

R381-70-18: ACTIVITIES

This section provides the rules and information about daily activities and schedules. It also discusses the rules that the provider must follow if offsite activities are offered for the children.

- (1) **The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.**

Rationale / Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities. Children's experiences in their earliest years affect how their brains work and during these years the brain undergoes its most dramatic growth. Language emerges, basic motor abilities form, thinking becomes more complex, and children begin to understand their own feelings and those of others. Children who do not receive appropriate nurturing or stimulation during these prime times are at heightened risk for developmental delays and impairments. *Rethinking the Brain*. Rima Shore (NY: Families and Work Institute, 1997); *What Do We Know About Social and Emotional Development* (The Urban Child Institute, 2017).

Physical Development Includes...	Social/Emotional Development Includes...	Cognitive Development Includes...	Language Development Includes...
crawling walking running dancing climbing balancing exercising writing drawing	feeling expressing succeeding sharing playing laughing pretending encouraging helping	thinking understanding guessing asking answering solving exploring learning evaluating	talking listening singing roleplaying reading writing rhyming reciting responding

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (2) **Daily activities shall include outdoor play as weather and air quality allow.**

Rationale / Explanation

Children should play outdoors each day when the conditions do not pose a safety risk. Outdoor play offers additional learning opportunities and many health benefits. Generally, outdoor air is healthier than indoor air because infectious disease organisms are less concentrated. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open space in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. *CFOC 3rd ed. Standard 3.1.3.2. p. 93.*

For information about air quality visit: www.airquality.utah.gov.

Compliance Guidelines

- It is not a requirement for children to have outside activities on days when air quality is rated as poor (or red).
- Taking children on walks is considered outdoor play. However, going on a walk may not be the only outdoor activity that is ever offered; children of all ages must have opportunities for vigorous physical activity when outdoors.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (3) **Physical development activities shall include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every 2 hours children spend in the program.**

Rationale / Explanation

All children should participate in play, activities, and games that promote movement over the course of the day, both indoors and outdoors. Children's participation in physical activity is critical to their overall health, development of motor skills, social skills, and cognitive development. Daily physical activity is an important part of preventing excessive weight gain and childhood obesity. *CFOC 3rd ed. Standard 3.1.3.1. pp. 90-91.*

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.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (4) **The provider shall post a daily activity schedule that includes:**
(a) activities that support children's healthy development; and
(b) the times activities occur including at least meal, snack, and outdoor play times.

Rationale / Explanation

Providers need a written plan for how they will support children's healthy development, and they need to communicate the plan to parents. Research has shown that children attending child care facilities that have a well-developed plan of activities achieve appropriate levels of development. *CFOC 3rd ed. Standard 2.1.1.1. pp. 49-50.*

It is a healthy practice (although not required) that children have a scheduled time for more quiet or relaxing activities such as reading, listening to soft music, doing homework, or drawing.

A posted daily schedule will also help demonstrate the provider's compliance with providing daily outside play and offering meals or snacks at least every 3.

Compliance Guidelines

- The daily schedule(s) may be posted in a central area (such as a parent bulletin board) where all parents will see it as they come and go, or in each room where children are cared for.
- It is out of compliance if the schedule only includes a general list of activities.
- Words other than those used in rule may be used to describe activities as long as the intent of

the rule is maintained. For example, “recess” may be used in place of “outdoor time.

- The daily schedule needs to account for the entire time children are participating in the program, from the arrival time of the first child to the departure time of the last child. This includes having a schedule for children whether they are participating in the program all day, or just before and after school.
- The provider may change the daily schedule of activities to better address the needs of the children and/or to accommodate life events as long as compliance with rules is maintained.

Low Risk Rule Violation Corrective Action for 1st Instance

Warning

- (5) **Toys, materials, and equipment needed to support children’s healthy development shall be available to the children.**

Rationale / Explanation

Learning occurs in all areas of development as children play. Toys, materials, and equipment that enhance children’s play are essential in a child care or similar setting and should be available to children both indoors and outdoors. *CFOC 3rd ed. Standards 2.1.1.1. - 2.1.1.2. pp. 49-50.*

Good-quality toys, books, and equipment not only benefit children, they can make children’s activities much easier to manage. A few tips for choosing toys and materials include:

- Choose toys that are durable and safe. Look at labels.
- Have enough toys and materials to occupy all children in attendance.
- Select toys that can be used in a variety of ways.
- Promote healthy development by providing toys that encourage large-motor, small-motor and thinking skills, as well as social skills and self-awareness.

Compliance Guidelines

- There must be enough materials for each child in the group to be engaged in play with at least one toy or activity.

Moderate Risk Rule Violation Corrective Action for 1st Instance

Citation Warning

- (6) **Except for occasional special events, the children’s primary screen time activity on media such as television, cell phones, tablets, and computers shall be planned to address the needs of children.**

Rationale / Explanation

Children’s brains and bodies are going through critical periods of growth and development. Screen time takes children away from more valuable social interactions and physical activities. It can have negative effects on cognitive development and there is a link between TV viewing and increased risk of obesity. Staff cannot determine the amount of screen time each child receives at home, so for this reason, the American Academy of Pediatrics (AAP) encourages providers to prohibit or strictly limit the screen time children receive while in the program. *CFOC 3rd ed. Standard 2.2.0.3. pp. 66-68.*

The AAP and the White House Task Force on Childhood Obesity discourage any screen time for children under the age of two years, and less than two hours a day of quality programming for older children. This information can be found at: www.aap.org/.

According to the Mayo Clinic and the AAP, too much or poor quality screen time has been linked to these negative health effects:

- Lack of adequate sleep
- Obesity
- Substance Abuse
- Behavioral problems
- Decreased school performance
- Loss of social skills
- Less time for essential play
- Violence

For another excellent resource, go to:

www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/screen-time/art-20047952

Compliance Guidelines

- Although experts advise that screen time for school-age children be limited to 1 to 2 hours per day (including at home), licensing rule does not specify a maximum number of screen time hours for this age group. Instead, the provider should develop a plan for managing screen time such as allowing a certain amount of screen time for homework and for free play.

This rule does not pertain to screen time that:

- Involves children in physical activity, for example, when children watch television to exercise, dance, or do yoga.
- Is interactive and engages a group of children along with staff, for example, watching an educational video that involves questions and answers or problem-solving with others.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

(7) If swimming activities are offered:

- (a) the provider shall obtain parental permission before each child uses the pool;**
- (b) staff shall stay at the pool supervising whenever a child is in the pool or has access to the pool;**
- (c) if the pool is over 4 feet deep, there shall be a lifeguard on duty who is certified by the Red Cross or other approved certification program any time children have access to the pool; and**
- (d) lifeguards and pool personnel shall not count toward the staff-to-child ratio.**

Rationale / Explanation

Providers should notify parents and get their permission prior to any activity that is out of the ordinary or that may pose additional risk to the children, including before a child uses a swimming or wading pool. This gives a parent the opportunity to keep their child from participating, as they see fit. For example, a parent may not want their child to play in water if the child has just gotten over a cold.

According to the National Safety Council, drowning is the leading cause of injury-related death in children 1 to 4 years old, and is the second leading cause of injury-related death for 5- to-14-year-olds. Drowning can be quick and quiet when it occurs. In a comprehensive CPSC study, it was found that most drowning victims were out of sight for only 5 minutes or less, and splashing did not occur to alert anyone that the child was in trouble. Constant vigilant supervision of children near any body of water is essential. *CFOC 3rd ed. Standards 2.2.0.4.-2.2.0.5. pp. 68-69.*

Most drownings are preventable through a variety of strategies, one of which is to have lifeguards in areas where children swim. Lifeguards are trained to watch for signs of drowning which are seldom obvious. Children and adults are rarely able to call out or wave their arms when they are in distress in the water, and they can submerge in 20 to 60 seconds. As well as rescue, lifeguards are able to provide immediate first aid if necessary. There is no doubt that trained, professional lifeguards have had a positive effect on drowning prevention in the United States. *Lifeguard Effectiveness: A Report of the Working Group*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2001.

A study of drowning deaths of children concluded that the highest percentage of drowning was due to an adult losing contact or knowledge of the whereabouts of the child. For this reason, lifeguards should never have other duties that would distract them from keeping a constant eye on the children in the pool. For example, if the lifeguard counted in the staff-to-child ratio and had to leave the pool area to take care of a child, the children left in the pool would be placed at risk. *CFOC 3rd ed. Standard 1.1.1.5. p. 7.*

Compliance Guidelines

- Whenever a pool contains water, a staff member must stay at the pool. If the staff member needs to leave, the pool must be enclosed within a 4-foot-high fence, or it must be emptied. The pool may never be left with water in it, even when there are no children in the outdoor area.
- If the pool is over 4 feet deep, a staff member may not act as a lifeguard and count in the staff-to-child ratio at the same time.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Children have unsupervised access to a pool.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning otherwise.

(8) If offsite activities are offered:

- (a) the provider shall obtain written parental consent before each activity;**
- (b) the required staff-to-child ratio and supervision shall be maintained during the entire activity;**
- (c) first aid supplies, including at least antiseptic, band-aids, and tweezers shall be available;**
- (d) children shall wear or carry with them the name and phone number of the program;**
- (e) children's names shall not be used on nametags, t-shirts, or in other visible ways; and**
- (f) there shall be a way for staff and children to wash their hands with soap and water, or if there is no source of running water, staff and children shall clean their hands with wet wipes and hand sanitizer.**

Rationale / Explanation

Providers should notify parents and get their permission before any activity that is out of the ordinary or that may pose additional risk to the children, including before a child participates in an offsite activity. Parents should know where their children will be, how the children will get there, and what they will be doing. Parents have the right to keep their child from participating in an offsite activity, as they deem appropriate. This rule helps protect both the child and the provider by ensuring that children are never taken offsite without parental permission. *CFOC 3rd ed.*

Standard 9.4.2.3. p. 388.

Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside the facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures. The provider must ensure that the staff-to-child ratio and supervision are maintained at all times. *CFOC 3rd ed. Standard 6.5.1.1. p. 288.*

The facility should have first-aid and emergency supplies in each location where children are present. This ensures that staff have the supplies necessary to respond to minor injuries of children. *CFOC 3rd ed. Standard 5.6.0.1. pp. 257-258.*

Having the name and phone number of the facility will assist in a lost child being found.

During offsite activities children should not have their names on shirts, badges, or other visible ways. This practice prevents a stranger from calling a child by name to lure them into a dangerous situation. Children are more likely to respond to a stranger who calls them by name.

During an offsite activity, children and staff may touch an unsanitary surface or unknowingly have contact with an individual who has a contagious illness. The best protection from becoming infected is proper handwashing with soap and water. However, if running water is unavailable or impractical, the use of an alcohol-based sanitizer is a suitable alternative. *CFOC 3rd ed. Standard 3.2.2.2. p. 112; Standard 3.2.2.5. p. 113.*

For more information about when and how to use a hand sanitizer, refer to: www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html.

Compliance Guidelines

Parental Permission

- Parents may give a general permission on the admission form for their child to be transported on field trips, but this blanket statement does not meet the requirement of this rule.
- In advance of each offsite activity, the provider must inform parents 1) where the children will be going, including any alternative or backup locations, 2) the day and time they will be offsite, and 3) how the children will get there and back. The provider must receive parent's written consent before each activity.
- For reoccurring and regularly scheduled offsite activities, parents may sign one permission form for the activities as long as the parents are given all of the required information as stated above. For example, the provider may get permission to take the children to the library every Tuesday morning at 10:00 a.m.
- For occasional spontaneous walking field trips, prior written parental permission is not required if 1) the children are offsite for no longer than 60 minutes, 2) they are within ½ mile of the facility, and 3) a notice is posted that includes the times they left and will return, where they will be going, and the route they will take to and from that location.

Ratios and Supervision

- During offsite activities (including in a car or on a field trip), children must always be under the active supervision of a staff member or volunteer who has passed a background check and meets the other personnel requirements as described in rule.
- Parent volunteers may not count in the ratio or have unsupervised contact with any children except their own unless the parent has passed a CCL background check.
- Children need to wear or carry with them the name and phone number of the program even during swimming activities.

Handwashing

- Staff and children should use soap and running water if available.
- Staff must closely supervise the children's use of hand sanitizer to prevent potential ingestion or accidental contact of the hand sanitizer with eyes, nose and mouth.
- Pre-moistened cleansing towelettes do not effectively clean hands and should not be used as a substitute for handwashing.
- For more information on handwashing, see "Section 15: Health and Infection Control."

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- The required staff-to-child ratio and/or supervision was not maintained.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning otherwise.

- (9) **On every offsite activity, staff shall take the written emergency information and releases for each child in the group. The information shall include:**
- (a) the child's name,**
 - (b) the parent's name and phone number,**
 - (c) the name and phone number of a person to notify in case of an emergency if the parent cannot be contacted,**
 - (d) the names of people authorized by the parents to pick up the child, and**
 - (e) current emergency medical treatment and emergency medical transportation releases.**

Rationale / Explanation

Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside of the regular facility may pose increased risk for injury. In case of an emergency, both staff and emergency personnel must have access to children's emergency information.

CFOC 3rd ed. Standard 9.4.2.2. pp. 387-388.

Compliance Guidelines

- Staff must have children's emergency information and releases with them each time they take children offsite including on walks, and going to and from school.
- The emergency information must be complete in accordance with this rule.
- Staff must have a paper copy of each child's emergency information. Having only an electronic copy could result in critical information being inaccessible to emergency personnel and others who may need it.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning