-323-3237, or to law enforcement. An individual is in violation of law and is out of compliance with this rule if they do not report, or if they only report to an attorney, owner, director, their supervisor, or only to CCL.

- It is acceptable if an employee discusses suspected abuse with the provider before reporting and together they determine that abuse is or is not suspected. For example, the provider may know that a child's injury was from a fall and not due to abuse, and gives that information to the employee. However, if abuse or neglect is suspected, reporting it to a supervisor does not replace the requirement to report to DCFS.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning