R430-90. Licensed Family Child Care.

(1) The provider shall:
(a) be at least 18 years of age;
(b) pass a CCL background check;
(c) demonstrate lawful presence in the United States;
(d) complete the new provider training offered by the Department; and
(e) complete at least 20 hours of child care training each year, based on the facility's license date.
(2) The provider shall not engage in or allow conduct that endangers children in care; or is contrary to the health, morals, welfare, and safety of the public.
(3) The provider shall have knowledge of and comply with all federal, state, and local laws, ordinances, and rules, and shall be responsible for the operation and management of a child care program.
(4) The provider shall comply with licensing rules at all times when a child in care is present.
(5) The provider shall post the original child care license on the facility premises in a place readily visible and accessible to the public.
(6) The provider shall post a copy of the Department's Parent Guide at the facility for parent review during business hours, or give each parent a copy of the guide at enrollment.
(7) The provider shall inform parents and the Department of any changes to the program's telephone number and other contact information within 48 hours of the change.
(8) The provider shall establish, follow, and ensure that all staff and volunteers follow a written health and safety plan that is:
(a) completed on the Department's required form;
(b) submitted to the Department for initial approval and any time changes are made to the plan;
(c) reviewed and updated as needed;
(d) signed and dated at least annually; and
(e) available for review by parents, staff, and the Department during business hours.
(9) The provider shall:
(a) have liability insurance, or
(b) inform parents in writing that the provider does not have liability insurance.
(10) The provider shall ensure that each parent completes an admission and health assessment form for their child before the child is admitted into the child care program.
(11) The provider shall ensure that the admission and health assessment form [shall] includes the following information:
(a) child's name;
(b) child's date of birth;
(c) parent's name, address, and phone number, including a daytime phone number;
(d) names of people authorized by the parent to pick up the child;
(e) name, address, and phone number of a person to be contacted in case of an emergency if the provider is unable to contact the parent;
(f) if available, the name, address, and phone number of an out-of-area emergency contact person for the child;
(g) current emergency medical treatment and emergency transportation releases with the parent's signature;
(h) any known allergies of the child;
(i) any known food sensitivities of the child;
(j) any chronic medical conditions that the child may have;
(k) instructions for special or nonroutine daily health care of the child;
(l) current ongoing medications that the child may be taking; and
(m) any other special health instructions for the caregiver.
(12) The provider shall ensure that the admission and health assessment form is:
   (a) reviewed, updated, and signed or initialed by the parent at least annually; and
   (b) kept on-site for review by the Department.
(13) Before admitting any child younger than 5 years of age into the child care program, including the provider's and employees' own children, the provider shall obtain the following documentation from the child's parent:
   (a) current immunizations, as required by Utah law;
   (b) a medical schedule to receive required immunizations;
   (c) a legal exemption; or
   (d) a 90-day exemption for children who are homeless.
(14) For each child younger than 5 years of age, including the provider's and employees' own children, the provider shall keep their current immunization records on-site for review by the Department.
(15) The provider shall submit the annual immunization report to the Immunization Program in the Utah Department of Health by the date specified by the Department.
(16) The provider shall ensure that each child's information is kept confidential and not released without written parental permission.

(1) The provider shall ensure that all employees and volunteers are supervised, qualified, and trained to:
   (a) meet the needs of the children as required by rule, and
   (b) be in compliance with all licensing rules.
(2) Each week, the provider shall be present at the home at least 50% of the time that any child is in care; and whenever a child is in care, the provider, a caregiver who is at least 18 years old, or a substitute with authority to act on behalf of the provider shall be present.
(3) The provider shall ensure that caregivers:
   (a) are at least 16 years old;
   (b) pass a CCL background check;
   (c) receive at least 2.5 hours of preservice training before beginning job duties;
   (d) have knowledge of and follow all applicable laws and rules; and
(e) complete at least 20 hours of child care training each year, based on the facility's license date.

(4) The provider shall ensure that [§] substitutes [shall]:
   (a) [be] are at least 18 years old;
   (b) pass a CCL background check;
   (c) [be] are capable of providing care, supervising children, and handling emergencies in the provider's absence;
   (d) receive at least 2.5 hours of preservice training before beginning job duties; and
   (e) complete at least 1.5 hours of child care training for each month they work 40 hours or more.

(5) The provider shall ensure that [A] all other employees such as drivers, cooks, and clerks [shall]:
   (a) pass a CCL background check,
   (b) receive at least 2.5 hours of preservice training before beginning job duties,
   (c) have knowledge of and follow all applicable laws and rules, and
   (d) do not have unsupervised contact with any child in care if the employee is younger than 16 years of age.

(6) The provider shall ensure that [V] volunteers [shall]:
   (a) pass a CCL background check, and
   (b) do not have unsupervised contact with any child in care if the volunteer is younger than 18 years of age.

(7) The provider shall ensure that [G] guests [shall] do not have unsupervised contact with any child in care. [and
   (b) are not required to pass a CCL background check when they remain in the home for not more than 2 weeks.]

(8) The provider shall ensure that [A] any individual who stays in the home for more than 2 weeks [shall] be considered a household member and [shall be] required to pass a CCL background check.

(9) The provider shall ensure that [P] parents of children in care do not have unsupervised contact with any child in care except their own. [+and
   (a) shall not have unsupervised contact with any child in care except their own, and
   (b) do not need a CCL background check unless involved with child care in the facility.]

(10) The provider shall ensure that [H] household members who are:
   (a) 12 to 17 years old [shall] pass a CCL background check and do not have unsupervised contact with any child in care, including during offsite activities and transportation[; and
   (b) 18 years of age or older [shall] pass a CCL background check that includes fingerprints[; and].

   (c) younger than 18 years of age shall not have unsupervised contact with any child in care including during offsite activities and transportation.

(11) The provider shall ensure that [I] individuals who provide IEP or IFSP services such as physical, occupational, or speech therapists:
   (a) are not required to have a CCL background check as long as the child's parent has given permission for services to take place
at the center, [provide proper identification before having access to the facility or a child at the facility, and]

(b) [shall provide proper identification before having access to the facility or a child at the facility.] have received the child's parent permission for services to take place at the facility.

(12) The provider shall ensure that [members from law enforcement or from Child Protective Services provide proper identification before having access to the facility or a child at the facility.]

— (a) are not required to have a CCL background check, and

(b) shall provide proper identification before having access to the facility or a child at the facility.]

(13) The provider shall ensure that [preservice training includes the following:]

(a) job description and duties;
(b) current Department rule sections R430-90-7 through 24;
(c) the Department-approved health and safety plan that includes preparing for and responding to emergencies;
(d) prevention, signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
(e) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
(f) prevention of sudden infant death syndrome (SIDS) and the use of safe sleeping practices;
(g) recognizing the signs of homelessness and available assistance;
(h) a review of the information in each child's health assessment; and
(i) an introduction and orientation to the children in care.

(14) The provider shall keep [documentation of each individual's preservice training shall be kept] on-site for review by the Department and that documentation includes the following:

(a) training topics,
(b) date of the training, and
(c) total hours or minutes of training.

(15) The provider shall ensure that [annual child care training includes the following topics:]

(a) current Department rule sections R430-90-7 through 24;
(b) the Department-approved health and safety plan that includes preparing for and responding to emergencies;
(c) the prevention, signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
(d) principles of child growth and development, including brain development;
(e) positive guidance and interactions with children;
(f) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
(g) prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices; and
(h) recognizing the signs of homelessness and available assistance.

(16) The provider shall ensure that [at least 10 of the 20 hours of annual child care training shall be] is face-to-face
instruction.

(17) The provider shall ensure that individuals who are required to receive annual child care training and who begin employment partway through the facility’s license year [shall] complete a proportionate number of training hours including the face-to-face instruction.

(18) The provider shall ensure that documentation of each individual’s annual child care training is kept on-site for review by the Department and includes the following:
(a) training topic,
(b) date of the training,
(c) whether the training was face-to-face or non-face-to-face instruction,
(d) name of the person or organization that presented the training, and
(e) total hours or minutes of training.

(19) The provider shall ensure that there is at least one caregiver present who can demonstrate English literacy skills needed to care for children and respond to emergencies.

(20) The provider shall ensure that at least one staff member with a current Red Cross, American Heart Association, or equivalent first aid and infant/child CPR certification is present when children are in care:
(a) at the facility,
(b) in each vehicle transporting children, and
(c) at each offsite activity.

(21) The provider shall ensure that CPR certification includes hands-on testing.

(22) The provider shall ensure that the following records for each covered individual are kept on-site for review by the Department:
(a) the date of initial employment or association with the program;
(b) a current first aid and CPR certification, if required in rule; and
(c) a six-week record of the times worked each day.

R430-90-8. Background Checks.
(1) Before a new covered individual becomes involved with child care in the program, the provider shall use the CCL provider portal search to:
(a) verify that the individual has a current CCL background check, and
(b) associate that individual with their facility.
(2) Before a new covered individual who does not show in the CCL provider portal search becomes involved with child care in the program, the provider shall:
(a) have the individual submit an online background check form and fingerprints for individuals age 18 years and older,
(b) authorize the individual’s background check through the CCL provider’s portal,
(c) pay all required fees, and
(d) receive written notice from CCL that the individual passed
the background check.

(3) A covered individual without a current background check will not show in the CCL provider portal search. The Department may not consider a covered individual’s background check current when the covered individual has:
(a) failed to pass a CCL background check;
(b) moved outside of Utah; or
(c) not been associated with an active, CCL approved child care facility for the past 180 days.

(4) Within 10 working days from when a child who resides in the facility turns 12 years old, the provider shall:
(a) ensure that an online background check form is submitted,
(b) authorize the child’s background check through the CCL provider’s portal, and
(c) pay all required fees.

(5) The provider shall ensure that fingerprints [shall be] are prepared by a local law enforcement agency or an agency approved by local law enforcement.

(6) If fingerprints are submitted through Live Scan (electronically), the provider shall ensure that the agency taking the fingerprints [shall] follows the Department’s guidelines.

(7) The Department [following background findings] may deny a covered individual from being involved with child care for any of the following background findings:
(a) LIS supported findings,
(b) the individual's name appears on the Utah or national sex offender registry,
(c) any felony convictions, or
(d) for any of the reasons listed under R381-100-8(8).

(8) The following convictions, regardless of severity, may result in a background check denial:
(a) unlawful sale or furnishing alcohol to minors;
(b) sexual enticing of a minor;
(c) cruelty to animals, including dogfighting;
(d) bestiality;
(e) lewdness, including lewdness involving a child;
(f) voyeurism;
(g) providing dangerous weapons to a minor;
(h) a parent providing a firearm to a violent minor;
(i) a parent knowing of a minor's possession of a dangerous weapon;
(j) sales of firearms to juveniles;
(k) pornographic material or performance;
(l) sexual solicitation;
(m) prostitution and related crimes;
(n) contributing to the delinquency of a minor;
(o) any crime against a person;
(p) a sexual exploitation act;
(q) leaving a child unattended in a vehicle; and
(r) driving under the influence (DUI) while a child is present in the vehicle.

(9) A covered individual shall not be denied by the Department if the only background finding is a conviction or plea of no contest to a nonviolent drug offense that occurred 10 or more years before
the CCL background check was conducted.

(10) The Department may rely on the criminal background check findings as conclusive evidence of the arrest warrant, arrest, charge, or conviction; and the Department may revoke, suspend, or deny a license or employment based on that evidence.

(11) If the provider has a background check denial, the Department may suspend or deny their license until the reason for the denial is resolved.

(12) If a covered individual fails to pass a CCL background check, including that the individual has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor, the provider shall prohibit that individual from being employed by the child care program or residing at the facility until the reason for the denial is resolved.

(13) If a covered individual is denied a license or employment based upon the criminal background check and disagrees with the information provided by the Department of Public Safety, the covered individual may appeal the information as provided in Utah Code, Sections 77-18-10 through 77-18-14 and 77-18a-1.

(14) If a covered individual disagrees with a supported finding on the Department of Human Services Licensing Information System (LIS):
   (a) the individual cannot appeal the supported finding to the Department of Health, and
   (b) the covered individual may appeal the finding to the Department of Human Services and follow the process established by the Department of Human Services.

(15) The provider and the covered individual shall notify the Department within 48 hours of becoming aware of a covered individual's arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding. Failure to notify the Department within 48 hours may result in disciplinary action, including revocation of the license.

(16) The Executive Director of the Department of Health may overturn a background check denial when the Executive Director determines that the nature of the background finding or mitigating circumstances do not pose a risk to children.


(1) The provider shall ensure that there is at least 35 square feet of indoor space for each child in care, including the provider's and employees' children.

(2) The Department may include as indoor space per child floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:
   (a) by children,
   (b) for the care of children, or
   (c) to store classroom materials.

(3) The following areas shall not include the when measuring indoor space for children's use:
   (a) bathrooms,
   (b) closets,
   (c) hallways, and
   (d) entryways.
The Department may limit the maximum allowed capacity for a child care facility based on local ordinances.

The provider shall ensure that the number of children in care at any given time does not exceed the capacity identified on the license.

The provider shall ensure that any building or play structure on the premises constructed before 1978 that has peeling, flaking, chalking, or failing paint is tested for lead. If lead-based paint is found, the provider shall contact their local health department within 5 working days and follow required procedures for remediation of the lead hazard.

The provider shall ensure that each room and indoor area that is used by children shall be ventilated by mechanical ventilation, or by windows that open and have screens.

The provider shall ensure that all rooms and areas that are used for child care have adequate light intensity for the safety of the children and the type of activity being conducted.

The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

The provider shall ensure that a working telephone in the home, in each vehicle while transporting children, and during offsite activities.

The provider shall ensure that a working toilet and a working handwashing sink accessible to each nondiapered child in care.

A bathroom that provides privacy is available for use by school-age children.

An outdoor area that is safely accessible to children.

The provider shall ensure that the outdoor area has at least 40 square feet of space for each child using the area at one time.

The provider shall ensure that the outdoor area is enclosed within a fence, wall, or solid natural barrier that is at least 4 feet high when the facility is on a street or within half a mile of a street that:

- has a speed of 25 miles per hour or higher, or
- has more than 2 lanes of traffic.

The following hazards are separated from the children's outdoor area with a fence, wall, or solid natural barrier that is at least 4 feet high:

- barbed wire that is within 30 feet of the children's play area;
- livestock on or within 50 yards of the property line;
- dangerous machinery, such as farm equipment, on or within 50 yards of the property line;
- a drop-off of more than 5 feet on or within 50 yards of the property line; or
- a water hazard, such as a swimming pool, pond, ditch, lake, reservoir, river, stream, creek, or animal watering trough, on or within 100 yards of the property line.

The provider shall ensure that no gap 5 by 5 inches or greater in or under the fence.

Whenever there are
children in the outdoor area, there shall be shade available to protect them from excessive sun and heat.

(19) If there is a swimming pool on the premises that is not emptied after each use:
   (a) the provider shall meet applicable state and local laws and ordinances related to the operation of a swimming pool and maintain the pool in a safe manner; and
   (b) when not in use, the provider shall ensure that the pool is enclosed within at least a 4-foot-high fence or solid barrier that is kept locked and that separates the pool from any other areas on the premises, or covered with a properly installed safety enclosure that meets the ASTM F1346 standard.

(20) The provider shall ensure that a hot tub on the premises with water in it is inaccessible to children by being:
   (a) kept locked with a properly working cover; or
   (b) enclosed within at least a 4-foot-high fence or solid barrier that is kept locked and that separates the hot tub from any other areas on the premises.

(21) The provider shall maintain buildings and outdoor areas in good repair and safe condition including:
   (a) ceilings, walls, and floor coverings;
   (b) lighting, bathroom, and other fixtures;
   (c) draperies, blinds, and other window coverings;
   (d) indoor and outdoor play equipment;
   (e) furniture, toys, and materials accessible to the children;
   (f) entrances, exits, steps, and walkways including keeping them free of ice, snow and other hazards.

(22) The provider shall ensure that accessible raised decks or balconies that are 5 feet or higher, and open basement stairwells that are 5 feet or deeper shall have protective barriers that are at least 3 feet high.

(23) If the house is subdivided, any part of the house is rented out, or any other area of the facility is shared including the outdoor area, the Department may inspect the entire facility and the provider shall ensure that covered individuals in the facility comply with rules, except when all of the following conditions are met:
   (a) there is a signed rental/lease agreement between the provider and the individual responsible for or living in the other part of the house;
   (b) there is a separate mailing address;
   (c) there is a separate entrance for the child care program;
   (d) there are no connecting interior doorways that can be used by unauthorized individuals; and
   (e) there is no shared access to the outdoor area used for child care, or a qualified caregiver is present when children are using a shared outdoor area of the facility.

(1) The provider shall maintain at least 1 caregiver for up to 8 children in care, and at least 2 caregivers for 9 to 16 children in care.

(2) The Department shall not count the provider's or an employee's child age 4 years or older in the
caregiver-to-child ratio when the parent of the child is working at the facility, but the child shall be counted in the group size.

(3) When caring for children younger than 2 years old, the provider shall ensure that:
   (a) there are no more than 2 children younger than 2 years old with 1 caregiver;
   (b) there are no more than 4 children younger than 2 years old with 2 caregivers; and
   (c) if there are 6 or fewer children in care, there may be up to 3 children younger than 2 years old with 1 caregiver.

(4) The provider shall not exceed the group sizes found in Table 1 and Table 2.

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<thead>
<tr>
<th>TABLE 1</th>
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<tr>
<td>MAXIMUM GROUP SIZE WITH 1 CAREGIVER</td>
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<table>
<thead>
<tr>
<th># of Provider's and Caregivers' Own Children Ages 4-12 Years Present During Child Care Hours</th>
<th>Maximum Allowed # of Children in Care, Including the Provider's and Caregivers' Own Children Younger than 4 years old</th>
<th>Total # of Children Through age 12 Years Present in the Home During Child Care</th>
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<tbody>
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<td>0-4 Children</td>
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<td>MAXIMUM GROUP SIZE WITH 2 CAREGIVERS</td>
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(5) The provider may include [C] caregivers who are 16 or 17 years old [may be included] in the caregiver-to-child ratio only when there is a caregiver who is at least 18 years on the premises.

(6) them have unsupervised contact with any child in care.


(1) The provider shall ensure that caregivers provide and maintain active supervision of each child at all times, including:
   (a) a caregiver [shall be] is inside the home when any child in care is inside the home,
   (b) a caregiver [shall be] is in the outdoor area when any child younger than 5 years old is in the outdoor area,
   (c) caregivers [shall] know the number of children in their care at all times, and
   (d) caregivers' attention [shall be] is focused on the children and not on the caregivers' own personal interests.

(2) The provider shall allow [A caregiver may allow only] school-age children to play outdoors while the caregiver is indoors only when:
   (a) the caregiver can hear the children playing outdoors; and
   (b) the children are in an area completely enclosed within a fence, wall, or solid natural barrier that is at least a 4 feet high.

(3) The provider shall ensure that [A] a caregiver [shall] monitors each sleeping infant by:
   (a) placing each infant to sleep within the sight and hearing of the caregiver, or
   (b) personally observing each sleeping infant at least once every 15 minutes.

(4) The provider shall allow [A] a child [may] to participate in supervised offsite activities without the provider if:
   (a) the provider has prior written permission from the child's parent for the child's participation, and
   (b) the provider has clearly assigned the responsibility for the child's whereabouts and supervision to a responsible adult who accepts that responsibility throughout the period of the offsite
The provider shall ensure that [Whenever a child is in care, the child's] parents [shall] have access to their child and the areas used to care for their child whenever their child is in care.

(6) To maintain security and supervision of children, the provider shall ensure that:
   (a) each child is signed in and out;
   (b) only parents or persons with written authorization from the parent may sign out a child;
   (c) photo identification is required if the individual signing the child in or out is unknown to the provider;
   (d) persons signing children in and out use identifiers, such as a signature, initials, or electronic code;
   (e) the sign-in and sign-out records include the date and time each child arrives and leaves; and
   (f) there is written permission from their parents if school-age children sign themselves in and out.

(7) In an emergency, the provider[caregiver] shall accept the parent's verbal authorization to release a child when the provider[caregiver] can confirm the identity of:
   (a) the person giving verbal authorization, and
   (b) the person picking up the child.

(8) The provider shall ensure that [A]a six-week record of each child's daily attendance, including sign-in and sign-out records, [shall be]is kept on-site for review by the Department.


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

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

(3) The provider shall ensure that [I]individuals who interact with the children [shall] guide children's behavior by using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.

(4) The provider shall ensure that [C]caregivers [shall] use gentle, passive restraint with children only when it is needed to stop children from injuring themselves or others, or from destroying property.

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

(6) Any person who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify

(1) The provider shall ensure that the building, outdoor area, toys, and equipment are used in a safe manner and as intended by the manufacturer to prevent injury to children.

(2) The provider shall ensure that poisonous and harmful plants are inaccessible to children.

(3) The provider shall ensure that sharp objects, edges, corners, or points that could cut or puncture skin are inaccessible to children.

(4) The provider shall ensure that choking hazards are inaccessible to children younger than 3 years of age.

(5) The provider shall ensure that strangulation hazards such as ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck are inaccessible to children.

(6) The provider shall ensure that tripping hazards such as unsecured flooring, rugs with curled edges, or cords in walkways are inaccessible to children.

(7) For children younger than 5 years of age, the provider shall ensure that empty plastic bags large enough for a child's head to fit inside, latex gloves, and balloons are inaccessible to children younger than 5 years of age.

(8) The provider shall ensure that standing water that measures 2 inches or deeper and 5 by 5 inches or greater in diameter is inaccessible to children.

(9) The provider shall ensure that toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials are:
   (a) inaccessible to children,
   (b) used according to manufacturer instructions, and
   (c) stored in containers labeled with their contents.

(10) The provider shall ensure that items and substances that could burn a child or start a fire are inaccessible, such as:
   (a) matches or cigarette lighters;
   (b) open flames;
   (c) hot wax or other substances; and
   (d) when in use, portable space heaters, wood burning stoves, and fireplaces of all types.

(11) The provider shall ensure that children are protected from items that cause electrical shock such as:
   (a) live electrical wires; and
   (b) for children younger than 5 years of age, electrical outlets and surge protectors without protective caps or safety devices when not in use.

(12) Unless used and stored in compliance with the Utah Concealed Weapons Act or as otherwise allowed by law, the provider shall ensure that firearms such as guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns are:
   (a) locked in a cabinet or area with a key, combination
lock, or fingerprint lock; and

(b) stored unloaded and separate from ammunition.

(13) The provider shall ensure that weapons such as paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace are inaccessible to children.

(14) The provider shall ensure that alcohol, illegal substances, and sexually explicit material are inaccessible, and not used on the premises, during offsite activities, or in program vehicles any time a child is in care.

(15) The provider shall ensure that an outdoor source of drinking water, such as individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child whenever the outside temperature is 75 degrees or higher.

(16) The provider shall ensure that areas accessible to children are free of heavy or unstable objects that children could pull down on themselves, such as furniture, unsecured televisions, and standing ladders.

(17) The provider shall ensure that hot water accessible to children does not exceed 120 degrees Fahrenheit.

(18) The provider shall ensure that highchairs have T-shaped safety straps or devices that are used whenever a child is in the chair.

(19) The provider shall ensure that infant walkers with wheels are inaccessible to children.

(20) The provider shall ensure that tobacco, e-cigarettes, e-juice, e-liquids, and similar products are inaccessible and, in compliance with the Utah Indoor Clean Air Act, not used:
   (a) in the facility or any other building when a child is in care,
   (b) in any vehicle that is being used to transport a child in care,
   (c) within 25 feet of any entrance to the facility or other building occupied by a child in care, or
   (d) in any outdoor area or within 25 feet of any outdoor area occupied by a child in care.


(1) The provider shall post the home's street address and emergency numbers, including ambulance, fire, police, and poison control, near a telephone in the home or in an area clearly visible to anyone needing the information.

(2) The provider shall keep first-aid supplies in the home, including at least antiseptic, band-aids, and tweezers.

(3) The provider shall conduct fire evacuation drills quarterly. Drills shall include a complete exit of all children, staff, and volunteers from the home.

(4) The provider shall document each fire drill, including:
   (a) the date and time of the drill,
   (b) the number of children participating,
   (c) the total time to complete the evacuation, and
   (d) any problems encountered.

(5) The provider shall conduct drills for disasters other than fires at least once every 12 months.
(A) The provider shall document each disaster drill, including:

(a) the type of disaster, such as earthquake, flood, prolonged power outage, or tornado;
(b) the date and time of the drill;
(c) the number of children participating; and
(d) any problems encountered.

(7) The provider shall vary the days and times on which fire and other disaster drills are held.

(8) The provider shall keep documentation of the previous 12 months of quarterly fire drills and annual disaster drills on-site for review by the Department.

(9) In case of an emergency or disaster, the provider and all employees shall follow procedures as outlined in the facility's health and safety plan unless otherwise instructed by emergency personnel.

(10) If the provider must leave the premises due to an emergency, the provider may use an emergency substitute who was not named in the facility's health and safety plan.

(11) The provider shall ensure that the emergency substitute

____(a) shall be] at least 18 years old[+]
____(b) [is] not required to have a CCL background check; and
____(c) [is] not required to meet the training, first aid, and CPR requirements of this rule.

(12) Before the provider may leave the children in the care of the emergency substitute, the provider shall first obtain a signed, written statement from the individual that they:

(a) have not been convicted of a felony or misdemeanor;
(b) do not have a substantiated background finding; and
(c) are not being investigated for abuse or neglect by any federal, state, or local government agency.

(13) The provider shall ensure that the emergency substitute's written background statement [shall be] is submitted to the Department for review within 5 working days after the occurrence.

(14) During the term of the emergency, the emergency substitute may be counted in the caregiver-to-child ratio.

(15) The provider shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care, and the amount of time shall not be more than 24 hours per emergency incident.

(16) The provider shall give parents a verbal report of every minor incident, accident, or injury involving their child on the day of the occurrence.

(17) The provider shall give parents a written report of every serious incident, accident, or injury involving their child:

(a) The caregivers involved, the provider, and the person picking up the child shall sign the report on the day of occurrence.
(b) If school-age children sign themselves out of the facility, a copy of the report shall be sent to the parent on the day following the occurrence.

(18) If a child is injured and the injury appears serious but not life-threatening, the provider shall contact the child's parent [shall be contacted] immediately.

(19) In the case of a life-threatening injury to a child, or
an injury that poses a threat of the loss of vision, hearing, or a limb the provider shall:
   (a) call emergency personnel [shall be called] immediately;
   (b) contact the parent after emergency personnel are called[; then the parent shall be contacted]; and
   (c) if the parent cannot be reached, [staff shall] try to contact the child's emergency contact person.

(20) If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall:
   (a) submit a completed accident report form to the Department within the next business day of the incident; or
   (b) contact the Department within the next business day and submit a completed accident report form within 5 business days of the incident.

(21) The provider shall keep a six-week record of every serious incident, accident, and injury report on-site for review by the Department.


(1) The provider shall ensure that the building, furnishings, equipment, and outdoor area [shall be]are kept clean and sanitary including keeping:
   (a) walls[, and flooring [shall be] clean and free of spills, dirt, and grime;
   (b) areas and equipment used for the storage, preparation, and service of food [shall be] clean and sanitary;
   (c) surfaces used by children [shall be] free of rotting food or a build-up of food;
   (d) the building and grounds [shall be] free of a build-up of litter, trash, and garbage; and
   (e) the facility [shall be] free of animal feces.

(2) The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other pests.

(3) The provider shall ensure that [A]all toys and materials including those used by infants and toddlers [shall be]are cleaned:
   (a) at least weekly or more often if needed,
   (b) after being put in a child's mouth and before another child plays with the toy, and
   (c) after being contaminated by a body fluid.

(4) The provider shall ensure that [F]fabric toys and items such as stuffed animals, cloth dolls, pillow covers, and dress-up clothes [shall be]are machine washable and washed weekly, and as needed.

(5) The provider shall ensure that [H]highchair trays [shall be]are cleaned and sanitized before each use.

(6) The provider shall ensure that [W]water play tables or tubs [shall be]are cleaned and sanitized daily, if used by the children.

(7) The provider shall ensure that [B]bathroom surfaces including toilets, sinks, faucets, and counters [shall be]are cleaned and sanitized each day.

(8) The provider shall ensure that [P]potty chairs [shall be]are cleaned and sanitized after each use.

(9) The provider shall ensure that [T]toilet paper [shall be]is accessible to children and kept in a dispenser.
(10) The provider shall ensure that only single-use paper towels or individually labeled cloth towels are used to dry a child's hands.

(11) The provider shall ensure that if cloth towels are used:
(a) they are not shared by children, caregivers, or volunteers; and
(b) towels are washed daily.

(12) The provider shall ensure that staff and volunteers wash their hands thoroughly with soap and running water at required times including:
(a) before handling or preparing food or bottles,
(b) before and after eating meals and snacks or feeding a child,
(c) after using the toilet or helping a child use the toilet,
(d) after contact with a body fluid,
(e) when coming in from outdoors, and
(f) after cleaning up or taking out garbage.

(13) The provider shall ensure that caregivers teach children how to wash their hands thoroughly and oversee handwashing whenever possible.

(14) The provider shall ensure that children wash their hands thoroughly with soap and running water at required times including:
(a) before and after eating meals and snacks,
(b) after using the toilet,
(c) after contact with a body fluid,
(d) before using a water play table or tub, and
(e) when coming in from outdoors.

(15) The provider shall ensure that personal hygiene items, such as toothbrushes, combs, and hair accessories, are not be shared and are stored so they do not touch each other, or they are sanitized between each use.

(16) The provider shall ensure that pacifiers, bottles, and nondisposable drinking cups are:
(a) labeled with each child's name or individually identified; and
(b) not shared, or washed and sanitized before being used by another child.

(17) The provider shall ensure that a child's clothing is promptly changed if the child has a toileting accident.

(18) If a child's clothing is wet or soiled from a body fluid, the provider shall ensure that:
(a) the clothing is washed and dried, or
(b) the clothing is placed in a leakproof container that is labeled with the child's name and returned to the parent.

(19) The provider shall ensure that staff take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, and vomit. Except for diaper changes and toileting accidents, staff shall:
(a) wear waterproof gloves;
(b) clean the surface using a detergent solution;
(c) rinse the surface with clean water;
(d) sanitize the surface;
(e) throw away in a leakproof plastic bag the disposable materials, such as paper towels, that were used to clean up the body fluid;
(f) wash and sanitize any nondisposable materials used to clean up the body fluid, such as cleaning cloths, mops, or reusable rubber gloves, before reusing them; and
(g) wash their hands after cleaning up the body fluid.

(20) The provider shall make a child who becomes ill with an infectious disease while in care comfortable in a safe, supervised area that is separated from the other children.

(21) If a child becomes ill while in care, the provider shall contact the child's parent as soon as the illness is observed or suspected.

(22) The provider shall ensure that the parents of every child in care are informed when any child, employee, or person in the home has an infectious disease or parasite. The provider shall notify parents on the day the illness is discovered.

(23) When any child or employee has an infectious disease, an unusual or serious illness, or a sudden onset of an illness, the provider shall notify the local health department on the day the illness is discovered.


(1) The provider shall ensure that each child age 2 years and older is offered a meal or snack at least once every 3 hours.

(2) The provider shall ensure that when food for children's meals and/or snacks is supplied by the provider:
   (a) the meal service meets local health department food service regulations;
   (b) the foods that are served meet the nutritional requirements of the USDA Child and Adult Care Food Program (CACFP) whether or not the provider participates in the CACFP;
   (c) the provider uses the CACFP menus, the standard Department-approved meal pattern requirements, or menus approved by a registered dietitian. That dietitian approval is noted and dated on the menus, and current within the past 5 years;
   (d) the current week's menu is posted for review by parents and the Department; and
   (e) providers who are not participating or in good standing with the CACFP keep a six-week record of foods served at each meal and snack.

(3) The provider shall ensure that the person who serves food to children:
   (a) is aware of the children in their assigned group who have food allergies or sensitivities, and
   (b) ensures that the children are not served the food or drink they are allergic or sensitive to.

(4) The provider shall ensure that children's food is served on dishes, napkins, or sanitary highchair trays, except an individual finger food, such as a cracker, that may be placed directly in a child's hand, and that children's food is not placed on a bare table.

(5) The provider shall ensure that food and drink brought in by parents for their child's use:
   (a) labeled with the child's name or individually identified,
   (b) refrigerated if needed, and
(c) consumed only by that child.

R430-90-17. Medications.

(1) The provider shall ensure that all medications are inaccessible to children.

(2) The provider shall ensure that all liquid refrigerated medications are stored in a separate leakproof container.

(3) The provider shall ensure that all over-the-counter and prescription medications supplied by parents shall:
   (a) are labeled with the child's full name,
   (b) are kept in the original or pharmacy container,
   (c) have the original label, and
   (d) have child-safety caps.

(4) The provider shall have a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.

(5) The provider shall ensure that the medication permission form includes:
   (a) the name of the child,
   (b) the name of the medication,
   (c) written instructions for administration, and
   (d) the parent signature and the date signed.

(6) The provider shall ensure that the instructions for administering the medication include:
   (a) the dosage,
   (b) how the medication will be given,
   (c) the times and dates to administer the medication, and
   (d) the disease or condition being treated.

(7) If the provider supplies an over-the-counter medication for children's use, the provider shall ensure that the medication is not administered to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent includes:
   (a) prior written consent; or
   (b) verbal consent if the date and time of the consent is documented, and is signed by the parent upon picking up their child.

(8) The provider shall ensure that the caregiver administering the medication:
   (a) washes their hands,
   (b) checks the medication label to confirm the child's name if the parent supplied the medication,
   (c) checks the medication label or the package to ensure that a child is not given a dosage larger than that recommended by the health care professional or manufacturer, and
   (d) administers the medication.

(9) Immediately after administering a medication, the caregiver giving the medication records the following information:
   (a) the date, time, and dosage of the medication given;
   (b) any errors in administration or adverse reactions; and
   (c) their signature or initials.

(10) The provider shall report a child's adverse reaction to a medication or error in administration to the parent immediately upon recognizing the reaction or error, or after notifying emergency
personnel if the reaction is life-threatening.
(11) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication before the time the medication needs to be given.
(12) The provider shall keep a six-week record of medication permission and administration forms on-site for review by the Department.

(1) The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.
(2) The provider shall ensure that daily activities include outdoor play as weather and air quality allow.
(3) The provider shall ensure that physical development activities include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every 2 hours children spend in the program.
(4) For children 2 years old and older, the provider shall post a daily schedule that includes:
   (a) activities that support children's healthy development; and
   (b) the times activities occur including at least meal, snack, nap or rest, and outdoor play times.
(5) The provider shall ensure that toys, materials, and equipment needed to support children's healthy development be available to the children.
(6) Except for occasional special events, the provider shall ensure that the children's primary screen time activity on media such as television, cell phones, tablets, and computers is:
   (a) not allowed for children 0 to 17 months old;
   (b) limited for children 18 months to 4 years old to 1 hour per day, or 5 hours per week with a maximum screen time of 2 hours per activity; and
   (c) planned to address the needs of children 5 to 12 years old.
(7) If swimming activities are offered or if wading pools are used the provider shall ensure that:
   (a) parental permission is obtained before each child in care uses the pool;
   (b) caregivers stay at the pool supervising whenever a child is in the pool or has access to the pool, and whenever a wading pool has water in it;
   (c) diapered children wear swim diapers whenever they are in the pool;
   (d) wading pools are emptied and sanitized after use by each group of children;
   (e) if the pool is over 4 feet deep, there is a lifeguard on duty who is certified by the Red Cross or other approved certification program any time children have access to the pool; and
   (f) lifeguards and pool personnel do not count toward the caregiver-to-child ratio.
(8) If offsite activities are offered, the provider shall ensure that:
(a) the provider shall obtain written parental consent is obtained before each activity;
(b) the required caregiver-to-child ratio and supervision shall be maintained during the entire activity;
(c) first aid supplies, including antiseptic, band-aids, and tweezers shall be available;
(d) children's names shall be not used on nametags, t-shirts, or in other visible ways; and
(e) there shall be a way for caregivers and children to wash their hands with soap and water, or if there is no source of running water, caregivers and children shall clean their hands with wet wipes and hand sanitizer.

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

(1) The provider shall ensure that children using play equipment use it safely and in the manner intended by the manufacturer.
(2) The provider shall ensure that there shall be no entrapment hazards on or within the use zone of any piece of stationary play equipment.
(3) The provider shall ensure that there shall be no strangulation hazards on or within the use zone of any piece of stationary play equipment.
(4) The provider shall ensure that there shall be no crush, shearing, or sharp edge hazards on or within the use zone of any piece of stationary play equipment.
(5) The provider shall ensure that there shall be no tripping hazards such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.
(6) The provider shall ensure that protective cushioning covers the entire surface of each required use zone.
(7) If ASTM cushioning is used, the provider shall keep on-site for review by the Department the documentation from the manufacturer that the material meets ASTM Specification F1292.
(8) The provider shall ensure that stationary play equipment with a designated play surface that measures 6 inches or higher is not placed on a hard surface such as concrete, asphalt, dirt, or the bare floor, but may be placed on grass or other cushioning.
(9) Except for trampolines, the provider shall ensure that stationary play equipment that is 18 inches or higher:
(a) has a 3-foot use zone that is free of hard objects or surfaces and that extends from the outermost edge of the equipment; and
(b) [be]is stable or securely anchored.

10. The Department may consider [A]a trampoline [shall]to be [considered] accessible to children in care unless the trampoline:
   (a) is enclosed behind at least a 3-foot high, locked fence or barrier;
   (b) has no jumping mat;
   (c) is placed upside down, or
   (d) is enclosed within at least a 6-foot-high safety net that is locked.

11. The provider shall ensure that [A]an accessible trampoline without a safety net enclosure [shall be]is placed at least 6 feet away from any structure or object onto which a child could fall, including play equipment, trees, and fences.

12. The provider shall ensure that [A]an accessible trampoline with a safety net enclosure [shall be]is placed at least 3 feet away from any structure or object onto which a child could fall, including play equipment, trees, and fences if the net:
   (a) is properly installed and used as specified by the manufacturer,
   (b) is in good repair, and
   (c) is at least 6 feet tall.

13. The provider shall ensure that [A]an accessible trampoline [shall be]is placed over grass, 6-inch-deep cushioning, or [ASTM-approved] any other commercial cushioning. The provider shall ensure that [C]cushioning [shall] extends at least 6 feet from the outermost edge of the trampoline frame, or at least 3 feet from the outermost edge of the trampoline frame if a net is used as specified in R430-90-19(12).

14. The provider shall ensure that [T]here [shall be]are no ladders or other objects within the use zone of an accessible trampoline that a child could use to climb on the trampoline.

15. The provider shall ensure that [A]an accessible trampoline [shall have]has shock-absorbing pads that completely cover its springs, hooks, and frame.

16. Before a child in care uses a trampoline, the provider shall have written permission from that child’s parent or legal guardian.

17. The provider shall ensure that [W]when a trampoline is being used by a child in care:
   (a) a caregiver [shall be]is at the trampoline supervising,
   (b) only one person at a time [shall] uses a trampoline,
   (c) no child in care [shall be]is allowed to do somersaults or flips on the trampoline,
   (d) no one [shall be]is allowed to play under the trampoline when it is in use, and
   (e) only school age children in care [shall be]are allowed to use the trampoline.


If transportation services are offered:
(1) For each child being transported, the provider shall have a transportation permission form:
   (a) signed by the parent, and
   (b) on-site for review by the Department.
(2) The provider shall ensure that [E]ach vehicle used for
transporting children [shall]:
   (a) [be] enclosed with a roof or top,
   (b) [be] equipped with safety restraints,
   (c) [have] a current vehicle registration,
   (d) [be] maintained in a safe and clean condition, and
   (e) contains first aid supplies, including at least antiseptic, band-aids, and tweezers.

   (3) The provider shall ensure that the safety restraints in each vehicle that transports children [shall] are:
      (a) [be] appropriate for the age and size of each child who is transported, as required by Utah law;
      (b) [be] properly installed; and
      (c) [be] in safe condition and working order.

   (4) The provider shall ensure that the driver of each vehicle who is transporting children [shall]:
      (a) [be] at least 18 years old;
      (b) [have] and carries with them a current, valid driver's license for the type of vehicle being driven;
      (c) [have] with them the written emergency contact information for each child being transported;
      (d) ensures that each child being transported is in an individual safety restraint that is used according to Utah law;
      (e) ensures that the inside vehicle temperature is between 60-85 degrees Fahrenheit;
      (f) never leaves a child in the vehicle unattended by an adult;
      (g) ensures that children stay seated while the vehicle is moving;
      (h) never leaves the keys in the ignition when not in the driver's seat; and
      (i) ensures that the vehicle is locked during transport.

   (5) When the provider walks or uses public transportation to transport children to or from the facility, the provider shall ensure that:
      (a) each child being transported has a completed transportation permission form signed by their parent,
      (b) a caregiver goes with the children and actively supervises them,
      (c) the caregiver-to-child ratio is maintained, and
      (d) caregivers take each child's written emergency contact information and releases with them.

   (1) The provider shall inform parents of the kinds of animals allowed at the facility.
   (2) The provider shall ensure that there is no animal on the premises that:
      (a) is naturally aggressive;
      (b) has a history of dangerous, attacking, or aggressive behavior; or
      (c) has a history of biting even one person.
   (3) The provider shall ensure that animals at the facility are clean and free of obvious disease or health problems that could adversely affect children.
   (4) The provider shall ensure that there is no
animal or animal equipment in food preparation or eating areas during food preparation or eating times.

(5) The provider shall ensure that [C]children younger than 5 years of age [shall] do not assist with the cleaning of animals or animal cages, pens, or equipment.

(6) If school-age children help in the cleaning of animals or animal equipment, the provider shall ensure that the children [shall] wash their hands immediately after cleaning the animal or equipment.

(7) The provider shall ensure that [C]children and staff [shall] wash their hands immediately after playing with or touching reptiles and amphibians.

(8) The provider shall ensure that [B]dogs, cats, and ferrets that are housed at the facility [shall] have current rabies vaccinations.

(9) The provider shall keep current animal vaccination records on-site for review by the Department.

R430-90-22. Rest and Sleep.

(1) The provider shall offer children in care a daily opportunity for rest or sleep in an environment with subdued lighting, a low noise level, and freedom from distractions.

(2) The provider shall ensure that [N]nap or rest times [shall] are not [be] scheduled for more than 2 hours daily.

(3) The provider shall ensure that [E]each crib used by children [shall]:
   (a) has a tight-fitting mattress;
   (b) has slats spaced no more than 2-3/8 inches apart;
   (c) has at least 20 inches from the top of the mattress to the top of the crib rail, or at least 12 inches from the top of the mattress to the top of the crib rail if the child using the crib cannot sit up without help;
   (d) does not have strings, cords, ropes, or other entanglement hazards on the crib or within reach of the child; and
   (e) meets CPSC standards.

(4) The provider shall ensure that [S]sleeping equipment [may] does not block exits.

(5) The provider shall ensure that [S]sleeping equipment and bedding items that are clearly assigned to and used by an individual child [shall be] are cleaned and sanitized as needed and at least weekly.

(6) The provider shall ensure that [S]sleeping equipment and bedding items that are not clearly assigned to and used by an individual child [shall be] are cleaned and sanitized before each use.


If the provider accepts children who wear diapers:

(1) The provider shall ensure that [Caregivers shall ensure that] each child's diaper is:
   (a) checked at least once every 2 hours,
   (b) promptly changed when wet or soiled, and
   (c) checked as soon as a sleeping child awakens.

(2) The provider shall ensure that the diapering area [shall] is not [be] located in a food preparation or eating area.

(3) The provider shall ensure that [C]children [shall] are not [be] diapered directly on the floor, or on any surface used for another
purpose.

(4) The **provider shall ensure that the** diapering surface **shall be** smooth, waterproof, and in good repair.

(5) **The provider shall ensure that caregivers shall** clean and sanitize the diapering surface after each diaper change, or use a disposable, waterproof diapering surface that is thrown away after each diaper change.

(6) **The provider shall ensure that caregivers shall** wash their hands after each diaper change.

(7) **The provider shall ensure that caregivers shall** place wet and soiled disposable diapers:

(a) in a container that has a disposable plastic lining and a tight-fitting lid,

(b) directly in an outdoor garbage container that has a tight-fitting lid, or

(c) in a container that is inaccessible to children.

(8) **The provider shall ensure that indoor containers where wet and soiled diapers are placed shall be cleaned and sanitized each day.**

(9) **The provider shall ensure that if cloth diapers are used:**

(a) they **are** not **be** rinsed at the facility; and

(b) they **shall be** placed directly into a leakproof container that is inaccessible to any child and labeled with the child's name, or placed in a leakproof diapering service container.


If the provider cares for infants or toddlers:

(1) **The provider shall ensure that each awake infant and toddler shall receive** positive physical and verbal interaction with a caregiver at least once every 20 minutes.

(2) To stimulate their healthy development, the provider shall ensure that infants receive daily interactions with adults; including on the ground interaction and closely supervised time spent in the prone position for infants younger than 6 months of age.

(3) **The provider shall ensure that caregivers shall respond promptly to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, a wet or soiled diaper, fear, teething, or illness.**

(4) For their healthy development, the **provider shall ensure that** enough safe toys **are available and accessible for** infants and toddlers. **There shall be enough toys accessible to** each infant and toddler in the group to engage in play.

(5) **The provider shall ensure that mobile infants and toddlers shall have freedom of movement in a safe area.**

(6) **The provider shall ensure that an awake infant or toddler is not confined for more than 30 minutes in any piece of equipment, such as a swing, high chair, crib, playpen, or other similar piece of equipment.**

(7) **The provider shall ensure that only one infant or toddler occupies any one piece of equipment at any time, unless the equipment has individual seats for more than one child.**

(8) **The provider shall ensure that infants and toddlers shall not have access to objects made of styrofoam.**

(9) **The provider shall ensure that each infant and toddler**
is allowed to eat and sleep on their own schedule.

(10) The provider shall ensure that baby food, formula, or breast milk that is brought from home for an individual child's use:

(a) labeled with the child's name;
(b) kept refrigerated if needed; and
(c) discarded within 24 hours of preparation or opening, except for unprepared powdered formula or dry food.

(11) The provider shall ensure that if an infant is unable to sit upright and hold their own bottle, a caregiver holds the infant during bottle feeding and that bottles are not be propped.

(12) The provider shall ensure that caregivers swirl and test warm bottles for temperature before feeding to children.

(13) The provider shall ensure that formula and milk, including breast milk, is discarded after feeding or within 2 hours of starting a feeding.

(14) The provider shall ensure that caregivers cut solid foods for infants into pieces no larger than 1/4 inch in diameter, and cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.

(15) The provider shall ensure that infants sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. An infant is not placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment unless the provider has written permission from the infant's parent.

(16) The provider shall ensure that infants are placed on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.

(17) The provider shall ensure that soft toys, loose blankets, or other objects are not placed in cribs while in use by sleeping infants.

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