UTAH DEPARTMENT OF HEALTH
Bureau of Child Development
Child Care Licensing Program

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

## Explanation

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 Health and Safety Regulations for License Exempt DWS Approvals. Each section of regulations has the:

**Purpose** -- a brief description of the section

**General Information** -- details (when applicable) specific to that section

**Regulations** – the text of each regulation

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

**Assessment** - how compliance will be assessed

**Enforcement** – the Noncompliance Level(s)

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.

## Inspections

Providers have required Announced and Unannounced Inspections during the year. They will also have Complaint Investigations if there are reports of alleged noncompliance with child care regulations. During these Inspections and Investigations, Licensing Specialists assess compliance with regulations. 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.

## Statements of Findings

After Inspections/Investigations with noncompliance items, Statements of Findings are created. These Statements of Findings have the details of the noncompliance item(s), the date by which the noncompliance item was or must be in compliance, and the Noncompliance Level. The Noncompliance Level shows the level of potential harm to children. Level 1 is the most serious, Level 2 is less serious, and Level 3 is the least serious. The Noncompliance Level also determines the Category of the Statement of Finding. A Cited Statement of Finding has a higher potential of harm to children than a Technical Assistance Statement of Finding.

## Public Record

Cited Statements of Findings from Announced Inspections and Unannounced Inspections are part of the provider's public record. Cited Statements of Findings and Technical Assistance Statements of Findings from Complaint Investigations are part of the provider's public record.

# SECTION 1 - ADMINISTRATION AND PERSONEL

## Purpose
This section has the personnel requirements.

## General Information
Required and technical assistance forms can be found on the Child Care Licensing web page - childcarelicensing.utah.gov
Working days refers to the days the Child Care Licensing Program is open for business.

**1) a) The provider is the administrator of the child care facility or the out of school program. The provider must be at least 21-years-old and ensure:**

**i) compliance with all federal, state, and local laws and rules pertaining to the operation of the program.**
**ii) compliance with the Health and Safety Regulations.**
**iii) caregivers do not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care.**
**iv) caregivers take all reasonable measures to protect the safety of children in care.**

## Rationale / Explanation
The provider may delegate responsibilities to staff but the ultimate responsibility for compliance with laws, rules, and regulations rests with the provider. This regulation is intended to address problems which are not already addressed in other regulations, but which involve the violation of a federal, state, or local law or administrative rule of another agency that applies to the operation of the program or which involve the health and safety of the children in care.

## Enforcement
The noncompliance level depends on the law or rule found out of compliance or the severity of the problem Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar regulation.

**1) b) The director is the person responsible for the day-to-day operation of the facility or program. The director must be at least 21-years-old and have one of the following:**

**i) 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**
**ii) 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**
**iii) a currently valid Child Care Licensing approved National Administrator Credential (NAC) plus one of the following:**

**(1) valid proof of successful completion of 12 semester credit hours of college/university level coursework in child development, early childhood education, elementary education, or a related field; or**
**(2) valid proof of completion of the following six Care About Child Care courses: Child Development: Ages and Stages; Advanced Child Development; School Age Course 1; School Age Course 2; School Age Course 3; and School Age Course 4; or**
**(3) valid proof of valid proof of completion of the following six Utah Early Childhood Career Ladder courses offered through Child Care Resource and Referral: Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.**

## Rationale / Explanation
The provider plays a pivotal role in ensuring the smooth day-to-day functioning of the program within the framework of appropriate child development principles.
College level coursework has been shown to have a measurable, positive effect on quality child care. *CFOC 3rd Ed. pg.11*

**Assessment**

If he/she meets 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 only when documentation of a certificate or transcript is provided.

Continuing Education Units (CEU) 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.

A Montessori Credential is considered equivalent to a CDA or CCP.

The following CARE courses are equivalent to the required Care About Childcare classes:

- Understanding Children or Principles of Child Development and Learning is equivalent to Child Development
- Ages and Learning in the Early Years
- Learning Centers is equivalent to A Great Place for Kids
- Child Development and Guidance is equivalent to Learning to Get Along and Advanced Child Development
- Many Ways to Learn is equivalent to Strong and Smart.

The CARE courses can be found at www.carecourses.com. The local Care About Childcare agencies have additional information about these classes.

**Enforcement**

**Level 2** Noncompliance when the director does not have the necessary credentials

**Level 3** Noncompliance when the director has expired credentials

**1) c) The provider and the director can be the same person.**

**Rationale / Explanation**

This is a permission regulation.

**1) d) There must be a director designee with authority to act on behalf of the director. The director designee must be at least 21-years-old.**

**Rationale / Explanation**

The purpose of this regulation is to ensure that there is always a qualified individual on-site who assumes responsibility for the management of the program and the protection of children's health and safety. CFOC, 3rd Ed. pg. 347 Standard 9.1.0.1

**Assessment**

If he/she is at least 21-years-old the director designee can be the Site Coordinator or a Classroom Teacher.

**Enforcement**

**Level 2** Noncompliance

**1) e) The director or the director designee must be at the facility whenever the program is open for care.**

**Rationale / Explanation**

The purpose of this regulation is to ensure that there is always a qualified individual on-site who assumes responsibility for the management of the program and the protection of children's health and safety. CFOC, 3rd Ed. pg. 347 Standard 9.1.0.1

**Enforcement**

**Level 2** Noncompliance

**1) f) Caregivers are employees (those who receive direct or indirect compensation) or volunteers (those who do not receive direct or indirect compensation) who provide direct care to children. All caregivers who count in caregiver to child ratios must be at least 18-years-old. All assistant caregivers must be at least 16-years-old and work under the immediate supervision of caregivers.**

**Rationale / Explanation**

Eighteen years is the age of legal consent. The purpose of this regulation is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive and show less reasoned judgment than adult responses. CFOC, 3rd Ed. pg. 13 Standard 1.3.2.3.

**Assessment**

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

**Enforcement**

**Level 2** Noncompliance

**1) g) The provider must have written policies and procedures that are on the Child Care Licensing Health and Safety Plan form and that were approved by Child Care Licensing staff.**

**Rationale / Explanation**

An organized, comprehensive approach is necessary to ensure the children's health and safety. Such an approach requires written plans, policies, and procedures, and adequate record-keeping so that there is consistency over time and across staff. CFOC, 3rd Ed. pgs. 348-350 Standards 9.2.1.1, 9.2.1.2, 9.2.1.3, pg. 351 Standard 9.2.1.6

**Enforcement**

**Level 2** Noncompliance

**1) h) All directors, director designees, caregivers, and assistant caregivers must complete at least 2.5 hours of pre-service training no more than 6 months before their first day of interacting with the children in care. Pre-service training must include at least the following topics:**

- **i) prevention of Sudden Infant Death Syndrome and use of safe sleeping practices;**
- **ii) prevention of Shaken Baby Syndrome and Abusive Head Trauma;**
- **iii) recognition and reporting of child abuse and neglect in accordance with the local child abuse reporting procedures and laws;**
- **iv) recognizing the signs of homelessness and available assistance;**
- **v) review of the program's policies and procedures;**
- **vi) review of the program's emergency preparedness plan; and**
- **vii) review of the Health and Safety Regulations.**

**Rationale / Explanation**

The purpose of this regulation is to ensure that all staff receive basic training for the work they will be doing. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. CFOC 3rd Ed. pgs. 21-22 Standard 1.4.2.1.

**Enforcement**

**Level 2** Noncompliance

**1) i) Pre-service training must be documented and the documentation available for review by the Child Care Licensing staff. The documentation of pre-service training must include at least the following:**

**i) the name of the director, director designee, caregiver or assistant caregiver;**
**ii) the training topic;**
**iii) the first date the person interacted with children in care;**
**iv) the date of the training;**
**v) the length of the training; and**
**vi) the source of the training**
**(1) for face-to-face training - the name of the training and the presenting agency (certificates of attendance are required and must be available for review)**
**(2) for non-face-to-face training – the name of the document, article, book, video, etc.**

**Rationale / Explanation**

Accurate and complete training records are needed to track staff training and monitor compliance with this regulation. CFOC 3rd Ed. pg. 393 Standard 9.4.3.3.

**Enforcement**

**Level 3** Noncompliance

**1) j) Directors, director designees, and caregivers who count in caregiver to child ratios must complete at least 2 hours of on-going child care training for each month they have been employed or volunteered or at least 20 hours each exemption year (between the start and end date of the exemption). At least half of the training must be face-to-face training. On-going training must include at least the following topics:**

**i) prevention of Sudden Infant Death Syndrome and use of safe sleeping practices;**
**ii) prevention of Shaken Baby Syndrome and Abusive Head Trauma;**
**iii) recognition and reporting of child abuse and neglect in accordance with the local child abuse reporting procedures and laws;**
**iv) recognizing the signs of homelessness and available assistance;**
**v) review of the program's policies and procedures;**
**vi) review of the program's emergency preparedness plan; and**
**vii) review of the Health and Safety Regulations.**

**Rationale / Explanation**

The American Academy of Pediatrics and the American Public Health Association recommend that all providers and caregivers complete 30 clock hours of ongoing training each year. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC 3rd Ed. pg. 14-16

**Enforcement**

**Level 2** Noncompliance

**1) k) On-going training must be documented and the documentation available for review by the Child Care Licensing staff. The documentation of on-going training must include at least the following:**

**i) the name of the director, director designee, or caregiver;**
**ii) the training topic;**
**iii) the first date the person first counted in ratios;**
**iv) the date of the training;**
**v) the length of the training;**
**vi) the source of the training; and**
**(1) for face-to-face training – the name of the training and the presenting agency (certificates of attendance are required and must be available for review)**
**(2) for non-face-to-face training – the name and source of the training**
**vii) if the training was face-to-face.**

**Rationale / Explanation**

Accurate and complete training records are needed to track staff training and monitor compliance with this regulation. CFOC 3rd Ed. pg. 393 Standard 9.4.3.3.

**Assessment**

One semester hour of credit from a college or university is equivalent to 15 hours of training. One quarter hour of credit from a college or university is equivalent to 10 hours of training.
Time spent in staff meetings, training, conferences, and workshops can be counted as face-to-face training if there is documentation of attendance.
Students can count time spent in child development courses as face-to-face training if the class is in-person (as opposed to online or take-home packets). Any time spent doing homework for the class can count as non-face-to-face training hours.
Real time, interactive webinars can count as face-to-face training if there is documentation of attendance.
Parent/child relationship classes may count as training.
Because they are considered therapeutic and not child care related, adult anger management classes do not count as training hours.

**Enforcement**

**Level 3** Noncompliance

# SECTION 2 - BACKGROUND SCREENINGS

**Purpose**

This section has background screening information.

**2) a) Covered Individuals are:**

**i) owners and members of a governing body**
**ii) directors**
**iii) director designees**
**iv caregivers and assistant caregivers**
**v) employees**
**vi) caregivers and assistant caregivers**
**vii) anyone 12-years-old and older living where care is provided**
**viii) anyone who has unsupervised contact with a child in care**

**Rationale / Explanation**

This regulation defines Covered Individuals.

**2) b) All Covered Individuals must have current (less than a year old) approved background screenings.**

**i) A Background Screening form and the background screening fee must be submitted every year. Fingerprints and the fingerprint processing fee are required with the first Background Screening form for all Covered Individuals 18-years-old and older and for all 16- and 17-year-old assistant caregivers.**

**ii) Complete background screening information and applicable fees must be submitted within 10 days of a new Covered Individual becoming involved with the program. This includes a background screening form, the background screening processing fee, a fingerprint card, and the fingerprint processing fee.**

**Rationale / Explanation**

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not work with or have unsupervised access to children in the program, as outlined in Utah Code 26-39-107.

**Enforcement**

**Level 1** Noncompliance when there is no background screening
**Level 2** Noncompliance when a background screening is not current

**2) c) Guests are individuals who do not reside at the facility and are at the facility with the provider's permission. Guests cannot count in caregiver to child ratios and must always in the same room/area with an individual who has an approved Child Care Licensing background screening.**

**i) Guests are not Covered Individuals and are not required to have Child Care Licensing background screenings.**

**ii) Guests are required to wear guest name tags.**

**Rationale / Explanation**

This regulation explains guests and background screenings.

**2) d) Volunteers are individuals who do not receive any form of direct or indirect compensation for their services.**

**i) When volunteers count in caregiver to child ratios or are ever left unsupervised with children (they are not in the same room/area as an individual with an approved Child Care Licensing background screening), they are Covered Individuals and are required to have Child Care Licensing background screenings.**

**ii) Volunteers who never count in caregiver to child ratios and are never left unsupervised with children are considered guests and are not required to have Child Care Licensing background screenings but are required to wear guest name tags.**

**Rationale / Explanation**

This regulation explains volunteers and background screenings.

**2) e) Parent volunteers are individuals with legal guardianship of children enrolled at the facility or in the program.**

**i) When parent volunteers count in caregiver to child ratios or are ever left unsupervised with children their own (they are not in the same room/area as an individual with an approved Child Care Licensing background screening), they are Covered Individuals and are required to have Child Care Licensing background screenings.**

**ii) Parent volunteers who never count in caregiver to child ratios and are never left unsupervised with children other than their own are considered guests and are not required to have Child Care Licensing background screenings but are required to wear guest name tags.**

**Rationale / Explanation**

This regulation explains parent volunteers and background screenings.

**2) f) Student interns can be considered guests and count in caregiver to child ratios when:**

**i) They are registered in a high school or college child care course and**

**ii) They are always in the same room/area as an individual with an approved Child Care Licensing background screening.**

**Rationale / Explanation**

This regulation explains student interns and background screenings.

**2) g) Owners and members of governing boards who live out of state and are never at the facility are not required to have current approved background screenings.**

**Rationale / Explanation**

This regulation explains when owners and members of governing boards do not have to have current approved background screenings.

**2) h) Background screenings will not be approved when individuals have any of the following:**

**i) any felony conviction**

**ii) any Class A misdemeanor conviction within the last 10 years**

**iii) certain Class A misdemeanor convictions older than 10 years**

**iv) certain Class B and Class C misdemeanor convictions such as:**

**(1) public assistance or unemployment fraud**

**(2) offenses against the family**

**(3) offenses against a person**

**(4) pornography**

**(5) prostitution or any type of sexual offense**

**(6) simple assault**

**(7) domestic violence**

**(8) lewdness**

**(9) child abuse**

**(10) contribution to the delinquency of a minor**

**v) any supported finding of child abuse or neglect as determined by the Division of Children and Family Services**

**vi) a pending indictment, a plea of no contest to, a plea in abeyance, or a diversion agreement to any charges whose conviction would result in a denial**

**vii) a juvenile record comparable to anything that would result in denial if on an adult record**

**viii) a listing on the sex offender registry**

**Rationale / Explanation**

This regulation lists when background screenings won't be approved and the individual cannot be associated with the program.

# SECTION 3 - SUPERVISION AND RATIOS

## Purpose

This section provides regulations and information about supervision of the children in care and the number of required caregivers.

## General Information

An October 2005 legislative audit of the Child Care Licensing Program examined Utah's ratio rule specifically, and found that Utah's requirements are consistent with other states. The audit stated that Utah ratios are actually on the less restrictive end of the range used by states and fall below the national standards for every age group. The audit concluded that Utah's rules are reasonable and justifiable.

**3) a) Caregivers must maintain direct supervision of all children in care at all times. Direct supervision means being able to hear all of the children and being near enough to intervene when necessary.**

### Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when with the caregiver. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Caregivers are to regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location or a child wandered off when a door was open. Regular counting of children can alert the caregiver to a missing child. CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1.

### Enforcement

**Level 1** Noncompliance

**3) b) Caregivers must maintain active supervision of all children in care at all times when they are in the outdoor area and during on off-site activities. Active supervision means the caregiver's attention is focused on the children at all times and not on personal interests (such as talking with other caregivers or being on a phone) and is aware of the entire group even when interacting with small groups of children or individual children.**

### Rationale / Explanation

Children like to test their skills and abilities. This is particularly true in outdoor playgrounds with playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. CFOC,3rd Ed. pgs. 64-66 Standard 2.2.0.1.

### Enforcement

**Level 1** Noncompliance

**3) c) The following minimum caregiver to child ratios and maximum group size must be maintained. Infants are children less than 1-year-old. Toddlers are children who are 1-year-old. School-age is children 5-years-old and older. A group of children is the children assigned to one or two caregivers who, when inside, occupy an individual room or an area defined by furniture or another partition within a room.**

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

| 2-Year-Olds and 3-Year-Olds | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 2-year-old<br>3-year-old | 1-6<br>1-9 | 10 |
| 2 | 2-years-old<br>3-years-old | 1-13<br>1-19 | 20 |

| 2-Year-Olds and 4-Year-Olds | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 2-year-old<br>4-year-old | 1-6<br>1-10 | 11 |
| 2 | 2-years-old<br>4-years-old | 1-13<br>1-21 | 22 |

| 2-Year-Olds and School-Age | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 2-year-old<br>school-age | 1-6<br>1-13 | 14 |
| 2 | 2-years-old<br>school-age | 1-13<br>1-27 | 28 |

| 3-Year-Olds and 4-Year-Olds | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 3-years-old<br>4-years-old | 1-11<br>1-13 | 14 |
| 2 | 3-years-old<br>4-years-old | 1-23<br>1-27 | 28 |

| 3-Year-Olds and School-Age | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 3-years-old<br>school-age | 1-11<br>1-15 | 16 |
| 2 | 3-years-old<br>school-age | 1-23<br>1-31 | 32 |

| 4-Year-Olds and School-Age | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 4-years-old<br>school-age | 1-14<br>1-17 | 18 |
| 2 | 4-years-old<br>school-age | 1-29<br>1-35 | 36 |

| 2-Year-Olds, 3-Year-Olds, and 4-Year-Olds | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 2-years-old<br>3-years-old<br>4-years-old | 1-6<br>1-9<br>1-9 | 11 |
| 2 | 2-years-old<br>3-years-old<br>4-years-old | 1-13<br>1-20<br>1-20 | 22 |

| 2-Year-Olds, 3-Year-Olds, and School-Age | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 2-years-old<br>3-years-old<br>school-age | 1-6<br>1-11<br>1-11 | 13 |
| 2 | 2-years-old<br>3-years-old<br>school-age | 1-13<br>1-24<br>1-24 | 26 |

| 2-Year-Olds, 4-Year-Olds, and School-Age | | | |
|---|---|---|---|
| **Minimum Number of Caregivers** | **Children's Age** | **Number of Children** | **Maximum Group Size** |
| 1 | 2-years-old<br>4-years-old<br>school-age | 1-6<br>1-14<br>1-14 | 16 |
| 2 | 2-years-old<br>4-years-old<br>school-age | 1-23<br>1-30<br>1-30 | 32 |

**Rationale / Explanation**

It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers and may result in loss of self-control. CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2 .

**Assessment**

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.

For circumstances beyond the provider's control, ratios (not supervision) may be temporarily exceeded for up to 45 minutes. 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. If Child Care Licensing staff arrive during the time ratios are out of compliance, they will:

- Wait for 45 minutes for the required staff member to arrive.
- If the staff member arrives within 45 minutes, the item will not be out of compliance but two Focus inspections will be conducted to confirm it was an unusual circumstance.
- If the staff member does not arrive within 45 minutes, the item will be out of compliance.

When a staff member is not being used to meet the required ratios and is caring for his/her 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

**Enforcement**

**Level 1** Noncompliance

**3) d) Infants and toddlers can be in mixed age groups only when there are less than 9 children in the group. When there are more than 2 infants and/or toddlers in a mixed age group, there must be at least 2 caregivers with the group.**

**Rationale / Explanation**

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4

Separation of infants from older children and non-caregiving adults is also 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. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, 3rd Ed. pg. 59

**Enforcement**

**Level 1** Noncompliance

**3) e) 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 on-site caregiver without leaving the napping children.**

**Rationale / Explanation**

Napping children require less supervision than awake children. However, there must still be enough caregivers present and available, without leaving children unattended, to evacuate all children from the facility in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. *CFOC, 3rd Ed. pgs. 4-6 Standard 1.1.1.2, pgs. 64-66 Standard 2.2.0.1.*

**Assessment**

This rule applies only to nap times. For example, it does not apply to TV or movie times, or other less active times that are not nap times.

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.

**Enforcement**

**Level 1** Noncompliance

**3) f) Employee's children do not count in caregiver to child ratios but do count in maximum group sizes**.

**Rationale / Explanation**

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

**Assessment**

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.

# SECTION 4 - CHILD SAFETY AND INJURY PREVENTION

## Purpose

This section has information to help keep children safe and to help prevent injuries.

## 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.
Many measurements are required when assessing the outdoor play area. Even when noncompliance to a regulation that includes measurements is obvious, the Licensing Specialist will still measure.
Inaccessible means the items are not on the floor OR on a shelf that is 36 inches or less from the floor when there are children in care less than 5-years-old and 48 inches or less from the floor when all children in care are at least 5-years-old OR in an unlocked cupboard or drawer that is 36 inches or less from the floor when there are children in care less than 5-years-old and 48 inches or less from the floor when all children in care are at least 5-years-old OR in a bathroom cupboard or on a bathroom shelf that is 36 inches or less from a surface on which a child could stand, such as a toilet, bathtub, or counter when there are children in care less than 5-years-old and 48 inches or less from a surface on which a child could stand, such as a toilet, bathtub, or counter when all children in care are at least 5-years-old.
For metal animal swings, unanchored swings, unanchored slides, and standing water must be surrounded by a barrier that is at least 48 inches high to be inaccessible to children in care.

**4) a) There must be a working telephone at the facility at all times children are in care.**

### Rationale / Explanation

The purpose of the regulation is to ensure that staff can contact the parents of children in care, that the parents of children in care can contact staff, and that staff can always contact emergency personnel (fire, police, ambulance, etc.) if needed. CFOC, 3rd Ed. pg. 243 Standard 5.3.1.12

### Enforcement

**Level 2** Noncompliance

**4) b) There must be a working fire extinguisher accessible to caregivers.**

### Rationale / Explanation

The purpose of this regulation is to ensure that caregivers can put out small fires.

### Enforcement

**Level 2** Noncompliance

**4) c) Firearms must be stored separately from ammunition and in a cabinet or area that is locked with a key, combination, or fingerprint lock, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law.**

### Rationale / Explanation

The purpose of this regulation is to prevent child injuries or deaths from firearms. Children have a natural curiosity about firearms and have often seen their use glamorized on television. Firearms pose a great potential for tragic accidents with children. CFOC, 3rd Ed. pg. 257 Standard 5.5.0.8, pg. 363 Standard 9.2.3.16.
According to Think Progress, in the Unites States, at least 10,000 kids are injured or killed by guns. http:///thinkprogress.org/health/2014/01/27/3206581/kids-gun-violence-killed-injuries.
Every hour a child or teen is sent to the hospital with a gunshot wound. Most of the wounds are accidental. The following is an informational news report about guns and gun safety: http://abc.go.com/shows/2020/listing/2014-01/31-2020-131-young-guns-a-diane-sawyer-special#more

**Assessment**
Firearms include guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns.
The use of a trigger lock is not an acceptable alternative to storing firearms in a locked cabinet or area.
Ammunition may be stored in the same cabinet or area as the firearm but not in the chamber or any area of the firearm.
**Enforcement**
**Level 2** Noncompliance when a firearm with a trigger lock if accessible
**Level 1** Noncompliance otherwise

**4) d) i) The following must be inaccessible to children in care: tobacco, e-cigarettes, and e-juice.**
**Rationale / Explanation**
The age, defenselessness, and lack of mature judgment of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement in child care programs. CFOC, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15
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, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15
**Assessment**
Unsmoked cigarettes, cigarette butts, electronic cigarettes, E-liquid, E-juice, E-cigarets, electronic cigarretes, vapor cigarettes and chewing tobacco must be inaccessible because they contain harmful substances.
**Enforcement**
**Level 1** Noncompliance

**4) d) ii) The following must be inaccessible to children in care: open containers of alcohol.**
**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, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15
**Assessment**
Alcohol that has been opened but is corked/capped is considered inaccessible.
**Enforcement**
**Level 1** Noncompliance

**4) d) iii) The following must be inaccessible to children in care: sexually explicit materials.**
**Rationale / Explanation**
The age, defenselessness, and lack of mature judgment of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement in child care programs. CFOC, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15
**Enforcement**
**Level 1** Noncompliance

**4) d) iv) The following must be inaccessible to children in care: illegal items.**
**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, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15
**Enforcement**
**Level 1 Noncompliance**

**4) d) v) The following must be inaccessible to children in care: toxic or hazardous substances.**

**Rationale / Explanation**

All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many flash fire burns admissions to burn units. CFOC, 3rd Ed. pgs. 226-229 Standards 5.2.8.1, 5.2.9.1, pgs. 234-235 Standard 5.2.9.11, pg. 256 Standard 5.5.0.5

**Enforcement**

The following are not considered toxic substances (this is not an all inclusive list):

| | | |
|---|---|---|
| blue toilet water | fluorescent light bulbs | rinsing agents |
| charcoal treated with lighter fluid | firework snaps | shaving cream |
| cleanser | GOJO products | silica gel packets |
| disinfecting or sanitizing wipes | ice melt or rock salt | spackling |
| energy drinks | laundry detergent | stucco |
| essential oils | liquid bandages | white board cleaner |
| Fast Orange hand cleaner | plant fertilizer | witch hazel |
| Febreze products | propane | wood pellets |

**Level 2** Noncompliance when any of the following are accessible to children:

| | | |
|---|---|---|
| ammonia | insecticide | rubber cement |
| anti-freeze | iodine | rubbing alcohol |
| bleach (undiluted) | jewelry cleaner | silicone spray |
| corroded batteries | kerosene | spray paint |
| drain cleaners | laundry detergent pods | super glue |
| energy shots, such as 5 Hours Energy | lighter fluid | Tiki Torch Fuel |
| fertilizer with weed killer | linseed oil | tile grout sealer |
| fluorescent light tubes | liquid correction fluids | turpentine |
| gasoline | model glue | vinyl adhesive remover |
| gunpowder | nail glue | water sealant |
| gun solvent | nail polish remover and other solvents containing acetone | WD-40 |
| hydrocarbons, such as De-Solv-It | paint thinner | weed killer |
| insect repellent | pesticides | windshield washer fluid |

**4) d) vi) The following must be inaccessible to children in care: over the counter or prescription medications.**

**Rationale / Explanation**

The purpose of this regulation is to prevent children from getting into and ingesting medications, vitamins, and herbal supplements. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

**Enforcement**

**Level 2** Noncompliance

**4) d) vii) The following must be inaccessible to children in care: open flames.**

**Rationale / Explanation**

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle. CFOC, 3rd Ed. pg. 256 Standard 5.5.0.6

**Assessment**

Providers are not considered out of compliance with this regulation when they have cakes or cupcakes with lit candles and there is constant direct supervision of the children in care until the lit candles are blown out.

**Enforcement**

**Level 1** Noncompliance

**4) d) viii) The following must be inaccessible to children in care: trampolines.**

**Rationale / Explanation**

Trampolines pose serious safety hazards. The CPSC estimates that in 2014 there were 104,694 injuries associated with trampolines that were treated in hospital emergency rooms. They are also aware of a total of 22 deaths between 2000 and 2009. The hazards that result in injuries and deaths include falling or jumping off the trampoline, falling on the trampoline springs or frame, colliding with another person on the trampoline, and landing improperly while jumping or doing stunts on the trampoline.

**Enforcement**

**Level 1** Noncompliance

**4) e) All areas of the facility used for care must be clean and sanitary.**

**Rationale / Explanation**

Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact. CFOC, 3rd Ed. pg. 116-117 Standard 3.3.0.1

**Enforcement**

**Level 2** Noncompliance

**4) f) All areas of the facility must be maintained and used in a safe manner to prevent injury to children.**

**Rationale / Explanation**

Proper maintenance is a key factor in trying to ensure a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 259-260 Standard 5.7.0.2, pg. 260 Standard 5.7.0.4, pg. 277 Standard 6.2.5.1

The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. Children's environments must also be protected from exposure to moisture, dust, and excessive temperatures. CFOC, 3rd Ed. pg. 261 Standard 5.7.0.7

**Enforcement**

**Level 2** Noncompliance

**4) g) Children must be signed in and out of the facility or program with the time of arrival and the time of departure. These records must be kept for at least three years.**

**Rationale / Explanation**

Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the center at any given time, and how many caregivers are needed. *CFOC, 3rd Ed. pgs. 372-373 Standard 9.2.4.10*

**Enforcement**

**Level 1** Noncompliance

**4) h) i) When any child in care is younger than two-years-old: High chairs must have T-shaped safety straps or devices that are used whenever a child is in the chair.**

**Rationale / Explanation**

The purpose of this rule is to prevent children from sliding out of a high chair and falling to the ground, or sliding partway out and becoming entrapped, which poses a strangulation hazard. *CFOC, 3rd Ed. pgs. 241-242*

**Enforcement**

**Level 1** Noncompliance

**4) h) ii) When any child in care is younger than two-years-old: Children's diapers must be changed at a diaper changing station with railings.**

**Rationale / Explanation**

The use of a separate area for diaper changing reduces the contamination of other areas in the child care environment. Using diaper changing surfaces for any other purpose increases the likelihood of contamination and the spread of infectious disease agents. CFOC, 3rd Ed. pg. 249 Standard 5.4.2.4

Railings prevent injury to children due to falls from the diaper changing station. Data from the Consumer Product Safety Commission shows that falls are a serious hazard associated with diaper changing tables. Some changing tables have straps that are intended to prevent children from falling, but these straps can trap soil and contaminants, making them difficult to disinfect, so they should not be used. CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4

**Assessment**

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 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.

**Enforcement**

**Level 1** Noncompliance

**4) h) iii) When any child in care is younger than two-years-old: Caregivers cannot leave children unattended when the children are on the diapering surface.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to children due to falls from the diaper changing station. CFOC, 3rd Ed. pgs. 106-107 Standard 3.2.1.4

**Enforcement**

**Level 1** Noncompliance

**4) h) iv) When any child in care is younger than two-years-old: Infants must sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib or play pen. Infants must not be placed to sleep on mats or cots or in bouncers, swings, car seats, or other pieces of similar equipment.**

**Rationale / Explanation**

The purpose of this rule is to prevent injury to children from entrapment, falls, or other children, and to reduce the risk of Sudden Infant Death Syndrome, which increases when children are not put to sleep lying on their backs. CFOC, 3rd Ed. pgs. 96-99 Standard 3.1.4.1

**Assessment**

This regulation is not out of compliance if a parent gives staff written instructions for the infant to sleep in another piece of equipment.

If an infant falls asleep in a piece of equipment not designed for sleeping, a caregiver must immediately move him/her to appropriate sleeping equipment.

If an infant arrives at the center asleep in a car seat, a caregiver must move the him/her to appropriate sleeping equipment.

The Boppy website (www.boppy.com) states that a boppy should never, ever be used for a baby to sleep on. It goes on to state that it should not be used in a crib, cradle, bassinet, playpen, play yard or bed, and that improper use of this product could result in serious injury or death. Therefore, a boppy is **not** equipment designed for sleeping.

Infants may not sleep on blankets in the outdoor play area. Caregivers may take a piece of sleeping equipment outside and place the infant in it.

If caregivers want to use a pieces of equipment for sleeping, such as Fisher Price Soothing Motions Glider, documentation from the manufacturer must be available that states it is for sleeping infants. Many of them are not intended for prolonged periods of sleep and do not meet the CPSC standards.

Bassinets may be used until the infant is old enough to sit up on his/her own.

Cribs, play-pens, play-yards, and porta-cribs are all sleeping equipment that will be assessed as cribs.

**Enforcement**

**Level 1** Noncompliance

**4) h) v) When any child in care is younger than two-years-old: Infants must not be placed on their stomachs for sleeping unless there is documentation from a heath care provider for the treatment of a medical condition.**

**Rationale / Explanation**

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. CFOC, 3rd Ed.pgs. 96-99 Standard 3.1.4.1

**Enforcement**

**Level 1** Noncompliance

**4) h) vi) When any child in care is younger than two-years-old: When there are more than eight children in the area, infants and toddlers cannot 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 and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4.

**Assessment**

If 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.

**Enforcement**

**Level 1** Noncompliance

**4) i) i) If there is an outdoor area that is used by children in care and that is maintained by the provider: The area must be safely accessible.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to children escaping en route to the outdoor area and to ensure that children cannot access streets, parking lots, ditches, etc. when going to the outdoor area. CFOC 3rd Ed. pg. 265 Standard 6.1.0.1

**Assessment**

The purpose of this regulation is to ensure that children cannot access streets, parking lots, ditches, etc. when going to the playground. This regulation will be in compliance when:

- the playground that is directly adjacent to the building, so children exit the building straight onto the playground.
- there is a fenced walkway from the building to the playground.
- the entire area that holds both the building and the playground is fenced, provided the area inside the fence does not include parking lots, driveways, or anywhere else cars may be.
- the playground that can be accessed via a sidewalk, if the sidewalk does not pass through a parking lot, or is near a busy street or water hazard.
- a portion of a parking lot is blocked off with traffic cones to create a walkway to the outdoor play area.

**Enforcement**

**Level 1** Noncompliance

**4) i) ii) (1) If there is an outdoor area that is used by children in care and that is maintained by the provider: When there are children younger than school age in care: The area must be enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.**

**Rationale / Explanation**

The purpose of this regulation is to prevent children from leaving the outdoor play area and to prevent their access to streets and other hazards. CFOC 3rd Ed. pg. 268 Standard 6.1.0.8

It also serves to keep unwanted people and animals out of the playground.

**Assessment**

The regulation will not be considered out of compliance if a fence is less than 4 feet in height due to temporary weather conditions, such as snow on the ground at the base of the fence.

The four foot fence or barrier requirement is to prevent children from escaping the outdoor play area. When there is a perimeter fence which meets the four foot requirement the regulation is in compliance. Interior only fences, or fences outside a play area already enclosed by a four foot fence, are not required to meet the four foot measurement.

Fences are to be measured as follows:

- Each side of the fence is to be measured at its lowest point (include a gate), and then the average of these measurements is calculated. However, when calculating the average, when any side of the fence measures higher than 4 feet, a measurement of 4 feet (rather than the actual height of the fence) is used for the measurement of that side of the fence. The height of the fence will be measured from the side the children play.
- Fences will be measured on the side on which the children are cared.
- When the gate at the bottom of a ramp (which is between the ramp and the fenced outdoor play area), is 4' high and closed, Licensing Specialists will not be concerned about the height of the fence on the ramp. When the gate is open, or less than 4' high, then only the outermost section of the ramp fence that encloses the entire ramp/outdoor play area would need to be 4' high. The rest of the ramp fence would be considered an interior fence (but only when the gate is open or not 4' high).

**Enforcement**

**Level 1** Noncompliance

**4) i) ii) (2) If there is an outdoor area that is used by children in care and that is maintained by the provider: When there are children younger than school-age children in care: Fences cannot have gaps greater than 5 inches by 5 inches and gaps between the bottom of the fence and the ground cannot be more than 5 inches.**

**Rationale / Explanation**

The purpose of this regulation is to prevent children from escaping through gaps in a fence, thus defeating the purposes of the fence. CFOC 3rd Ed. pg. 268 Standard 6.1.0.8

The 5" measurement is based on the diameter of a small toddler's head.

**Assessment**

This rule applies to exterior fences only.

The Licensing Specialist will walk the entire perimeter of the fence to assess for fence gaps. To be considered out of compliance, the fence gap must be 5 inches x 5 inches or greater in size, or circular with a diameter greater than 5 inches. The bottom of fences will not be pushed to see if a gap can be created.

If there is a gap 3 feet or greater, regulation 4) i) ii) (1) will be considered out of compliance.

**Enforcement**

**Level 1** Noncompliance

**4) i) iii) If there is an outdoor area that is used by children in care and that is maintained by the provider: Drinking water must be available to children in care.**

**Rationale / Explanation**

The purpose of this rule is to prevent dehydration and heat exhaustion. Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. CFOC, 3rd Ed. pg. 93, Standard 3.1.3

**Assessment**

Water must be accessible to the children in their play area. If a drinking fountain is on the playground, but behind a closed gate, it is not available to the children.

Although it is not recommended, drinking water can 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).

**Enforcement**

**Level 1** Noncompliance

**4) i) iv) (1) If there is an outdoor area that is used by children in care and that is maintained by the provider: Metal animal swings must be inaccessible to children in care.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to children.

**Enforcement**

**Level 1** Noncompliance

**4) i) iv) (2) If there is an outdoor area that is used by children in care and that is maintained by the provider: Unanchored swings must be inaccessible to children in care.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to children.

**Enforcement**

**Level 1** Noncompliance

**4) i) iv) (3) If there is an outdoor area that is used by children in care and that is maintained by the provider: Unanchored slides must be inaccessible to children in care.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to children.

**Enforcement**

**Level 1** Noncompliance

**4) i) iv) (4) If there is an outdoor area that is used by children in care and that is maintained by the provider: Standing waster must be inaccessible to children in care.**

**Rationale / Explanation**

Standing water is a drowning hazard. Children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding grounds for mosquitoes, which can spread disease. CFOC, 3rd Ed.pg. 68 Standard 2.2.0.4; pg. 228 Standard 5.2.8.2

**Assessment**

Standing water includes water than 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.

**Enforcement**

**Level 1** Noncompliance

**4) i) v) If there is an outdoor area that is used by children in care and that is maintained by the provider - All stationary play equipment used by children in care must meet the following requirements for <u>use zones</u>. Stationary play equipment is 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 with no play equipment (such as slides, swings, ladders, and climbers) attached to them. A use zone is 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.**

**(1) When all children in care are at least two-years-old:**

**(a) If the height of a 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) or climbing bar on a piece of equipment, excluding swings, is greater than 30 inches:**

**(i) The use zone must extend a minimum of 6 feet in all directions from the perimeter of each piece of equipment.**

**(ii) 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.**

**(iii) 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.**

**(b) 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.**

**(c) The use zone for the sides of a single-axis swing must extend a minimum of 6 feet from the perimeter of the structure and may overlap the use zone of a separate piece of equipment.**

**(d) 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.**

**(e) The use zone for merry-go-rounds must never overlap the use zone of another piece of equipment.**

**(f) The use zone for spring rockers must extend a minimum of 6 feet from the at-rest perimeter of the equipment.**

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

**(a) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 18 inches:**

**(i) The use zone must extend a minimum of 3 feet in all directions from the perimeter of each piece of equipment.**

**(ii) 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.**

**(b) The use zone in front of a slide must not overlap the use zone of any other piece of equipment.**

**(c) 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.**

**(d) 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.**

**(e) 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.**

**(f) The use zone for merry-go-rounds must never overlap the use zone of another piece of equipment.**

**(g) The use zone for spring rockers must extend a minimum of 3 feet from the at-rest perimeter of the equipment.**

## Rationale / Explanation

This regulation is based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. Injuries from falls are more likely to occur when equipment spacing is inadequate. CFOC, 3rd Ed. pg. 272 Standard 6.2.2.1; pg. 273 Standard 6.2.2.4

## Assessment

The use zone extends all the way up the height of the equipment and on the top of the equipment.

If swing sets do not have a horizontal bar on the outside of the supporting pole or beam, the side use zone will be measured from the swing seat, not from the supporting side pole or beam.

Side supporting poles or beams from two swing sets may be placed right next to each other. They do not have to share a supporting pole or beam.

A use zone is not required for sand diggers.

Stumps being used for seating are not considered playground equipment.

When multiple stumps are installed in the ground and intended to be used for children to step from one stump to another stump, they are considered playground equipment and must be have required use zones. Each stump does not require a use zone, but the use zone bubble is required around the group of stumps. Sometimes this type of play structure is in the shape of disks or pillars.

Inflatable bounce houses used by children in care are must have required use zones.

A play house with an attached slide is a piece of stationary play equipment. If the slide is blocked so that the children cannot use it, it will be considered a play house and not a piece of stationary play equipment.

Tunnels that have handles a child could hold on to climb must have required use zones.

## Enforcement

**Level 1** Noncompliance

**4) i) vi) If there is an outdoor area that is used by children in care and that is maintained by the provider - There must be adequate protective cushioning in all use zones. Protective cushioning is material that is placed in the use zones under and around stationary play equipment in order to cushion a child's fall from the equipment.**

**(1) 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** |
|---|---|---|---|---|
| 4' high or less | 6" | 6" | 6" | 6" |
| Over 4' up to 5' | 6" | 6" | 6" | 6" |
| Over 5' up to 6' | 9" | 9" | 6" | 9" |
| Over 6' up to 7' | 9" | Not Allowed | 9" | Not Allowed |
| Over 7' up to 8' | 9" | Not Allowed | 9" | Not Allowed |
| Over 8' up to 9' | 9" | Not Allowed | 9" | Not Allowed |
| Over 9' up to 10' | Not Allowed | Not Allowed | 9" | Not Allowed |
| Over 10' up to 11' | Not Allowed | Not Allowed | Not Allowed | Not Allowed |
| Over 11' up to 12' | Not Allowed | Not Allowed | Not Allowed | Not Allowed |

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 ½ inch or less in diameter.

**(2) 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 |

**(3) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:**

**(a) The provider must have documentation from the manufacturer verifying that the material meets the American Society for Testing and Materials (ASTM) Specification F1292.**

**(b) The provider must ensure that the cushioning material is securely installed so that it cannot become displaced or picked up by children.**

**(4) Stationary play equipment may be placed on grass, but must not be placed on concrete, asphalt, dirt, or any other hard surface when:**

**(a) 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.**

**(b) all children in care are less than 2-years-old 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 20 inches from the ground and there are no moving parts on which children sit or stand.**

**(c) any children in care is an infant or toddler 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 18 inches from the ground and there are no moving parts on which children sit or stand.**

## Rationale / Explanation

Acceptable cushioning materials include the following: sand, gravel, shredded tires, shredded wood products, and unitary cushioning material. Cushioning materials must meet ASTM Specification F1292.

This regulation is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, packed earth, or grass are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. CFOC, 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

## Assessment

Equipment with a height of 6 inches or greater requires cushioning.

To determine the depth of cushioning, the Licensing Specialist will measure from the highest designated play surface (at least 2 inch by 2 inch flat surfaces a child can access), climbing bar, or swing pivot point. Flat surfaces, at least 2 inch by 2 inch, are not considered accessible if they are 38 inches or higher from the highest designated play surface, climbing bar, or swing pivot point.

To determine the required depth of protective cushioning, the Licensing Specialist will:

1. Dig to the bottom of the cushioning in three spots.
2. Place the bottom edge of a metal or wood ruler at the bottom of the hole and record the depths.
3. Refill the holes with the cushioning.
4. If any of the depths were low, average the three measurements to determine if the cushioning needs to be redistributed or if more cushioning is required.
5. When the three measurements show the cushioning is low, dig four additional holes will in the corners of the outdoor area, measure, and record their depths.
6. Average the seven measurements to determine if the cushioning needs to redistributed or if more cushioning must be added.

The Licensing Specialist will follow these steps for each area with stationary play equipment.

If there is stationary play equipment that varies in height, the Licensing Specialist will assess the cushioning around each part of equipment.

The Licensing Specialist will dig directly under an at rest swing seat and directly at the bottom of the slide shoot where the children exit.

Gardening bark mulch does not have the cushioning properties required by ASTM Specification F 1292, and cannot be used as playground cushioning material.

When there is a mixture of cushioning material, Licensing Specialists will assess the depth for whichever material requires the most depth.

This item is considered 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.

When the protective cushioning is frozen, the equipment may not be used by children in care.

A rounded tunnel sitting on the ground is not considered playground equipment unless it has a flat 2" by 2" surface on it. Raised tunnels do need cushioning.

An embankment slide does not require cushioning except at the bottom of the slide chute.
Loose cushioning is considered compacted when a shovel won't easily go into the cushioning.

**Enforcement**

**Level 1** Noncompliance

**4) i) vii) If there is an outdoor area that is used by children in care and that is maintained by the provider - Stationary play equipment must have 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. A protective barrier is 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) that is intended to prevent a child from either accidentally or deliberately passing through the barrier.**

**Rationale / Explanation**

This regulation is to ensure children are protected from falling off pieces of equipment.

**Assessment**

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.
Equipment with roofs must have protective barriers.

**Enforcement**

**Level 1** Noncompliance

**4) i) viii) If there is an outdoor area that is used by children in care and that is maintained by the provider - There can be 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. An entrapment hazard is an opening greater than 3 ½ inches by 6 ¼ inches and less than 9 inches in diameter through which a child's body but not head would fit.**

**Rationale / Explanation**

Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough it may allow the body to pass through and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be an entrapment hazard. This regulation is based on guidelines from the Consumer Product Safety Commission (CPSC). CFOC, 3rd Ed. pgs. 237-238 Standard 5.3.1.1; pg. 272 Standard 6.2.1.9

**Assessment**

This regulation 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.
Licensing Specialists will 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, they 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.
Entrapments that are more than 33 inches above the ground when all children in care are school-age and more than 25 1/4 inches from the ground when tall children in care are older than 2-year-old and more than 23 1/4 inches from the ground when there are any infants or toddlers in care are not considered entrapment hazards.
Entrapments 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.
Entrapments 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.

**Enforcement**

**Level 1** Noncompliance

**4) i) ix) If there is an outdoor area that is used by children in care and that is maintained by the provider - There can be no strangulation hazards on, within the use zone of, or adjacent to the use zone of any piece of stationary play equipment. A strangulation hazard is something on which a child's clothes or something around a child's neck could become caught.**

**Rationale / Explanation**

This regulation is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children.

Examples of strangulation hazards are: bolt ends that extend more than two threads beyond the face of the nut, hardware configurations that form a hook or leave a gap or space between components, and open "S" type hooks.

Special attention should be paid to the area at the top of slides and sliding devices. Ropes should be anchored securely at both ends, and should not be capable of forming a loop or a noose. If they do not meet these criteria, they pose a strangulation hazard. CFOC, pgs. 216-217 Standard 5.075; pg. 260 Standard 5.185

**Assessment**

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 of 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.

**Enforcement**

**Level 1** Noncompliance

**4) i) x) (1) When any child in care is an infant or toddler: There must be no designated play surface that exceeds 3 feet in height on any piece of stationary play equipment used by infants and toddlers.**

**Rationale / Explanation**

These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children.

**Enforcement**

**Level 1** Noncompliance

**4) i) x) (2) When any child in care is an infant or toddler: Swings used by infants and toddlers must have enclosed seats.**

**Rationale / Explanation**

This regulation is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to infants and toddlers from falling out of a swing.

**Enforcement**

**Level 1** Noncompliance

# SECTION 5 - CHILD HEALTH

## Purpose

This section provides regulations and information about the health of the children in care.

## General Information

The word "discipline" originates from a Latin root that implies learning and education. The modern dictionary defines discipline as "training that develops self-control, character, or orderliness and efficiency." Unfortunately, common usage has corrupted the word so that many consider discipline synonymous with punishment, most particularly corporal punishment. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural consequences (for example, when a child breaks a toy, the toy no longer works) and logical consequences (for example, not being able to play in the sandbox for a period of time as a consequence for throwing sand) for negative behaviors. Research studies have found that corporal punishment has limited effectiveness and potentially harmful side effects. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Discipline should be an ongoing process of teaching that helps children develop inner control so that they can manage their own behavior in a socially acceptable manner. Children must be given understandable guidelines for their behavior if they are to develop inner control of their actions. The aim of discipline is to develop personal self-discipline. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Appropriate alternatives to corporal punishment vary as children grow and develop. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

**5) a) The provider must ensure that no child is subjected to physical, emotional, or sexual abuse while in care.**

### Rationale / Explanation

Serious physical abuse of children by caregivers usually occurs at times of high stress for the caregiver. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they are stressed. CFOC, 3rd Ed. pgs. 41-43 Standard 1.7.0.5

The presence of multiple caregivers also greatly reduces the risk of serious abuse to children. Abuse tends to occur in privacy and isolation, and especially in toileting areas. CFOC,3rd Ed. pgs. 125-126 Standard 3.4.4.5

### Enforcement

**Level 1** Noncompliance

**5) b) All employees and volunteers must 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

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. CFOC, 3rd Ed. pgs. 123-124

### Assessment

Suspected or witnessed abuse is to be reported by calling the DCFS hotline - 1-855-323-3237 - or law enforcement.
A caregiver can discuss suspected abuse with the provider and they can both make the report. However, the caregiver cannot discuss suspected abuse with the provider and only the provider make the report. Likewise, the matter cannot be discussed with an attorney and only the attorney makes the report.

### Enforcement

**Level 1** Noncompliance

**5) c) i) Child discipline cannot include any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching.**

**Rationale / Explanation**

The prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

**Assessment**

Corporal punishment includes squirting a child with water or putting hot sauce or soap in a child's mouth.

**Enforcement**

**Level 1** Noncompliance

**5) c) ii) Child discipline cannot include restraining movement by binding, tying, or other form of restraint.**

**Rationale / Explanation**

The prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well.

**Assessment**

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

**Enforcement**

**Level 1** Noncompliance

**5) c) iii) Child discipline cannot include shouting at children.**

**Rationale / Explanation**

The prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well.

**Assessment**

This regulation is not intended to prevent a caregiver from shouting to a child in an emergency situation where there is a danger of imminent serious physical harm (for example, to prevent a child from running into the street).

**Enforcement**

**Level 1** Noncompliance

**5) c) iv) Child discipline cannot include 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**

The prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well.

**Assessment**

A provider's use of profanity towards a child is considered emotional abuse and inappropriate discipline.
Using humiliation to discipline a child is considered emotional abuse.

**Enforcement**

**Level 1** Noncompliance

**5) c) v) Child discipline cannot include forcing or withholding food, rest, or toileting.**

**Rationale / Explanation**

The prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well.

**Assessment**

Withholding a special treat as a discipline measure is considered withholding food.
While best practice is not to use food as a reward, this regulation will not be considered out of compliance when children are not offered dessert when they don't finish a meal.

**Enforcement**

**Level 1** Noncompliance

**5) c) vi) Child discipline cannot include confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.**

**Rationale / Explanation**

The prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well.

**Assessment**

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

**Enforcement**

**Level 1** Noncompliance

**5) d) All employees, volunteers, and children in care must wash their hands thoroughly with liquid soap and warm running water:**

- **i) before handling and/or preparing food.**
- **ii) before serving and/or eating meals and snacks.**
- **iii) after using the toilet.**
- **iv) before administering and/or taking medication.**
- **v) after coming into contact with body fluids (blood, urine, feces, vomit, mucous, and saliva).**
- **vi) after playing with or handling animals.**
- **vii) after cleaning and/or taking out garbage.**

**Rationale / Explanation**

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114
Using liquid soap is preferable over using bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3
Animals, including pets, are a source of infection for people and people may be a source of infection for animals. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

**Assessment**

Water will be considered warm if it is between 60 degrees and 120 degrees Fahrenheit. When measuring water temperature, a three degree variance will be given due to variable accuracy of thermometers.
If there is no visible dirt, grime or body fluids, hand sanitizers may be used to meet the hand washing requirements.
During fire or disaster drills, if the children go outside and go right back inside they are not required to wash their hands. If the children are allowed to play outside during and after the drills, they are required to wash their hands.

**Enforcement**

**Level 2** Noncompliance

**5) e) A body fluid clean up kit must be used to clean up spills of body fluids.**

**Rationale / Explanation**

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, 3rd Ed. pgs. 30-31

Suggested contents for a body fluid clean up kit include:

- disposable gloves
- clumping cat litter, sawdust, or other absorbent material
- plastic garbage bags with ties or fasteners
- a plastic scoop and dustpan, or other tools to clean up absorbed body fluids
- paper towels
- disinfectant

**Assessment**

Droplets of body fluid are not considered a "spill" of body fluids.

If blood from a bloody nose pools on the floor or ground, the body fluid kit must be used.

**Enforcement**

**Level 2** Noncompliance

**5) f) There must be a record of current immunizations for each child younger than school-age.**

**Rationale / Explanation**

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, 3rd Ed. pgs. 297-299 Standards 7.2.0.1, 7.2.0.2, pg. 356 Standard 9.2.3.5

**Assessment**

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.

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

**Enforcement**

**Level 3** Noncompliance

# SECTION 6 - NOTIFICATIONS

## Purpose

This section provides regulations and information about what needs to be communicated to parents regarding their children. It also provides information on how to keep children secure while they are in care.

## General Information

Working days refers to the days the Child Care Licensing Program is open for business.

**6) a) On the day of its occurrence, parents must be notified of an incident, accident, or injury involving their child(ren).**

### Rationale / Explanation

The purpose of this regulation is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without being informed, parents may not know to watch their child for possible signs of a serious condition. *CFOC, 3rd Ed. pg. 382 Standard 9.4.1.9*

### Assessment

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

### Enforcement

**Level 2** Noncompliance

**6) b) Immediately upon the recognition of the error, parents must be notified of an error in the administration of medication for their child(ren).**

### Rationale / Explanation

The purpose of this regulation is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFOC, 3rd Ed. pgs. 143-144

### Enforcement

**Level 2** Noncompliance

**6) c) Within 48 hours of the change, parents and Child Care Licensing staff must be 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.

### Enforcement

**Level 2** Noncompliance

**6) d) By the next working day, Child Care Licensing staff must be 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. Within five working days, Child Care Licensing staff must receive documentation of the details of the incident or injury.**

**Rationale / Explanation**

The purpose of this regulation is so Child Care Licensing staff can work with program staff to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. CFOC, 3rd Ed. pg. 383 Standard 9.4.1.10

**Assessment**

Emergency medical response means a call to 911, the police, an ambulance, or the fire department.
Attention from a health care provider means the child was physically seen and examined by a health care professional.
Whenever the parents are on site and have taken responsibility for their own children, if the child is injured a report is not required.

**Enforcement**

**Level 1** Noncompliance when a fatality is not reported
**Level 3** Noncompliance otherwise

# SECTION 7 - EMERGENCY PREPAREDNESS

## Purpose
This section provides regulations and information about preparing for and handling emergencies.

## General Information
Review of records by the Department staff is used to determine, in part, compliance with the regulations. CFOC, 3rd Ed. pg. 380 Standard 9.4.1.5

**7) a) The facility's street address and emergency numbers, including ambulance, fire, police, and poison control, must be posted near each telephone in the facility and/or in the contact list of cell phones.**

### Rationale / Explanation
It is easy for caregivers to panic in an emergency situation. The purpose of this regulation is so caregivers have easy and immediate access to phone numbers they might need to use in an emergency and can give emergency personnel, such as the police or the fire department, the program's street address. CFOC, 3rd Ed. pgs. 380-381 Standard 9.4.1.6

### Assessment
Posting 911 can meet the requirement for posting emergency numbers for ambulance, fire, and police, but not Poison Control or the facility address.
If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone. If a telephone is programed such that it will only dial 911, the only thing that needs to be posted at that telephone is the program's physical address.
If a cell phone or portable phone is used, emergency numbers need to be posted in plain view so that anyone needing the information can easily find it.

### Enforcement
**Level 2** Noncompliance

**7) b) At least one person at the facility at all times when children are in care, at least one person in each vehicle transporting children in care, and at least one person present during off-site activities must have current Red Cross, American Heart Association, or equivalent First Aid and CPR certification. The CPR certification must be from a class that included hands-on testing. The certification must be available for review by the Child Care Licensing staff.**

### Rationale / Explanation
To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

### Assessment
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.

### Enforcement
**Level 2** Noncompliance

**7) c) The provider must have a written emergency preparedness plan that is on the Child Care Licensing Health and Safety Plan form and that was approved by the Licensing Specialist. The plan must be reviewed annually and updated when needed and available for review by Child Care Licensing staff.**

**Rationale / Explanation**

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing. Having such a practiced plan can prevent poor judgments made in the stress of an emergency situation. CFOC, 3rd Ed. pgs. 366-368 Standard 9.2.4.3

**Enforcement**

**Level 2** Noncompliance

**7) d) Fire evacuation drills must be held during each month the program is open for care. The date and time of each drill must be documented and the documentation must be available for review by Child Care Licensing staff.**

**Rationale / Explanation**

It is easy for caregivers to panic in an emergency situation. The purpose of this regulation is that caregivers practice evacuating the facility and determine any additional procedures required for children who need extra attention.

**Assessment**

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

An actual fire evacuations can count as a monthly drill.

**Enforcement**

**Level 2** Noncompliance

**7) e) Disaster (other than fire) drills must be held at least every six months that the program is open for care. The date and time of each drill must be documented and the documentation must be available for review by Child Care Licensing staff.**

**Rationale / Explanation**

It is easy for caregivers to panic in an emergency situation. The purpose of this regulation is that caregivers practice evacuating the facility and determine any additional procedures required for children who need extra attention.

**Assessment**

All children and all staff must participate in the drill.

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

**Enforcement**

**Level 2** Noncompliance