

An A–Z Guide to the Licensed Family Child Care Rules

Important Note: This guide is prepared for providers' convenience. It in no way replaces the actual Administrative Rules for child care providers. To reference the Administrative Rules used to create this guide, see the reference number at the far right after each item. To download a copy of the rules, go to: <http://health.utah.gov/licensing/rules.htm>

ABUSE & NEGLECT

See "Administration" 6; "Background Screening" 1; "Child Health" 1; "Child Discipline" 4; "Personnel" 3.G, 5.C, 7.C

ACTIVITIES

1. The Licensee must develop a daily activity plan that offers activities to support each child's healthy physical, social-emotional, and cognitive-language development. The toys and materials needed to carry out this plan must be accessible to the children. 90-20(1)-(2)
2. If off-site activities are offered, the following applies: 90-20(3)
 - A. The Licensee must get parental permission for off-site activities, prior to the activity.
 - B. A caregiver must accompany the children on the off-site activity, and must take a copy of each child's admission form with them.
 - C. The requirements for provider to child ratios and direct supervision must be maintained during the activity.
 - D. At least one provider at each off-site activity must have current first aid and CPR certification.
3. If off-site swimming activities are offered, the provider must remain at the pool with the children, and lifeguards and pool staff cannot be counted in the provider to child ratio. 90-20(4)
See Also "Infection Control" 12.D; "Supervision of Children" 3

ADMINISTRATION

1. The Licensee is ultimately responsible for all aspects of the child care provided, and for complying with all laws and rules related to operating a child care program. 90-8(1)-(2)
2. The Licensee cannot engage in or allow conduct that endangers the children in care. 90-8(3)-(4)
3. Either the Licensee or a substitute with authority to act on behalf of the Licensee must always be present whenever children are in care. The Licensee must be present at least 50% of the time care is provided. 90-8(5)-(6)
4. There must be a working telephone in the home, and the Licensee must notify Child Care Licensing and the children's parents if the phone number changes. 90-8(7)
5. The Licensee must notify Child Care Licensing verbally (within 24 hours) and in writing (within five days) whenever there is a child death, or any incident that results in a child having to get medical treatment. 90-8(8)

6. The Licensee is responsible for training and supervising all providers to ensure they comply with the rules and meet children’s needs, including making sure that children are not abused while in care, and that suspected abuse and neglect is reported as required by law . 90-8(11)
90-14(1)-(2)

See Also “Written Policies & Plans” 1

ADMISSION FORM, CHILD

See “Activities” 2.B; “Records” 1.A; “Transportation” 2.B

AGE REQUIREMENTS FOR PROVIDERS

See “Personnel” 2

ALCOHOLIC BEVERAGES

See “Child Health” 2; “Injury Prevention” 2.B

ALLERGIES

See “Child Health” 4.B

ANIMAL EXCREMENT

See “Outdoor Environment” 4

ANIMALS

1. Parents must be informed of the types of animals permitted on the Licensee’s property. 90-22(1)
2. All animals on the premises that are accessible to children must be clean and free of obvious disease or health problems that could harm children, and must have current vaccinations. 90-22(2)
3. There cannot be any animals on the premises that have a history of dangerous, attacking, or aggressive behavior, including a history of biting even one person. 90-22(3)
4. Children cannot assist with the cleaning of animals, or animal cages, pens, or equipment. 90-22(4)
5. Animals and animal equipment cannot be present in food preparation or eating areas during meal preparation or eating times. 90-22(5)
6. Children in care may not handle reptiles or amphibians. (For example, frogs, toads, salamanders, lizards, iguanas, snakes, and turtles.) 90-22(6)

See Also “Infection Control” 12.B; “Outdoor Environment” 4; “Records” 2.B

ANNUAL TRAINING

See “Personnel” 5, 6.B; “Records” 3.C

ASSISTANT CAREGIVERS

See “Infection Control” 4, 5; “Personnel” 2.B, 3, 5; “Records” 3; “Supervision of Children” 2

ATTENDANCE, ATTENDANCE RECORDS

See “Child Security” 2, 3; “Records” 2.C; “Written Policies & Plans” 1.A

BABIES

See "Infant & Toddler Care"; "Personnel" 3.I, 5.F; "Supervision" 1.C; "Diapering"

BABY FOOD

See "Infant & Toddler Care" 8.E, 8.F, 8.G

BACKGROUND SCREENING

1. Everyone age 12 and older who lives in the Licensee's home, all providers, and all volunteers must pass an initial and annual criminal and child abuse background screening. 6-5(1) & (3)
2. Individuals who do not pass the background screening may not reside in the home or provide care to children. 6-6(1)-(2)

See Also "Personnel" 1, 7.C; "Records" 2.E, 2.F, 4

BALLOONS

See "Injury Prevention" 2.I

BATHROOMS

See "Indoor Environment" 2; "Infection Control" 8, 10; "Injury Prevention" 1.E

BEHAVIOR, CHILDREN'S

See "Child Discipline"; "Written Policies" 1.C

BODY FLUIDS

See "Cleaning" 4; "Infection Control" 11, 12.B, 12.C; "Personnel" 3.F

BOTTLES, INFANT & TODDLER

See "Infant & Toddler Care" 8.C, 8.F.ii, 8.I; "Infection Control" 12.B

CAR KEYS

See "Transportation" 2.F

CAR SEATS

See "Transportation" 1.B, 2.C

CARS

See "Child Health" 2, 3; "Emergency Preparedness" 2; "Records" 3.D; "Transportation" 1

CHAINS

See "Injury Prevention" 2.H

CHILD ABUSE & NEGLECT

See "Administration" 6; "Background Screening" 1; "Child Discipline" 4; "Child Health" 1; "Personnel" 3.G, 5.C, 7.C

CHILD DISCIPLINE

1. The Licensee must inform all providers, parents, and children of his or her behavioral expectations for children. 90-19(1)
2. Positive discipline methods that providers may use include (but are not limited to): positive reinforcement, redirection, and setting clear limits that promote a child's ability to become self-disciplined. 90-19(2)
3. Providers may use passive, gentle restraint with a child, but only when it is needed to stop the child from injuring himself or herself or others, or from destroying property. 90-19(3)
4. Providers may not ever use any of the following discipline measures: 90-19(4)
 - A. Any form of corporal punishment such as hitting, spanking, shaking, biting, pinching, or any other measure that produces physical pain or discomfort. 90-2(4)
 - B. Restraining a child's movement by binding, tying, or any other form of restraint that exceeds that specified in #3 above.
 - C. Shouting at a child.
 - D. Any form of emotional abuse (for example: threatening, intimidating, humiliating, or demeaning a child; constant criticism; rejection; profane language; inappropriate physical restraint).
 - E. Forcing or withholding of food, rest, or toileting.
 - F. Confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

See Also "Written Policies" 1.C

CHILD HEALTH

1. No child may be abused while in care, and all providers must follow the law for reporting suspected abuse, neglect, and exploitation of children. 90-14(1)-(2)
2. No one may use alcohol, illegal substances, or sexually explicit material on the premises while children are in care. This includes using any of these items in vehicles used to transport children. 90-14(3)
3. No one may use tobacco in, or within 25 feet of, the home, garage, outdoor play area or any other building used by any child in care. This includes prohibiting the use of tobacco in any vehicle that is used to transport children. 90-14(4)
4. Children cannot be admitted for care without both of the following: 90-14(5)-(7)
 - A. Documentation that they are current on their immunizations, or that they have at least one dose of each vaccine and are following a schedule to get caught up. Or, they must have documentation of a legally valid exemption. 90-14(9)
 - B. Written health information which includes: allergies and food sensitivities; any medical conditions; any instructions for special health care; current medications; and any other special health instructions for the Licensee. This information must be reviewed and initialed annually by the parent.
5. A child shall not be given any food or beverage that they are allergic to. 90-14(8)

See Also "Records" 1.A, 1.B

CHILD NUTRITION

1. Licensees who are not on the Food Program (and in good standing), must either use menus approved by Child Care Licensing, current Food Program menus, or menus approved, signed, and dated by a dietician every five years. They must also keep 90-15(1)

a one week record of foods actually served.

2. Menus have to be placed where parents can see them. For example, posted on a bulletin board parents can see, or placed in the sign-in book.
 3. Children must be offered a meal or snack at least once every three hours. 90-15(2)
 4. Children's food must be served on dishes, napkins, or high chair trays, or handed directly to children. Food cannot be placed on a bare table. 90-15(3)
 5. Food brought from home for a child must be labeled, and refrigerated if needed. 90-15(4)
- See Also "Animals" 5; "Diapering" 1; "Infant & Toddler Care" 8

CHILD SECURITY

1. Whenever their child is in care, parents must have access to those areas of the home and outdoor yard that are used for child care. 90-13(2)
2. The Licensee must keep a daily attendance record. 90-13(3)
3. The Licensee cannot allow anyone to pick up a child without written permission from the parent. In an emergency, the Licensee can accept verbal permission, if they can confirm the identity of the person giving the permission and the person picking up the child. 90-13(4)

CHOKING HAZARDS

See "Infant & Toddler Care" 8.E; "Injury Prevention" 2.I, 2.J

CIGARETTE LIGHTERS

See "Injury Prevention" 2.F

CIGARETTES

See "Child Health" 3; "Injury Prevention" 2.B

CLEANING

1. The home must be clean (except for normal daily messes), and free of insects and rodents. 90-5(1)-(2)
2. All washable toys and materials must be cleaned and sanitized after each five days of use, or more often if needed. 90-16(8)
3. Stuffed animals, cloth dolls, dress-up clothes, and pillows (or pillow covers) must be machine washable, and washed after each five days of use, or more often if needed. 90-16(9)
4. All toys used by infants and toddlers must be cleaned and sanitized weekly, after being put in a child's mouth, or after being contaminated by any body fluid. 90-24(21)
5. Sleeping bags, pillows, sheets, or blankets used by children in care must be either: 90-18(3)(b)-(4)
 - A. Cleaned and sanitized at least weekly and more often if needed, if they are clearly assigned to and used by only one child, or
 - B. Cleaned and sanitized prior to each use, if they are not clearly assigned to and used by only one child.
 - C. Pillows only need to be washed and sanitized if pillow cases are not used.

See Also "Diapering" 3.A, 4; "Infant & Toddler Care" 8.D; "Infection Control" 10, 11; "Injury Prevention" 2.D; "Personnel" 3.F; "Transportation" 1.C

COMBS

See "Infection Control" 6

CORDS

See "Infant & Toddler Care" 9.C; "Injury Prevention" 2.H, 7

CPR TRAINING

See "Activities" 2.D; "Emergency Preparedness" 2; "Personnel" 6.B, 8; "Records" 3.D

CRIBS

See "Infant & Toddler Care" 1, 5, 9.B, 9.C

CRIMINAL RECORD

See "Background Screening"; "Personnel" 7.C; "Records" 2.E, 2.F;

DEATH OF A CHILD

See "Administration" 5

DIAPERING

1. Children cannot be diapered in food preparation or eating areas, directly on the floor, or on any surface used for another purpose. 90-23(1)-(2)
2. The diapering surface must be smooth, waterproof, and in good repair (for example, no rips or tears). 90-23(3)
3. Providers must do the following when diapering a child: 90-23(4)-(6)
 - A. The provider must either clean and sanitize the diapering surface after each diaper change, or else use a disposable, waterproof diapering surface that is thrown away after it is used once.
 - B. The provider must wash his or her hands after each diaper change.
 - C. The provider must place soiled diapers in a container with a disposable plastic lining and a tight fitting lid, or else place soiled diapers directly in an outdoor garbage container that has a tight fitting lid or is inaccessible to children.
4. Indoor containers for soiled diapers must be cleaned and sanitized daily. 90-23(7)
5. If cloth diapers are used, they may not be rinsed at the Licensee's home, and soiled diapers must be placed directly into a leakproof container labeled with the child's name (or a diapering service container). 90-23(8)
6. Each diapered child's diaper must be checked at least once every two hours. Sleeping children's diapers can be checked when they wake up, if they sleep longer than two hours. 90-23(9)

See Also "Infant & Toddler Care" 4; "Infection Control" 12.B; "Injury Prevention" 8.A.ii; "Written Policies & Plans" 2.H

DISASTER DRILLS

See "Emergency Preparedness" 4; "Records" 2.A

DISCIPLINE

See "Child Discipline"; "Written Policies" 1.C

DRIVER'S LICENSE

See "Transportation" 2.A

DRUGS, ILLEGAL

See "Child Health" 2; "Injury Prevention" 2.B

EMERGENCY CONTACT INFORMATION

See "Parent Notification" 3; "Records" 1.A;

EMERGENCY PREPAREDNESS

1. Emergency numbers for ambulance, fire, police, and poison control, and the provider's home address, must be posted near the telephone. 90-10(1)
2. The Licensee, all substitutes who care for children an average of 10 hours per week or more, and one person in each vehicle whenever children are transported must have current first aid and infant and child CPR certification. 90-10 (2)
90-21(2)
See Also "Records" 3.D
3. There must be first aid supplies in the home, including at least band-aids, antiseptic, and tweezers. 90-10(3)
4. A provider must conduct fire drills once every three months (quarterly), and a disaster drill once a year. The days and times the drills are held must be varied. Drills must be documented, including: 90-10(8)-(12)
 - A. The kind of drill (fire or type of disaster).
 - B. The date and time of the drill.
 - C. The number of children who participated.
 - D. The total time it took to evacuate all of the children and providers from the home.
 - E. Any problems that occurred during the drill.

See Also "Records" 2.A

See Also "Personnel" 3.B, 5.B; "Written Policies & Plans" 2

EMERGENCY SUBSTITUTES

See "Personnel" 2.A, 7; "Written Policies & Plans" 2.E

ELECTRICAL OUTLETS

See "Injury Prevention" 3

EQUIPMENT, DANGEROUS

See "Infant & Toddler Care" 2; "Injury Prevention" 5, 8, 9; "Maintenance" 1, 3; "Napping" 3, 4; "Outdoor Environment" 7, 8.A.ii, 9

EQUIPMENT, INFANT & TODDLER

See "Infant & Toddler Care" 1, 2, 5, 9.B, 9.C; "Injury Prevention" 5; "Maintenance" 1

EQUIPMENT, OUTDOOR PLAY

See "Injury Prevention" 8, 9; "Maintenance" 1, 3; "Outdoor Environment" 7, 9

FEEDING CHILDREN

See "Child Nutrition"; "Infant & Toddler Care" 8; "Infection Control" 12.B

FENCES

See "Injury Prevention" 8.A.v, 8.B; "Outdoor Environment" 8; "Supervision of Children" 1.C

FIELD TRIPS

See "Activities" 2, 3; "Infection Control" 12.D

FIRE DRILLS

See "Emergency Preparedness" 4; "Records" 2.A

FIRE, FLAMES

See "Injury Prevention" 2.F

FIRE INSPECTION

See "Administration" 1

FIREPLACES

See "Injury Prevention" 2.C

FIRST AID SUPPLIES

See "Emergency Preparedness" 3; "Transportation" 1.E; "Written Policies & Plans" 2.H

FIRST AID TRAINING

See "Emergency Preparedness" 2; "Personnel" 6.B, 8; "Records" 3.D

FLAMMABLE SUBSTANCES

See "Injury Prevention" 2.D

FOOD

See "Child Health" 4.B; "Child Discipline" 4.E; "Child Nutrition"; "Infant & Toddler Care" 8; "Infection Control" 12.B; "Medication" 3; "Written Policies & Plans" 2.H

FOOD PREPARATION

See "Animals" 5; "Child Health" 4.B; "Diapering" 1; "Child Nutrition"; "Infant & Toddler Care" 8; "Infection Control" 12.B; "Written Policies & Plans" 2.H

FOOD PROGRAM

See "Child Nutrition" 1

FORMULA, INFANT

See "Infant & Toddler Care" 8.F.i, 8.G, 8.H

GARBAGE, GARBAGE CONTAINERS

See "Diapering" 3.C; "Outdoor Environment" 4

GLOVES, LATEX/WATERPROOF

See "Infection Control" 11.A, 11. E, 11.F; "Injury Prevention" 2.I

HANDWASHING

See "Diapering" 3.B; "Indoor Environment" 2; "Infection Control" 7, 11.G, 12; "Medication" 6.A

HAZARDS

CHOKING HAZARDS

See "Infant & Toddler Care" 8.E; "Injury Prevention" 2.I, 2.J

SAFETY HAZARDS

See "Infant & Toddler Care" 2, 3, 6, 8.E, 8.I, 9.B, 9.C, 9.D, 9.E; "Injury Prevention"; "Maintenance"; "Outdoor Environment" 3, 7, 8, 9.A, 9.D

STRANGULATION HAZARDS

See "Injury Prevention" 2.H; "Outdoor Environment" 9.D.ii

TOXIC / HAZARDOUS SUBSTANCES

See "Injury Prevention" 2.D; "Outdoor Environment" 3

TRIPPING HAZARDS

See "Injury Prevention" 7; "Outdoor Environment" 9.D.vii

WATER HAZARDS

See "Injury Prevention" 4, 8; "Outdoor Environment" 3, 8.A.iii

HEALTH INFORMATION, CHILDREN'S

See "Child Health" 4.B; "Records" 1.A, 1.B

HIGH CHAIRS

See "Child Nutrition" 4; "Infant & Toddler Care" 5, 8.D; "Injury Prevention" 5

HOT TUBS

See "Injury Prevention" 8.B

IMMUNIZATIONS

See "Child Health" 4.A; "Records" 1.B

INACCESSIBLE TO CHILDREN

See "Diapering" 3.C; "Injury Prevention" 1, 2; "Medication" 3

INDOOR ENVIRONMENT

1. If homes built before 1978 have flaking or peeling paint, they must be tested for lead. If lead is found, the situation must be corrected. 90-4(1)

2. Non-diapered children must have access to a working toilet and handwashing sink, and school age children must have privacy when they use the bathroom. 90-4(2)-(3)
 3. To provide adequate ventilation, the home must have either mechanical ventilation (a furnace/heating system meets this requirement), or windows with screens that open. 90-4(4)
 4. The indoor temperature must be between 65 and 82 degrees. 90-4(5)
 5. The home must have adequate lighting. 90-4(6)
 6. There must be at least 35 square feet of space per child, for each child in care, including your own children through age 12. 90-4(7)-(9)
- See Also "Injury Prevention" 7

INFANT & TODDLER CARE

1. Only one infant or toddler can occupy a piece of equipment (for example, a crib, playpen, stroller, or swing), unless the equipment has individual seats for more than one child. 90-24(9)
2. Infant walkers with wheels may not be used. 90-24(14)
3. Infants and toddlers may not have access to objects made of styrofoam. 90-24(15)
4. A provider must respond as quickly as possible to infants and toddlers who are upset due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness. 90-24(16)
5. Awake infants and toddlers must receive positive physical and verbal interactions with a provider at least once every 20 minutes, and may not be confined for more than 30 minutes in a piece of equipment (for example, a swing, high chair, crib, or play pen). 90-24(17)-(18)
6. Mobile infants and toddlers must have freedom of movement in a safe area. 90-24(19)
7. There must be safe toys accessible to infants and toddlers, and there must be enough toys for each child present to have a toy to play with. 90-24(20)
8. **Feeding Infants & Toddlers**
 - A. Each infant and toddler must be allowed to follow his or her own pattern of eating. 90-24(13)
 - B. Children must be offered a meal or snack at least once every three hours. 90-15(2)
 - C. Infants who cannot sit up and hold their own bottles must be held for bottle feeding. Bottles cannot be propped. 90-24(1)
 - D. High chair trays must be cleaned and sanitized before each use. 90-24(2)
 - E. To prevent choking, solid foods for infants must be cut into pieces no larger than 1/4 inch in diameter. Solid foods for toddlers must be cut into pieces no larger than 1/2 inch in diameter. (Examples of solid foods include hot dogs, meatballs, grapes, cheese chunks, and fruit or vegetable chunks. Solid foods do not include foods such as crackers, cookies, muffins, cupcakes, teething biscuits, ice cream cones, or sandwiches.) 90-24(3)
 - F. If there is more than one infant or toddler in care, the following rules apply:
 - i. Baby food, formula, and breast milk that is brought from home must be labeled with the child's name, or another unique identifier. 90-24(4)
 - ii. Pacifiers and bottles must be labeled with each child's name or another unique identifier, or else washed and sanitized after each individual use, before use by another child. 90-24(8)
 - G. Baby food, formula, and breast milk that is brought from home must be kept refrigerated if needed, and must be discarded within 24 hours of preparation or mixing. 90-24(5)

- H. Formula, milk, and breast milk must be discarded after each feeding, or within two hours of starting a feeding. 90-24(6)
- I. Heated bottles must be shaken and tested for temperature before they are fed to a child. 90-24(7)

9. Sleeping Infants & Toddlers

- A. Each infant and toddler must be allowed to follow his or her own pattern of sleeping. 90-24(13)
- B. Infants must sleep in equipment designed for sleeping. (For example, a crib, bassinet, porta-crib, or play pen.) Infants may not be placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar equipment, unless the Licensee has written permission from the parent. 90-24(10)
- C. Cribs used by children in care must: have a tight fitting mattress; have slats spaced no more than 2-3/8 inches apart; have 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 assistance; and must not have strings, cords, or ropes strung on the crib rails or within reach of the child in the crib. 90-24(11)
- D. Infants may not be placed on their stomachs for sleeping, unless the parent provides written documentation from a doctor for treatment of a medical condition. 90-24(12)
- E. Sleeping infants under 1 year of age must be monitored by either using a sleep monitoring device approved by Child Care Licensing, checking on them every 15 minutes, or sleeping them within sight and hearing of a provider. 90-11(1)(c)

See Also "Cleaning" 4; "Personnel" 3.I, 5.F; "Ratios" 3

INFECTION CONTROL

- 1. Sick children must be separated from the other children in a safe, supervised location. 90-16(19)
- 2. If a child becomes sick after arrival, the child's parents must be called and notified of the sickness. 90-16(20)
- 3. If any child in care or any person in the home is ill with a communicable disease, or has a parasite (such as lice), the Licensee must notify the parents of every child in care. The parents must be notified the same day the illness or parasite is discovered. 90-16(21)
- 4. All providers who care for children an average of 10 hours a week or more must have a TB test. The TB test must be done before licensure for the Licensee, and within two weeks of starting for substitutes, caregivers, and assistant caregivers. If the TB test is positive, there must be documentation of the reason for the positive reaction, whether the person is contagious, and how the person is being treated (if needed). People with contagious TB may not work with the children or be present while children are in care. 90-16(11)-(13)
- 5. If there is a medical reason why a provider cannot have a TB test, the Licensee must have documentation of this from a health care provider. 90-16(14)
- 6. Children's personal hygiene items (for example, toothbrushes, combs, and hair accessories) cannot be shared or used on more than one child, unless they are sanitized between each use. They must be stored so that they do not touch each other. 90-16(7)
- 7. If water play tables or tubs are used, they must be washed and sanitized daily, and children must wash their hands before using them. 90-16(10)
- 8. Toilet paper must be accessible to children, and must be kept on a dispenser. 90-16(5)
- 9. If children have a toileting accident, their clothing must be changed promptly, and the 90-16(15)-(16)

wet/soiled clothing must either be washed and dried, or placed in a leakproof container labeled with the child's name and returned to the parent.

10. If a potty chair is used, it must be cleaned and sanitized after each use. 90-16(17)

11. **Body Fluids** 90-2(1)

Body fluids include blood, urine, feces, vomit, mucus, saliva, and breast milk. 90-16(18)

The following steps must be taken when cleaning up a body fluid (other than soiled clothing and diaper changes).

- A. The person cleaning up the substance must wear waterproof gloves.
- B. The surface must be cleaned using a detergent solution.
- C. The surface must be rinsed with clean water.
- D. The surface must be sanitized.
- E. Any disposable materials (such as latex gloves, paper towels, or other absorbent materials) that were used to clean up the body fluid must be disposed of in a leakproof plastic bag.
- F. Any non-disposable materials (such as a cleaning cloth, mop, or re-usable rubber gloves) that were used to clean up the body fluid must be washed and sanitized before reuse.
- G. The person who cleaned up the body fluid must wash his or her hands.

12. **Handwashing**

A. The Licensee must teach children proper handwashing techniques, and oversee handwashing whenever possible. 90-16(6)

B. Providers must wash their hands with soap and running water: before handling or preparing food or bottles; before and after eating meals and snacks or feeding a child; after diapering a child; after using the toilet or helping a child use the toilet; after coming into contact with any body fluid; after playing with or handling animals; when coming in from outdoors; and before administering medication. 90-16(1)

C. Children must wash their hands with soap and running water: before and after eating meals and snacks; after using the toilet; after coming into contact with any body fluid; before engaging in play with water tables or tubs, and when coming in from outdoors. 90-16(2),(10)

D. During outdoor play time, and on off-site activities when water is not available, handwashing requirements can be met by using individual disposable wet wipes and hand sanitizer. 90-16(3) 90-20(3)(e)

E. Children must use either paper towels or individually labeled cloth towels to dry their hands. Children cannot share cloth towels, and if individual cloth towels are used, they must be washed daily. 90-16(4)

See Also "Written Policies & Plans" 1.B

INJURY TO A CHILD

See "Administration" 5; "Child Discipline" 3; "Maintenance" 1, 3; "Parent Notification" 2, 3, 4; "Records" 1.E; "Supervision" 1.D; "Outdoor Environment" 9.C

INJURY PREVENTION

1. In order for an item to be considered inaccessible to children, it must meet one of the following criteria. 90-2(6)

- A. Locked, such as in a locked room, cupboard, or drawer.

- B. Secured with a child safety device, such as a child safety cupboard lock or doorknob device.
 - C. Behind a properly secured child safety gate.
 - D. Located in a cupboard or on a shelf more than 36 inches above the floor.
 - E. For bathrooms: not in any location in a bathroom where a child could reach, including by climbing on a toilet, bathtub, or counter. Bathroom drawers, cupboards, and medicine cabinets will be considered inaccessible to children no matter how low they are, if they have a child safety lock on them.
2. The following items must be inaccessible to children in care: 90-12(4)-(5)
- A. Firearms, ammunition, and other weapons. Firearms must be locked in a cabinet or area with a lock that uses a key or combination lock, with ammunition stored separately from firearms.
 - B. Tobacco, open containers of alcohol, illegal substances, and sexually explicit material.
 - C. When in use, portable space heaters, fireplaces, and wood burning stoves.
 - D. Toxic chemicals such as cleaners, insecticides, lawn products, and flammable substances. Toxic and hazardous chemicals must also be kept in a container that is labeled with its contents.
 - E. Poisonous plants.
 - F. Matches, cigarette lighters, and open flames.
 - G. Sharp objects which could cut or puncture skin.
 - H. For children age four and under: ropes, cords, chains and wires such as those found on window blinds or drapery cords.
 - I. For children age four and under: latex gloves, balloons, and empty plastic bags large enough for a child's head to fit inside.
 - J. For children age two and under: objects that present a choking hazard (less than 1-1/4" x 2-1/4").
3. For children age four and younger, electrical outlets and surge protectors accessible to children must have safety covers when they don't have something plugged into them. 90-12(6)
4. Hot water that is accessible to children cannot be hotter than 120 degrees. 90-12(7)
5. High chairs must have T-straps or devices that are used whenever a child is in the chair. 90-12(8)
6. Areas accessible to children cannot have unstable heavy equipment a child could pull down on themselves. 90-12(3)
7. The indoor environment must be free of tripping hazards. For example, loose carpet or tile, or electrical cords in walkways. 90-12(2)
8. **Pools & Hot Tubs** 90-12(9)-(11)
- A. If wading or swimming pools are used, or are on the property, the following rules apply:
 - i. A provider must always be at the pool supervising children when the pool has water in it and is accessible to children.
 - ii. Diapered children must wear swim diapers and rubber pants when they are in the pool.
 - iii. Wading pools must be emptied and sanitized after each use.
 - iv. Parents must give permission before their child can use the pool.
 - v. Swimming pools must be behind a four foot locked fence or have a power safety cover.

- vi. The pool must be safely maintained and meet all state and local laws and regulations.
 - vii. If the pool is over six feet deep, there must be a certified lifeguard on duty when children use the pool.
- B. If there is a hot tub on the premises with water in it, it must either have a locked cover, or be behind a four foot fence.

9. Trampolines

90-2(27)
90-12(12)

If there is a trampoline accessible to children, the following rules apply:

- A. A provider must always be at the trampoline supervising children when they use it.
- B. Only one person at a time can use the trampoline.
- C. Children in care cannot do flips or somersaults on the trampoline.
- D. The trampoline springs, hooks, and frame must be covered by shock absorbing pads.
- E. The trampoline must be placed on grass or 6" of cushioning.
- F. A six foot use zone is required, unless there is a properly installed safety net, then a 3 foot use zone is acceptable. A use zone is the area surrounding the piece of equipment.
- G. There cannot be any ladders near the trampoline.
- H. Children may not play under the trampoline when it is being used.
- I. Parents must sign a Department approved permission form before their child can use the trampoline.

See Also "Maintenance"; "Supervision" 1.C

KITCHEN INSPECTION

See "Administration" 1: "Child Nutrition"

KNIVES

See "Injury Prevention" 2.G

LEAD-BASED PAINT

See "Indoor Environment" 1; "Outdoor Environment" 1

LICENSEE RESPONSIBILITIES

See "Administration"

LIFEGUARD

See "Activities" 3; "Injury Prevention" 8.A.vii

LIGHTING

See "Indoor Environment" 5

LOCAL HEALTH DEPARTMENT, KITCHEN INSPECTION

See "Administration" 1; "Child Nutrition"

MAINTENANCE

- 1. The home, furniture, toys, and equipment must be maintained in good repair and used safely, to prevent injuries to children.

90-5(3)
90-12(1)

2. Entrances, exits, and walkways must be free of ice, snow, and other hazards. 90-5(4)
 3. Outdoor play areas must be adequately maintained, to protect children’s safety. For example, unsafe broken equipment removed, no broken glass, etc. 90-6(17)
- See Also “Napping” 3; “Outdoor Environment” 7; “Transportation” 1.C

MATCHES

See “Injury Prevention” 2.F

MEALS

See “Animals” 5; “Child Nutrition”; “Diapering” 1; “Infant & Toddler Care” 8

MEDICATION

1. Providers must be trained in the rules for administering medication before they are allowed to administer medication to a child. Medication includes herbal remedies, vitamins, and herbal supplements. 90-17(1)
90-2(10)
2. All medications (including over-the-counter and prescription medications) must be labeled with the child’s name, kept in the original container, have the original label, and have child safety caps. 90-17(2)
3. Medications must be stored so that they are inaccessible to children. Medications which are stored in the refrigerator must be placed in a waterproof container, to prevent contamination between food and medication. 90-17(3)
4. The Licensee must have a completed, signed permission form from the parent before administering any medication to a child. The permission form must include: the name of the child, the name of the medication; written instructions for administration including the dosage, the method of administration, the times and dates to be administered, and the disease or condition being treated; and the parent's signature and date signed. 90-17(4)
5. If the Licensee keeps a supply of over-the-counter medication in the home that is not brought in by a parent for their child, the medication cannot be given to a child without parental consent each time it is given. This consent must be either prior written consent, or verbal consent which the provider documents in writing (including the date and time of the consent), and which the parent signs when they pick up the child. 90-17(5)
6. Persons administering medication to a child must follow these steps: 90-17(6)
 - A. Wash your hands.
 - B. If the parent supplies the medication, check the medication label to confirm the child's name.
 - C. If the parent supplies the medication, compare the instructions on the parent release form with the directions on the prescription label or product package, to ensure that a child is not given a dosage larger than that recommended by the doctor or the manufacturer. If the Licensee supplies the medication, check the product package to ensure that a child is not given a dosage larger than that recommended by the manufacturer.
 - D. Administer the medication.
 - E. Immediately record the following information: the date, time, and dosage of the medication given; the signature or initials of the provider who administered the medication; any errors in administration; and any reaction the child has to the medication.

7. If a child has a negative reaction to a medication, the provider must notify the child's parent immediately, unless the reaction is life threatening. If the reaction is life-threatening, the provider must notify emergency personnel first, and then notify the parent. 90-17(7)
8. Medications cannot be kept in the Licensee's home for children who are no longer enrolled. 90-17(8)

See Also "Child Health" 4.B; "Infection Control" 12.B; "Records" 1.D

MENUS

See "Child Nutrition" 1, 2

NAPPING

1. Children must be given a daily opportunity for rest or sleep in a quiet area. 90-18(1)
2. Scheduled nap times cannot be longer than two hours daily. (In other words, awake children cannot be required to lie down for a "nap time" that is longer than two hours.) 90-18(2)
3. Sleeping equipment used by children in care must be maintained in good repair. 90-18(3)(a)
4. Sleeping equipment may not ever block exits. 90-18(5)
5. Sleeping infants under 1 year of age must be monitored by either using a sleep monitoring device approved by Child Care Licensing, checking on them every 15 minutes, or sleeping them within sight and hearing of a provider. 90-11(1)

See Also "Child Discipline" 4.E; "Cleaning" 5; "Diapering" 6; "Infant & Toddler Care" 9

ORIENTATION TRAINING

See "Personnel" 3; "Records" 3.B, 4

OUTDOOR ENVIRONMENT

1. If buildings or playground structures built before 1978 have flaking or peeling paint, they must be tested for lead. If lead is found, the situation must be corrected. 90-4(1)
2. There must be an outdoor play area for children that is safely accessible from the home, and it must have enough space for children to play safely (at least 40 square feet per child, including the providers own children through age 12). 90-6(1)-(2)
3. The children's outdoor play area cannot have poisonous plants, harmful objects, toxic or hazardous substances, or standing water in it (except for temporary puddles after rain or watering the lawn). 90-6(5)
4. Whenever children are using the outdoor play area, it must be free of animal excrement and trash. 90-6(6)
5. The outdoor play area must have some shade for children. (For example, trees, awnings, or the side of the house.) 90-6(9)
6. Children must have drinking water outdoors whenever it is 75 degrees or hotter. (For example, a pitcher and cups, or water bottles.) 90-6(10)
7. Outdoor play areas must be adequately maintained to protect children's safety. (For example, no unsafe broken equipment, no broken glass, etc.) 90-6(17)
8. **Fences**
 - A. The children's outdoor play area must be fenced behind a four foot fence or solid barrier if any of the following hazards exist (or else the hazard itself must be behind a four foot fence or solid barrier): 90-6(3)-(4)
90-6(7)-(8)

- i. If the home is located on a street (or within half a mile of a street) with more than two lanes of traffic, or a speed limit of more than 25 mph.
 - ii. If there is livestock, dangerous machinery (such as farm equipment), or a drop-off of more than 5 feet within 50 yards of the Licensee's property line.
 - iii. If there is a water hazard within 100 yards of the Licensee's property line.
 - iv. If there is barbed wire within 30 feet of the children's play area.
 - B. Fences cannot have any gaps in them that are greater than five inches.
 - C. If a fence is required and an existing Licensee doesn't already have one, the Licensee has until September 2011 to get one.
- 9. **Play Equipment** (Slides, swings, climbers, etc.) 90-2(21)
 - A. Outdoor play equipment cannot be placed over a hard surface (such as cement, asphalt, or packed dirt) and must be in a 3' use zone. A use zone is the area surrounding the piece of equipment. 90-2(27)
90-6(11)
 - B. If a provider doesn't currently have a 3' use zone around outdoor play equipment, he or she has until 1 September 2013 to meet this requirement.
 - C. The provider must ensure that children are using the equipment safely and as the manufacturer intended. 90-6(12)
 - D. There cannot be any of the following hazards on or within the use zone of outdoor play equipment: 90-6(13)-(16)
90-2(11)
 - i. Entrapment hazards. (Opening greater than 3-1/2" by 6-1/4", but less than 9" in diameter where a child's feet cannot touch the ground.)
 - ii. Strangulation hazards. (Something a child's clothing could get caught on, or that could otherwise cause a child to strangle. For example, bolt ends sticking out, or open "S" type hooks.)
 - iii. Crush hazards. (When two parts of a piece of play equipment come together in a way that they could crush a child's fingers, toes, or another body part.)
 - iv. Shearing hazards. (When two parts of a piece of play equipment move against each other in a way that could cut off a child's finger or another body part.)
 - v. Sharp edge hazards. (A sharp edge that a child's skin could be cut on.)
 - vi. Tripping hazards. (For example, concrete footings, exposed tree roots, and tree stumps.)

See Also "Child Security" 1; "Infection Control" 12.D

OUTDOOR PLAY

See "Infection Control" 12.D; "Outdoor Environment"; "Supervision of Children" 1.B, 1.D

OUTDOOR PLAY EQUIPMENT

See "Injury Prevention" 8, 9; "Maintenance" 3; "Outdoor Environment" 7, 9

PACIFIERS

See "Infant & Toddler Care" 8.F.ii

PAPERWORK

See "Records"; "Written Policies & Plans"

PARENT NOTIFICATION

- 1. The Child Care Licensing Parent's Guide must either be placed where parents can see it 90-13(1)

(for example, posted on a bulletin board parents can see or placed in the sign-in book), or else a copy of it must be given to each parent.

2. Parents must be given a written report of serious incidents and injuries involving their child, and a verbal report of minor incidents and injuries, on the same day the incident or injury occurs. A provider and the person picking up the child must both sign the report, and the Licensee must keep a signed copy. 90-13(5)-(6)
See Also "Records" 1.E
3. If a child has a life-threatening injury, or an injury that could result in a child losing vision, hearing, or a limb, the provider must call emergency personnel (911) immediately, before attempting to contact the parent. After emergency personnel have been called, the provider should then contact the parent, or the child's emergency contact person if the parent cannot be reached. 90-13(7)
4. For injuries that may be serious, but are not life-threatening and would not result in a child losing vision, hearing, or a limb, the provider must contact the child's parent immediately. 90-13(8)
See Also "Infection Control" 3

PARENT'S GUIDE TO LICENSED CHILD CARE

See "Parent Notification" 1

PARENTS

See "Activities" 2.A; "Administration" 4; "Animals" 1; "Child Health 4.B; "Child Nutrition" 2; "Child Security"; "Child Discipline" 1; "Infant & Toddler Care" 9.B, 9.D; "Infection Control" 2, 3, 9; Injury Prevention" 8.A.iv, 9.I; "Medication" 4, 5, 6.B, 6.C, 7; "Parent Notification"; "Personnel" 3.E; "Records" 1, 1.A; "Supervision of Children" 3; "Written Policies" 1, 1.E, 2

PERSONNEL

1. All providers must know and comply with the child care licensing rules, and any other applicable laws or rules in their area, and pass a background screening. 90-7(1)-(2)
6-3(1),(3)-(4)
2. **Age Requirements** 90-7(1),(5),(7)
 - A. Licensees, substitutes, emergency substitutes, and caregivers must be at least 18 years of age.
 - B. Assistant caregivers must be at least 16 years of age, and can never be left alone with the children. 90-7(2)-(3)
3. **Orientation Training Requirements** 90-7(8)

All providers except emergency substitutes, and all volunteers, must complete orientation training before they begin working with children. The orientation training must include these topics:

 - A. The person's job responsibilities.
 - B. The Licensee's written policies and emergency and disaster plan.
 - C. The current child care licensing rules found in Sections 11 through 24 of the R430-90 rule.
 - D. An introduction to the children in care, including a review of the information in each child's health assessment.
 - E. The procedures for making sure children are only released to people authorized by the parent.

- F. How to clean up body fluids.
- G. Signs, symptoms, and reporting requirements for child abuse and neglect.
- H. How to get assistance in emergencies.
- I. Preventing shaken baby syndrome and SIDS, and coping with crying babies, if the Licensee accepts infants or toddlers for care.

See Also "Records" 3.B, 4

4. TB Testing

90-16(11)-(14)

- A. All providers who provide care an average of 10 hours or more each week must have a TB test. The TB test must be done before licensure for the Licensee, and within two weeks of starting work for substitutes, caregivers, and assistant caregivers.
- B. People with contagious TB cannot be present while children are in care.

5. Annual Training Requirements

90-7(9)

The Licensee, caregivers and assistant caregivers, and substitutes who work 10 hours each week or more, must complete 20 hours of training each year. Ten of these hours must be face-to-face training. The following topics must be covered at least once every two years as part of this annual training.

- A. The current child care licensing rules found in Sections 11 through 24 of the rules.
- B. The Licensee's written policies and emergency and disaster plan.
- C. Signs, symptoms, and reporting requirements for child abuse and neglect.
- D. Child development, including brain development.
- E. Positive guidance.
- F. Preventing shaken baby syndrome and SIDS, and coping with crying babies, if the Licensee accepts infants or toddlers for care.

See Also "Records" 3.

6. Substitutes

90-7(5)-(6)

- A. Substitutes must be capable of supervising children and handling emergencies in the Licensee's absence.
- B. Substitutes who work an average of 10 hours per week or more must have first aid and CPR certification and 20 hours of annual training.

7. Emergency Substitutes

90-7(7)

- A. In an unforeseeable emergency (for example, a medical emergency requiring immediate care at a hospital, or a lost child), an emergency substitute may be left with the children for up to 24 hours.
- B. The Licensee must make a reasonable effort to limit the time the emergency substitute has unsupervised contact with the children.
- C. The emergency substitute cannot have a criminal record, or a record of being investigated for child abuse or neglect by DCFS. The emergency substitute must sign a form verifying this before they are left with the children.

8. First Aid & CPR Certification

90-10(2)

- A. The Licensee must maintain current first aid and CPR Certification.
- B. Substitutes who work an average of 10 hours or more per week must maintain current first aid and CPR Certification.
- C. One person in each vehicle used to transport children in care must have current first aid and CPR Certification.
- D. At least one provider at each off-site activity must have current first aid and CPR certification.

90-21(2)
90-20(3)(d)

See Also "Administration" 3, 6; "Background Screening"; "Records" 3, 4

Personnel Chart					
Licensee	Substitute	Emergency Substitute	Caregiver or Assistant Caregiver	Provider	Volunteer
"Licensee" means the person holding a Department of Health child care license. 90-2(9)	"Substitute" means a person who assumes either the Licensee's or a caregiver's duties under this rule when the Licensee or caregiver is not present. This includes emergency substitutes. 90-2(23)		"Caregiver" means a person in addition to the Licensee or Substitute, including an Assistant Caregiver, who provides direct care to a child in care. 90-2(2)	"Provider" means the Licensee, a Substitute, a Caregiver, or an Assistant Caregiver. 90-2(14)	"Volunteer" means a person who provides direct care to a child but does not receive direct or indirect compensation for doing so. A volunteer is not included in the provider to child ratio. 90-2(28)
One of these (Licensee, Substitute, or Emergency Substitute) must always be present whenever a child is in care.			This is a person present and providing care in addition to the Licensee, Substitute, or Emergency Substitute.	This is anyone in any of the ← previous columns.	
Requirements					
Licensee	Substitute	Emergency Substitute	Caregiver or Assistant Caregiver	Provider	Volunteer
<ul style="list-style-type: none"> • Background Check • Current First Aid & CPR • TB Test • 20 Hours Annual Training 	<ul style="list-style-type: none"> • Background Check • Orientation Training <p>In addition to the above, if they work an average of 10 hours per week or more:</p> <ul style="list-style-type: none"> • Current First Aid & CPR • TB Test • 20 Hours Annual Training 	<ul style="list-style-type: none"> • Signed declaration that they meet the background clearance requirement 	<ul style="list-style-type: none"> • Background Check • Orientation Training • 20 Hours Annual Training <p>In addition to the above, if they work an average of 10 hours per week or more:</p> <ul style="list-style-type: none"> • TB Test 	Whatever requirements appear in the ← previous columns, depending on which category the "Provider" falls into (Licensee, Substitute, Emergency Substitute, or Caregiver).	<ul style="list-style-type: none"> • Background Check • Orientation Training

PETS

See "Animals"

PICKING CHILDREN UP

See "Child Security" 2, 3

PLANTS, POISONOUS

See "Injury Prevention" 2.E; "Outdoor Environment" 3

PLASTIC BAGS

See "Injury Prevention" 2.I

POOLS

See "Activities" 3; "Injury Prevention" 8

RATIOS

1. The maximum allowed number of children in care is 16 children, including the providers' own children under the age of four. This number may be less than 16, if the Licensee does not have enough square footage (35 square feet per child) for 16 children. 90-11(4)-(8)
90-4(7)
90-6(2)
 2. The Licensee must maintain a ratio of one provider for every eight children in care, including the providers' children under the age of four.
 3. There can only be two children under age two in care with one provider, or four children under age two in care with two providers. However, if there are only six children in care, three of them can be under age two.
 4. The total number of children through age 12 who can be present in the home during child care hours, (including the providers' children) is 12 children with one provider, or 24 children with two providers. See Table 1 and Table 2.
 5. Volunteers are not included in the provider to child ratio. 90-2(28)
- See Also "Activities" 2.C, 3

TABLE 1 MAXIMUM GROUP SIZE WITH 1 PROVIDER		
# of Providers' Related Children Ages 4-12 Present in the Home During Child Care Hours	Maximum Allowed Number of Children in Care, Including the Providers' Children Under Age 4	Total # of All Children Through Age 12 Present in the Home During Child Care Hours
0 – 4	8 children	12
5	7 children	12
6	6 children	12
7	5 children	12
8	4 children	12
9	3 children	12
10	2 children	12
11	1 child	12

TABLE 2 MAXIMUM GROUP SIZE WITH 2 PROVIDERS		
# of Providers' Related Children Ages 4-12 Present in the Home During Child Care Hours	Maximum Allowed Number of Children in Care, Including the Providers' Children Under Age 4	Total # of All Children Through Age 12 Present in the Home During Child Care Hours
0 – 8	16 children	24
9	15 children	24
10	14 children	24
11	13 children	24
12	12 children	24
13	11 children	24
14	10 children	24
15	9 children	24
16	8 children	24
17	7 children	24
18	6 children	24
19	5 children	24
20	4 children	24
21	3 children	24
22	2 children	24
23	1 child	24

RECORDS

1. Child Records

The Licensee must keep the following child records, and they must be available whenever a Licensing Specialist comes to inspect. Also, information in a child's file cannot be released without written permission from the parent. 90-9(2), (5)

- A. An admission form including: the child's name, birthdate, and enrollment date; the parent's contact information; who is authorized to pick up the child; who to contact in an emergency (besides the parent); child health information; and emergency treatment and transportation releases.
- B. Immunization records indicating the child is current in his or her immunizations (or has at least one dose of each vaccine, and is following a schedule to get caught up). Or, documentation of a legally valid exemption.
- C. A completed transportation permission form, if the child is transported while in care.
- D. Six weeks of medication permission and medication administration forms.
- E. Six weeks of incident and injury reports.
- F. A trampoline use permission form, if the provider has an accessible trampoline. 90-12(12)(h)

2. General Records

The Licensee must keep the following general records, and they must be available whenever a Licensing Specialist comes to inspect. 90-9(1)

- A. Fire and disaster drills for the past 12 months (fire drills once every 3 months, a disaster drill once a year).

- B. Animal vaccination records, if the Licensee has animals.
- C. Daily attendance records for the past six weeks.
- D. Any current variances the Licensee has from Child Care Licensing.
- E. The initial background clearance forms for everyone age 12 and older who lives in the Licensee's home, and all other providers and volunteers.
- F. If the Licensee has been licensed for more than a year, the most recent background screening renewal form and background screening disclosure form. Both forms must list everyone age 12 and older who lives in the Licensee's home, and all other providers and volunteers.

3. Personnel Records

The Licensee must keep the following personnel records for the Licensee, all non-emergency substitutes, and all caregivers and assistant caregivers. The records must be available whenever a Licensing Specialist comes to inspect.

90-9(3)

- A. TB screening results, as required.
- B. Orientation training documentation.
- C. Annual training documentation for the past two years.
- D. First aid and CPR certification (for the Licensee, all substitutes who work 10 hours a week or more, and one person in each vehicle whenever children are transported).

4. The Licensee must keep documentation of orientation training and background clearance forms for all volunteers.

90-9(4)
6-3(1),(3)-(4)

ROPES

See "Injury Prevention" 2.H; "Infant & Toddler Care" 9.C

RODENTS

See "Cleaning" 1

SAFETY HAZARDS

See "Infant & Toddler Care" 2, 3, 6, 8.E, 8.I, 9.B, 9.C, 9.D, 9.E; "Injury Prevention"; "Maintenance"; "Outdoor Environment" 3, 7, 8, 9.A, 9.D

SANITIZE

See "Cleaning" 2, 4, 5; "Diapering" 3.A, 4; "Infant & Toddler Care" 8.D, 8.F.ii; "Infection Control" 6, 7, 11.D; "Injury Prevention" 8.A.iii

SCHOOL AGE CHILDREN

See "Indoor Environment" 2; "Supervision" 1.D

SCISSORS, ADULT

See "Injury Prevention" 2.G

SEAT BELTS

See "Transportation" 1.B, 2.C

SEXUAL ABUSE

See "Administration" 6; "Background Screening" 1; "Child Health" 1;"Personnel" 3.G, 5.C, 7.C

SEXUALLY EXPLICIT MATERIALS

See "Child Health" 2; "Injury Prevention" 2.B

SHADE

See "Outdoor Environment" 5

SHARP OBJECTS

See "Injury Prevention" 2.G; "Outdoor Environment" 3, 7, 9.D.v

SICK CHILDREN

See "Infection Control" 1, 2, 3; "Written Policies" 1.B

SIDS (Sudden Infant Death Syndrome)

See "Infant & Toddler Care" 9.B, 9.D; "Personnel" 3.I, 5.F; "Supervision" 1.C

SLEEPING, SLEEP EQUIPMENT

See "Cleaning" 5; "Napping"; "Infant & Toddler Care" 9; "Supervision" 1.C

SMOKING

See "Child Health" 3; "Injury Prevention" 2.B

SNACKS

See "Animals" 5; "Child Nutrition"; "Diapering" 1; "Infant & Toddler Care"

SNOW REMOVAL

See "Maintenance" 2

SPACE

See "Indoor Environment" 6; "Infant & Toddler Care" 6; "Outdoor Environment" 2; "Ratios" 1

SPACE HEATERS

See "Injury Prevention" 2.C

SQUARE FOOTAGE

See "Indoor Environment" 6; "Outdoor Environment" 2; "Ratios" 1

STRANGULATION HAZARDS

See "Injury Prevention" 2.H; "Outdoor Environment" 9.D.ii

STYROFOAM

See "Infant & Toddler Care" 3

SUBSTITUTES

See "Administration" 3; "Emergency Preparedness" 2; "Infection Control" 4; "Personnel"; "Records" 3; "Written Policies & Plans" 2.E

SUPERVISION OF PROVIDERS & VOLUNTEERS

See "Administration" 1, 2, 6

SUPERVISION OF CHILDREN

1. The Licensee must ensure that all children are directly supervised by a provider at all times. This includes: 90-11(1)-(2)
 - A. Knowing where each child is, and being near enough to each child to intervene if needed.
 - B. Ensuring there is a provider inside, if children are inside, and outside, if children are outside (except as allowed for school age children in D. below).
 - C. Monitoring sleeping infants under 1 year of age by either using a sleep monitoring device approved by the Bureau, checking on them every 15 minutes, or sleeping them within sight and hearing of a provider.
 - D. Actively supervising children during outdoor play to minimize the risk of injury. School age children (children who are at least five years old) may play outdoors without a provider, if the outdoor play area is completely fenced inside a 4 foot fence, and a provider can hear the children who are outside.
2. Assistant caregivers (caregivers age 16 or 17) may never be left alone with the children. 90-7(2)(b), (3)
3. Children may leave the Licensee's home to participate in off-site activities without the provider (for example, playing at a friend's house, music lessons), if the Licensee has prior written permission from the parent, and the Licensee has clearly assigned responsibility for the child to another adult who accepts that responsibility. 90-11(3)

See Also "Infection Control" 1; "Transportation" 2; "Written Policies" 1.A, 1.E, 2.G

SURGE PROTECTORS

See "Injury Prevention" 3

SWIMMING

See "Activities" 3; "Injury Prevention" 8

TB (TUBERCULOSIS) TESTING

See "Infection Control" 4, 5; "Personnel" 4; "Records" 3.A

TELEPHONE

See "Administration" 4; "Emergency Preparedness" 1

TEMPERATURE

See "Indoor Environment" 4; "Infant & Toddler Care" 8.I; "Injury Prevention" 4; "Transportation" 1.D

TOBACCO

See "Child Health" 3; "Injury Prevention" 2.B

TOILETS, TOILETING, TOILET PAPER

See "Child Discipline" 4.E; "Indoor Environment" 2; "Infection Control" 8, 9, 10, 12.B, 12.C; "Injury Prevention" 1.E

TOOTHBRUSHES

See "Infection Control" 6

TOXIC / HAZARDOUS SUBSTANCES

See "Injury Prevention" 2.D; "Outdoor Environment" 3

TOYS

See "Activities" 1; "Cleaning" 2, 3, 4; "Infant & Toddler Care" 7; "Maintenance" 1

TRAINING REQUIREMENTS

See "Administration" 6; "Medication" 1; "Personnel" 3, 5; "Records" 3.B, 3.C, 4

TRAMPOLINES

See "Injury Prevention" 9

TRANSPORTATION

1. Any vehicle used for transporting children must: 90-21(1)
 - A. be enclosed (have a roof).
 - B. have properly installed, working seat belts and car seats (appropriate for the ages of the children transported).
 - C. be clean and safe, and have a current vehicle registration.
 - D. maintain temperatures between 60-90 degrees when in use.
 - E. contain first aid supplies, including at least antiseptic, band-aids, and tweezers.
2. Each adult who transports children must: 90-21(3)
 - A. have with them a current valid Utah driver's license.
 - B. have with them copy of each child's admission form.
 - C. ensure that each child is restrained either in a seat belt or car seat, depending on the age of the child.
 - D. ensure that children are not left unattended in the vehicle.
 - E. ensure that children remain seated while the vehicle is in motion.
 - F. ensure that keys are never left in the ignition when the driver is not in the driver's seat.
 - G. ensure that the vehicle is locked during transport.

See Also "Child Health" 2, 3; "Emergency Preparedness" 2; "Records" 1.A, 1.C; "Written Policies" 1.D, 1.E

TRASH, TRASH CONTAINER

See "Diapering" 3.C; "Outdoor Environment" 4

TRIPPING HAZARDS

See "Injury Prevention" 6; "Outdoor Environment" 9.C.vii

USE ZONE

See "Outdoor Environment" 9; "Injury Prevention" 9.F

VACCINATIONS

See "Animals" 2; "Child Health" 4.A; "Records" 1.B

VEHICLES

See "Child Health" 2; "Emergency Preparedness" 2; "Records" 3.D; "Transportation" 1

VOLUNTEERS

See "Background Screening" 1; "Personnel" 3; "Ratios" 5; "Records" 2.E, 2.F, 4

WADING POOLS

See "Injury Prevention" 8.A

WALKERS

See "Infant & Toddler Care" 2

WATER, DRINKING

See "Outdoor Environment" 6; "Written Policies & Plans" 2.H

WATER, HAZARDS

See "Injury Prevention" 4, 8; "Outdoor Environment" 3, 8.A.iii

WATER, PLAY

See "Infection Control" 7, 12.C; "Injury Prevention" 8

WINDOWS

See "Indoor Environment" 3; "Injury Prevention" 2.H

WIRES

See "Injury Prevention" 2.H

WOOD BURNING STOVES

See "Injury Prevention" 2.C

WRITTEN POLICIES & PLANS

1. The Licensee must have written policies and ensure all providers follow them. The written policies must include the following topics, and must be available to parents and Child Care Licensing. 90-8(9)-(10)
 - A. How children will be directly supervised at all times, including how each child's attendance and whereabouts are accounted for.
 - B. Signs of illness, and whether sick children are allowed to be in care.
 - C. The Licensee's expectation for children's behavior, and how children are disciplined.
 - D. What transportation services (if any) the Licensee offers.
 - E. If the Licensee offers transportation to or from school, how long children will be at the school after they are dropped off (before schools starts), and before they are picked up (after school gets out). Also, what the Licensee will do if a child does not come out to the car after school, and how parents will be notified of school transportation problems.

2. The Licensee must have a written emergency plan that includes the following topics, and that is followed in the event of an emergency. The emergency plan must be available to parents and Child Care Licensing, and must be reviewed and initialed once a year to ensure the information is still up-to-date.
- A. How serious emergencies that require medical care will be handled.
 - B. The plan for responding to fire, earthquake, flood, power failure, and water failure.
 - C. The location and instructions for how to turn off gas, electricity, and water.
 - D. The plan for when a child is missing.
 - E. The name and phone number of an emergency substitute.
 - F. An emergency relocation site where children will be taken if the Licensee's home is uninhabitable.
 - G. The plan for how children will be supervised while at the emergency relocation site.
 - H. How the licensee will provide the following in an emergency: food, water, a first aid kit, and diapers if there are diapered children in care.

90-10(4)-(7)