Introduction to Child Care Licensing

Every day, thousands of Utah children are being cared for outside of their own homes. Child Care Licensing serves Utah’s communities by ensuring that child care facilities meet standards that keep children healthy and safe while in out-of-home care.

Child Care Licensing (CCL) is a program within the Bureau of Child Development under the authority of the Utah Department of Health. The purpose of the program is to ensure a healthy and safe environment for the children in child care settings through regulation of both residential and center child care facilities.

CCL staff are accountable to:

- Monitor child care facilities for compliance with state laws and regulations.
- Offer technical assistance and training to child care providers.
- Ensure that all individuals involved with child care pass background checks.
- Investigate complaints that allege rule violations and unlicensed care.
- Inform parents and the public about child care in Utah. Each child care provider’s public licensing record is available on the Child Care Licensing website at childcarelicensing.utah.gov.

Child Care Licensing Vision

Access to safe, healthy child care for Utah families.

Child Care Licensing Mission

To support working parents by protecting the health and safety of children in child care programs we oversee. This is accomplished by:

- Establishing and assessing health and safety standards.
- Training and supporting providers in meeting the established standards.
- Providing the public with accurate information about these child care programs.

Program Code of Ethics

CCL has adopted the Code of Ethics published by the National Association for Regulatory Administration (NARA). The Code requires CCL employees to use their authority with integrity, thus prohibiting certain actions.

CCL employees will not:

- Use their positions for personal gain from those they regulate.
- Apply regulations inconsistently because of favoritism, nepotism, or personal bias.
- Regulate someone with whom they have or have recently had a significant financial or personal relationship.
- Exceed the authority delegated to them by laws and regulations.
- Accept services, favors or gifts, including food, treats, gift certificates, or handmade gifts from those they regulate.
- Depart from established CCL procedures therefore ensuring fair and objective enforcement.

A copy of the entire Code of Ethics is available on the CCL website at: childcarelicensing.utah.gov.
Child Care Licensing Rules
Utah wants the best for its children and therefore laws are enacted to promote the healthy growth, development, and protection of children. The Utah Child Care Licensing Act authorizes the Utah Department of Health, in conjunction with the Child Care Center Licensing Committee, to establish rules regarding child care that implement state law. The Department’s Child Care Licensing Program is delegated with the authority to interpret and enforce these rules that have the same effect as law. It is the child care provider’s responsibility to understand and follow licensing rules in order to keep children safe and healthy.

Licensing rules focus on the foundational standards necessary to keep children safe and healthy while in care. The rules are based on current research and guidance from recognized experts in the field. A primary source of information is the publication *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition* (CFOC). It is published by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

Licensing rules also reflect recommendations from the Consumer Product Safety Commission (CPSC) and ASTM International (ASTM). CPSC is a U.S. government agency responsible for ensuring the safety of consumer products including toys, cribs, and household chemicals. ASTM is a recognized leader in researching and setting standards that improve product quality and safety. Many products used in child care settings must meet ASTM specifications.

Inspection Process
CCL ensures compliance to licensing rules through ongoing inspections of child care facilities, thus preventing the continued operation of substandard child care programs. These inspections are conducted by licensors who have child care experience and extensive training, including up-to-date and comprehensive training on playground safety from an industry-leading certification program.

During inspections, a licensor will:
- Inspect all rooms, areas, and items that are accessible to children in care including:
  - Areas that are not used for child care, but are accessible to children.
  - Areas (such as hallways) that are used by unsupervised children on their way to and from bathrooms, the outside play area, the kitchen, etc.
- Check that there are no children and/or illegal items in rooms and areas that are inaccessible to children. A locked room will need to be opened and observed unless 1) it is never used by any child in care, 2) it is always locked when any child is in care, and 3) the provider has a way for the licensor to view the entire room without unlocking it.
- Inspect outdoor areas and equipment. This includes all locked and unlocked sheds, garages, storage areas, and campers.

The licensors use standardized checklists to ensure consistency for each inspection. These checklists are published on the CCL website at: childcarelicensing.utah.gov.

To verify compliance with the rules and depending on the inspection type, a licensor may:
- Open and observe the contents of any container, drawer, cupboard, room, or area, etc. that is accessible to children.
- Ask clarifying questions.
- Review records – the facility's general paperwork, each covered individual’s records, and the records kept for each child in care. A list of required records is found in the Appendix of this manual.
• Observe a diaper change, if there are diapered children in care at the time of the inspection.
• Inspect each vehicle used to transport the children.
• Take pictures of items in order to better explain a situation to their manager and/or to be used as documentation of noncompliance.
• Interview staff, children, and/or parents of enrolled children.
• Ask for written statements.
• Record audio statements.
• Bring additional CCL staff to help with the inspection, depending on the size of the facility or as instructed by their supervisor.

CCL conducts several types of inspections that are described below.

Pre-License Inspection
This inspection is conducted before a new child care license is issued. At the Pre-License Inspection, an applicant for a child care license must demonstrate that they are in compliance with all licensing rules. It is also at this time that a licensor will measure the facility’s square footage and assess other requirements to determine the facility’s capacity.

Announced Inspection
An Announced Inspection is conducted annually at each facility to ensure that all licensing rules are in compliance. This inspection is scheduled with the child care provider and usually takes place 60 to 120 days before the license expiration date.

Depending on the size of the facility and the number of staff and enrolled children, the Announced Inspection takes approximately one to four hours to complete. The inspection process will proceed more quickly and smoothly if:
• The provider is not scheduled for other duties during the inspection, such as transporting children, preparing meals, etc.
• Keys to locked areas of the facility are readily available. Rooms and areas that are locked to make them inaccessible should not be unlocked until requested by the licensor.
• Providers tell the licensor when a child is ready to be diapered.
• Any animals on the premises are available to be observed some time during the inspection.
• Vehicles are available to be inspected some time during the inspection.
• Required paperwork is completed, organized, and available for review.

Unannounced Inspection
Each facility will receive an Unannounced Inspection annually. This inspection is not scheduled with the provider and takes place sometime during the licensing year. Its purpose is for CCL to ensure that a child care provider is in compliance with licensing rules at all times a child is in care, even when an inspection is unexpected. The Unannounced Inspection takes less time to conduct because it is abbreviated. This means that only high harm rules are observed and paperwork is not assessed.

During the Unannounced Inspection, a licensor may inspect each vehicle used to transport children, if not previously observed at the Announced Inspection.

Follow-up Inspection
Licensors conduct a Follow-up Inspection to verify that any rule violations found in previous inspections are corrected, and to ensure that there are no new, serious noncompliance findings. Follow-up Inspections are always unannounced.
Complaint Investigation
In addition to the previously mentioned regular inspections, reports that allege rule violations are investigated by a complaint investigator. The type and scope of each investigation vary based on the information received in the complaint. Complaint Investigations can be announced or unannounced. An inspection checklist is not used because each investigation is specific to the complaint. Depending on the information received or witnessed, Complaint Follow-up Inspections may be conducted.

Monitoring Inspection
This inspection is unannounced and conducted to check for specific compliance issues in facilities that are under a conditional license or certificate. The frequency of these inspections depends on the conditions set by CCL when the facility’s child care license was placed on a conditional status.

Focus Inspection
This type of inspection is conducted when there is a specific issue, unrelated to a complaint, that needs to be addressed outside of the regular Announced and Unannounced Inspections. For example: If a program has to relocate because of an emergency situation, CCL will conduct a Focus Inspection to make sure the basic needs of children can be met at the relocation site. Other examples for when a Focus Inspection may be conducted are to verify facility closures, verification of immunization records for failure to report, and when a reported injury to a child requires an on-site inspection.

After Each Inspection
At the end of or after each inspection, the licensor will:
- Inform the provider of the results of the inspection.
- Explain any rule violations (noncompliance findings) to the provider.
- Provide CCL-related technical assistance as needed.
- Give the provider an opportunity to discuss each item and provide feedback.
- Decide, with the provider, on a correction date for each item that is out of compliance. However, if an item poses a serious risk to the children, a date of correction may not be negotiated, but will be set by the licensor.
- Ask the provider to sign the electronic checklist as acknowledgment that the inspection was conducted and concluded. The provider’s signature does not indicate their agreement with the results of the inspection.
- Email the checklist to the provider before leaving the facility.
- After management approval, send a Statement of Findings letter to the provider explaining the items found out of compliance, the level of noncompliance, and a correction due date for each rule violation.
- Conduct an unannounced Follow-up Inspection to verify that all noncompliance items have remained corrected or have been corrected, and that there are no new, serious rule violations.

The provider will have an opportunity to give feedback to CCL about each inspection. Additionally, providers have 15 working days to appeal any action taken by CCL. This includes appealing Statements of Findings and the assessment of Civil Money Penalties. The appeal period begins on the date that the provider receives official notification of a CCL action, such as a Statement of Findings letter.

For more detailed information about penalties resulting from rule violations, refer to “Section 5: Rule Violations and Penalties.”
Purpose and Use of the Interpretation Manual

This manual has been prepared for child care owners, providers, caregivers, parents, and licensing staff to ensure statewide consistency in the understanding and enforcement of CCL rules. It provides a general overview of licensing rules and gives additional information to broaden knowledge about the intent and meaning of specific rules.

The manual is divided by rule categories into 24 sections with each section containing four main types of information:
• Rule – The actual rule text is printed in a black bold font.
• Rationale / Explanation – This explains the reason for a specific rule or section of rules, frequently describes best practice, and may give additional clarifying information.
• Compliance Assessment and Guidance – This may further explain when a rule is considered in compliance and may describe how a rule will be assessed.
• Noncompliance Level – This states the level of noncompliance indicating the severity of a rule violation. See “Section 5: Rule Violations & Penalties” for more information about the noncompliance levels.

As our knowledge of what is best for children grows and as CCL engages in continuous improvement, this manual will be periodically updated. The manual is found on the CCL website at: childcarelicensing.utah.gov.
The authority to enforce licensing rules and the purpose of these rules is explained in this section.

(1) This rule is enacted and enforced in accordance with Utah Code, Title 26, Chapter 39.

(2) This rule establishes the foundational standards necessary to protect the health and safety of children in child care centers and defines the general procedures and requirements to obtain and maintain a license to provide child care.

Rationale / Explanation
The Utah Department of Health and the Child Care Center Licensing Committee have the legal responsibility to regulate child care providers as outlined in Utah Code, Title 26, Chapter 39, also known as the Utah Child Care Licensing Act.

The Child Care Licensing Program (CCL) in the Department of Health is delegated with the authority to make and enforce rules to carry out the Child Care Licensing Act.

The purpose of the rules is to ensure the health and safety of children in child care facilities. The rules also explain how to obtain and keep a license to provide child care in Utah.

CHILD CARE LICENSING RULEMAKING PROCESS

A new rule may be required due to new law, research, practice, or a request of committees, providers, staff, or community.

CCL drafts the rule and presents it to the committees and the Department for review and discussion.

If approved, the proposed rule is posted for public comment.

The new rule is published with an effective date.

The Department’s legal counsel and the Executive Director, in concurrence with the Center Committee, approve the rule to take effect.

Public comments are reviewed by the Department and the committees.

CCL informs providers, staff, and the community of the new rule effective date.

The rule takes effect and is posted on the CCL website.

CCL updates the Rule Interpretation Manual and offers training on the new rule.

- Occasionally, a proposed rule may not be approved, including when a concern can be addressed by an update to the Rule Interpretation Manual or the enforcement protocol.
- The Rule Interpretation Manual and updates are posted on the CCL website. The Manual is generally updated annually.
- CCL offers training on licensing rules on a regular basis.
R381-100-2: DEFINITIONS

This section provides definitions of words that are specific to Child Care Licensing (CCL) or are used multiple times in licensing rules.

1) "Applicant" means a person or business who has applied for a new or a renewal of a license, certificate, or exemption from Child Care Licensing.

2) "ASTM" means American Society for Testing and Materials.

   **Rationale / Explanation**
   ASTM International is an organization that sets health and safety standards to reduce life-threatening and debilitating injuries. CCL uses many of these standards when assessing play areas and equipment.

3) "Background Finding" means information in a background check that may result in a denial from Child Care Licensing.

4) "Background Check Denial" means that an individual has failed the background check and is prohibited from being involved with a child care program.

   **Rationale / Explanation**
   Refer to “Section 8: Background Checks” for a complete description of the reasons why an individual will not pass a CCL background check.

   According to Utah statute 26-39-404, a licensee or an exempt provider may not permit a person who has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for any felony or misdemeanor to provide child care, volunteer, reside, or serve in any ownership or administrative capacity in the child care facility or program.

5) "Barrier" means an enclosing structure such as a fence, wall, bars, railing, or solid panel to prevent accidental or deliberate movement through or access to something.

6) "Body Fluid" means blood, urine, feces, vomit, mucus, and/or saliva

7) "Business Days/Hours" means the days of the week and times the facility is open for business.

8) "Capacity" means the maximum number of children for whom care can be provided at any given time.

9) "Caregiver-to-Child Ratio" means the number of caregivers responsible for a specific number of children.

10) "CCL" means the Child Care Licensing Program in the Department of Health that is delegated with the responsibility to enforce the Utah Child Care Licensing Act.
(11) "Child Care" means continuous care and supervision of 5 or more qualifying children that is:
   (a) in place of care ordinarily provided by a parent in the parent's home,
   (b) for less than 24 hours a day, and
   (c) for direct or indirect compensation.

Rationale / Explanation
Indirect compensation is a noncash payment of goods, time, or service that is given to the provider in exchange for providing child care.

(12) "Child Care Center Licensing Committee" means the Child Care Center Licensing Committee created in the Utah Child Care Licensing Act.

(13) "Child Care Program" means a person or business that offers child care.

(14) "Choking Hazard" means an object or a removable part on an object with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches that could be caught in a child's throat blocking their airway and making it difficult or impossible to breathe.

(15) "Conditional Status" means that the provider is at risk of losing their child care license because compliance with licensing rules has not been maintained.

(16) "Covered Individual" means any of the following individuals involved with a child care program:
   (a) an owner;
   (b) a director;
   (c) a member of the governing body;
   (d) an employee;
   (e) a caregiver;
   (f) a volunteer, except a parent of a child enrolled in the child care program;
   (g) an individual age 12 years or older who resides in the facility; and
   (h) anyone who has unsupervised contact with a child in care.

(17) "CPSC" means the Consumer Product Safety Commission.

Rationale / Explanation
CPSC sets safety standards to protect the public from risks of injury or death associated with products such as toys, cribs, pools, play equipment. For CPSC safety publications, see www.cpsc.gov.

(18) "Department" means the Utah Department of Health.

(19) "Designated Play Surface" means any accessible elevated surface for standing, walking, crawling, sitting or climbing; or an accessible flat surface at least 2 by 2 inches in size and having an angle less than 30 degrees from horizontal.

(20) "Director" means a person who meets the director qualifications in this rule, and who assumes the child care program's day-to-day responsibilities for compliance with Child Care Licensing rules.

(21) "Emotional Abuse" means behavior that could harm a child's emotional development, such as threatening, intimidating, humiliating, demeaning, criticizing, rejecting, using
profane language, and/or using inappropriate physical restraint.

(22) "Entrapment Hazard" means an opening greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter where a child's body could fit through but the child's head could not fit through, potentially causing a child's entrapment and strangulation.

(23) "Facility" means a child care program or the premises approved by the Department to be used for child care.

**Rationale / Explanation**
The "premises" means the provider's building (or buildings) and grounds.

(24) "Group" means the children who are supervised by one or more caregivers in an individual room or in an area within a room that is defined by furniture or other partition.

**Rationale / Explanation**
A group also includes children who are supervised by one or more caregivers in a defined outdoor area.

(25) "Group Size" means the number of children in a group.

(26) "Guest" means an individual who is not a covered individual and is at the child care facility with the provider's permission.

(27) "Health Care Provider" means a licensed health professional, such as a physician, dentist, nurse practitioner, or physician's assistant.

(28) "Homeless" means anyone who lacks a fixed, regular, and adequate nighttime residence as described in the McKinney-Vento Act. McKinney-Vento Homeless Assistance Act (Title IX, Part A of ESSA)

(29) "Inaccessible" means out of reach of children by being:
(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 that is at least 36 inches above the floor; or
(e) in a bathroom, at least 36 inches above any surface from where a child could stand or climb.

**Rationale / Explanation**
Providers must ensure that children are safe by making potential hazards inaccessible.

Approved locking equipment includes:
- Devices specifically manufactured as child safety products and/or fastening devices.
- Locks that use a key or combination to unlock them.
- Locks that use a coin or allen wrench except when used to lock firearms.
- Locks that do not use a key or combination, such as a deadbolt or hook-and-eye latch, when they are installed at least 60 inches high.
- Properly secured homemade or manufactured child safety gates that are at least 24 inches high from the floor to the top of the gate. The gap between the floor and the bottom of the gate cannot exceed 5 by 5 inches.
To be considered locked and therefore inaccessible:
• A room, area, cabinet, or item is locked or secured with an approved locking device. If a key or combination lock is used, the key hole or combination pad must be on the side child care is taking place.
• A key or other device used to open the lock is not in the lock.
• A safety gate is secured and latched even when bumped or shaken.
• All doors that access the same area, cupboard, closet, or cabinet are locked.

To be considered out of reach of children and therefore inaccessible:
• Items are at least 36 inches above the floor, ground, or a surface meant for standing or sitting.
• Items are on counters or shelves and/or in cupboards or drawers that are at least 36 inches high.
• Items are at least 36 inches above the surface on which any child sleeps.
• In bathrooms, items are at least 36 inches above any fixture, furniture, or equipment on which a child could stand or climb, such as a toilet, bathtub, counter, cart, chair, stepstool, or ladder.

Measurements will be taken with a wood or metal measuring tool and with a laser tool to measure for capacity. A ½ inch allowance will be given when measuring the heights of surfaces for inaccessibility and the size of a use zone to address variations in ground level.

(30) "Infant" means a child who is younger than 12 months of age.

Rationale / Explanation
For licensing purposes, a child is considered an infant until the child’s 1st birthday.

(31) "Infectious Disease" means an illness that is capable of being spread from one person to another.

(32) "Involved with Child Care" means to do any of the following at or for a child care program licensed by the Department:
(a) provide child care;
(b) volunteer at a child care program;
(c) own, operate, direct, or be employed at a child care program;
(d) reside at a facility where child care is provided; or
(e) be present at a facility while care is being provided, except for authorized guests or parents who are dropping off a child, picking up a child, or attending a scheduled event at the child care facility.

(33) "License" means a license issued by the Department to provide child care services.

(34) "Licensee" means the legally responsible person or business that holds a valid license from Child Care Licensing.

(35) "LIS Supported Finding" means background check information from the Licensing Information System (LIS) database for child abuse and neglect, maintained by the Utah Department of Human Services.

(36) "McKinney-Vento Act" means a federal law that requires protections and services for children and youth who are homeless including those with disabilities. McKinney-Vento Homeless Assistance Act (Title IX, Part A of ESSA)
(37) "Over-the-Counter Medication" means medication that can be purchased without a written prescription including herbal remedies, vitamins, and mineral supplements.

(38) "Parent" means the parent or legal guardian of a child in care.

(39) "Person" means an individual or a business entity.

(40) "Physical Abuse" means causing nonaccidental physical harm to a child.

(41) "Play Equipment Platform" means a flat surface on a piece of stationary play equipment intended for more than one child to stand on, and upon which the children can move freely.

(42) "Preschooler" means a child age 2 through 4 years old.

Rationale / Explanation
For licensing purposes, a child is considered a preschooler on the child’s 2nd birthday and until their 5th birthday.

(43) "Protective Barrier" means a structure such as bars, lattice, or a panel that is around an elevated platform and is intended to prevent accidental or deliberate movement through or access to something.

(44) "Protective Cushioning" means a shock-absorbing surface under and around play equipment that reduces the severity of injuries from falls.

(45) "Provider" means the legally responsible person or business that holds a valid license from Child Care Licensing.

Rationale / Explanation
The provider, namely the licensee, is legally responsible for all aspects of the child care program's operation and management, and for compliance with all licensing rules.

(46) "Qualifying Child" means:
(a) a child who is younger than 13 years old and is the child of a person other than the child care provider or caregiver,
(b) a child with a disability who is younger than 18 years old and is the child of a person other than the provider or caregiver, or
(c) a child who is younger than 4 years old and is the child of the provider or a caregiver.

(47) "Related Child" means a child for whom a provider is the parent, legal guardian, step-parent, grandparent, step-grandparent, great-grandparent, sibling, step-sibling, aunt, step-aunt, great-aunt, uncle, step-uncle, or great-uncle.

(48) "Sanitize" means to use a chemical product to remove soil and bacteria from a surface or object.

Rationale / Explanation
Sanitizing reduces disease-spreading germs from a surface. For a surface to be sanitary, it must be cleaned first. Cleaning removes visible food, dirt, and other kinds of soil from a surface.

Refer to “Section 15: Health and Infection Control” for more information about approved sanitizers.
and sanitizing procedures.

(49) "School-Age Child" means a child age 5 through 12 years old.

Rationale / Explanation
For licensing purposes, a child is considered school age on the child’s 5th birthday.

(50) "Sexual Abuse" means abuse as defined in Utah Code, Title 76-5-404(1).

(51) "Sexually Explicit Material" means any depiction of sexually explicit conduct as defined in Utah Code, Title 76-5b-103(10).

(52) "Sleeping Equipment" means a cot, mat, crib, bassinet, porta-crib, playpen, or bed.

(53) "Stationary Play Equipment" means equipment such as a climber, slide, swing, merry-go-round, or spring rocker that is meant to stay in one location when a child uses it. Stationary play equipment does not include:
(a) a sandbox;
(b) a stationary circular tricycle;
(c) a sensory table; or
(d) a playhouse that sits on the ground or floor and has no attached equipment, such as a slide, swing, or climber.

(54) "Strangulation Hazard" means something on which a child's clothes or drawstrings could become caught, or something in which a child could become entangled such as:
(a) a protruding bolt end that extends more than 2 threads beyond the face of the nut;
(b) hardware that forms a hook or leaves a gap or space between components such as a protruding S-hook; or
(c) a rope, cord, or chain that is attached to a structure and is long enough to encircle a child's neck.

(55) "Substitute" means a person who assumes a caregiver's duties when the caregiver is not present.

(56) "Toddler" means a child aged 12 through 23 months.

Rationale / Explanation
For licensing purposes, a child is considered a toddler on the child’s 1st birthday and until their 2nd birthday.

(57) "Unrelated Child" means a child who is not a "related child" as defined in R381-100-2(47).

(58) "Unsupervised Contact" means being with, caring for, communicating with, or touching a child in the absence of a caregiver or other employee who is at least 18 years old and has passed a Child Care Licensing background check.

(59) "Use Zone" means the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment, and onto which a child falling from or exiting the equipment could be expected to land.
(60) "Volunteer" means an individual who receives no form of direct or indirect compensation for their service.

Rationale / Explanation
Indirect compensation is a noncash payment of goods, time, or service that is given to an individual in exchange for their help.

(61) "Working Days" means the days of the week the Department is open for business.

Rationale / Explanation
The Department is open for business on Mondays through Fridays from 8:00 a.m. to 5:00 p.m. except on federal and state holidays.
R381-100-3: LICENSE REQUIRED

Individuals and businesses that provide care for children are licensed and regulated by Child Care Licensing (CCL) unless they are specifically exempt under Utah law. The rules in this section explain who is required to be licensed. In licensed facilities, CCL rules apply to all qualifying children.

Implementing licensing standards provides a baseline of protection and helps prevent various forms of harm to children, such as risks from the spread of disease, fire and other safety hazards, physical or emotional injury from inadequate supervision, or the lack of healthy relationships with adults. National Center on Early Childhood Quality Assurance. Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies. Fairfax, VA. (2015).

(1) A person or persons shall be licensed as a child care center if they provide care:
(a) in the absence of the child’s parent,
(b) in a place other than the provider’s home or the child’s home,
(c) for 5 or more children,
(d) for 4 or more hours per day,
(e) for each individual child for less than 24 hours per day,
(f) on an ongoing basis for 4 or more weeks in a year, and
(g) for direct or indirect compensation.

Rationale / Explanation
A license is only required when a provider cares for 5 or more qualifying children.

Individuals who care for fewer than 5 children are not required by law to be regulated. However, an individual or business may request to be regulated by Child Care Licensing if they care for at least one qualifying child under the other conditions listed in 100-3(1)(a)-(g) above.

People who care for children less than 4 hours per day are not required to be licensed. This includes preschools that have a morning and afternoon session, each less than 4 hours, provided that no child attends both sessions, or attends a total of 4 hours or more per day.

Programs that provide 24-hour, live-in care are regulated as residential treatment facilities and are not licensed by Child Care Licensing.

An “ongoing basis” means that children attend the program on a regular schedule, as opposed to occasional drop-in care.

Direct compensation means that there is a cash payment for providing child care. Indirect compensation is a noncash payment of goods, time, or services for the child care that is provided.

Compliance Assessment and Guidance
As determined by the complaint investigator.

Noncompliance Level
Level 1 Noncompliance
(2) **The Department may not license, nor is a license required for:**
   (a) a person who cares for related children only, or
   (b) a person who provides care on a sporadic basis only.

**Rationale / Explanation**
When a provider cares for related children only, in order to receive child care subsidy payments from the State, the provider must obtain an approval from the Division of Workforce Services (DWS). Instructions for obtaining this approval may be found at: childcarelicensing.utah.gov.

A license is unavailable for occasional drop-in child care.

(3) **According to Foster Care Services rule R501-12-4(8)(f), a provider may not be licensed to provide child care in a facility that is also licensed to offer foster or respite care services, or another licensed or certified human services program.**
This section describes how to apply for a license, renew a license, change an existing license, and how to request a variance to a specific licensing rule.

License Application

(1) An applicant for a new child care license shall submit to the Department:
   (a) an online application;
   (b) a copy of a current local fire clearance or a statement from the local fire authority that a
       fire inspection is not required;
   (c) a copy of a current local health department kitchen clearance for a facility providing
       food service or a statement from the local health department that a kitchen inspection
       is not required;
   (d) a copy of a current local business license or a statement from the city that a business
       license is not required;
   (e) a copy of the educational credentials of the person who will be the director as required
       in R381-100-7(4);
   (f) a copy of a completed Department health and safety plan form;
   (g) CCL background checks for all covered individuals as required in R381-100-8;
   (h) a current copy of the Department’s new provider training certificate of attendance; and
   (i) all required fees, which are nonrefundable.

Rationale / Explanation
The application period is an important phase of licensing. The applicant has the responsibility to
demonstrate their ability and willingness to comply with all licensing rules in order to provide safe
and healthy care for children. National Center on Early Childhood Quality Assurance. Research

(2) The applicant shall pass a Department’s inspection of the facility before a new license or a
renewal is issued.

Rationale / Explanation
Licensing makes an on-site inspection to help each facility achieve and maintain full compliance
with licensing rules before issuing a license. CFOC 3rd ed. Standard 10.4.2.1. p. 409.

(3) If the local fire authority states that a fire inspection is not required, a Department's CCL
inspection for a new license or a renewal of a license shall include compliance with the
following:
   (a) address numbers and/or letters shall be readable from the street;
   (b) address numbers and/or letters shall be at least 4 inches in height and ½ inch thick;
   (c) exit doors shall operate properly and shall be well maintained;
   (d) obstructions in exits, aisles, corridors, and stairways shall be removed;
   (e) exit doors shall be unlocked from the inside during business hours;
   (f) exits shall be clearly identified;
   (g) there shall be unobstructed fire extinguishers that are of an X minimum rate and
       appropriate to the type of hazard, currently charged and serviced, and mounted not
       more than 5 feet above the floor;
   (h) there shall be working smoke detectors that are properly installed on each level of the
building; and
(i) boiler, mechanical, and electrical panel rooms shall not be used for storage.

Rationale / Explanation

Compliance Assessment and Guidance
If the facility is not inspected by the local fire authority, a licensor will:
• Inspect the facility for compliance with this rule at the pre-license inspection and before the license renewal each year.

To be in compliance, a licensor will verify that:
• Address numbers and/or letters are readable from the street.
• Doors identified as exits are able to open and close.
• Indoor and outdoor exits are not blocked.
• Exit doors are unlocked from the inside or have emergency release devices (such as a push bar or button release) so that they can be opened immediately in an emergency.
• Exits are clearly identified (any sign identifying the exit is acceptable).
• There is at least one all-purpose fire extinguisher in the facility:
  - The fire extinguisher’s location is known by the caregivers and is easily accessible.
  - The fire extinguisher’s seals are intact.
  - The gauge shows that the extinguisher is charged.
• There is at least one well-maintained (not chirping) smoke detector on each level of the building.
• Storage in the boiler, mechanical, and electrical panel rooms does not block the appliance or panel.

Noncompliance Level
Level 2 Noncompliance

(4) If the provider serves food and the local health department states that a kitchen inspection is not required, a Department’s CCL inspection for a new license or a renewal of a license shall include compliance with the following:
(a) the refrigerator shall be clean, in good repair, and working at or below 41 degrees Fahrenheit;
(b) there shall be a working thermometer in the refrigerator;
(c) there shall be a working stem thermometer available to check cook and hot hold temperatures;
(d) cooks shall have a current food handler’s permit available on-site for review by the Department;
(e) cooks shall use hair restraints and wear clean outer clothing;
(f) according to Food Code 2-103-11, only necessary staff shall be present in the kitchen;
(g) reusable food holders, utensils, and food preparation surfaces shall be washed, rinsed, and sanitized with an approved sanitizer before each use;
(h) chemicals shall be stored away from food and food service items;
(i) food shall be properly stored, kept to the proper temperature, and in good condition; and
(j) there shall be a working handwashing sink in the kitchen and handwashing instructions posted by the sink.

Rationale / Explanation
Inspectors from state and local agencies with appropriate training should check food service equipment and provide technical assistance to facilities. The local public health department typically conducts such inspections. Local health department regulations for food safety are based on scientific data that demonstrate the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness. *CFOC 3rd ed. Standard 1.4.5.1. p. 30; Standard 4.8.0.2. p. 186; Standard 4.9.0.1. p. 188.*

**Compliance Assessment and Guidance**

The child care facility must have a kitchen inspection if food for the children is prepared at the facility. A kitchen inspection is not required if 1) all food is brought by parents for their own children, 2) the food is prepared in another inspected kitchen and then brought to the facility to be served, or 3) the only food preparation is that of preparing baby bottles or baby food.

If the kitchen is not inspected by the local health department as required, a licensor will:

- Inspect the kitchen for compliance with this rule at the pre-license inspection and before the license renewal each year.

To be in compliance, a licensor will verify that:

- The refrigerator is free of a buildup of spills, dirt, and grime.
- The refrigerator thermometer indicates the appropriate temperature.
- The provider has a stem thermometer for cooking and for keeping food hot.
- Cooks use hair restraints (any items to keep hair out of the face and off the food).
- Only the cook(s) and anyone who purchases, prepares, or stores the food are in the kitchen. Children, other staff, and visitors may not be in the kitchen with the exception of inspectors including child care licensing staff. Others may enter the kitchen for brief visits on condition that the food, equipment, and utensils are protected.
- Chemicals are stored at least 3 feet away from food and food service items, or separated by a solid barrier.
- Food shows no signs of spoilage, such as mold or rancid smells.

**Noncompliance Level**

Level 2 Noncompliance

(5) If the applicant does not complete the application process within 6 months of first submitting any portion of the application, the Department may deny the application and to be licensed, the applicant shall reapply. This includes resubmitting all required documentation, repaying licensing fees, and passing another inspection of the facility.

(6) The Department may deny an application for a license if, within the 5 years preceding the application date, the applicant held a license or a certificate that was:

- (a) closed under an immediate closure;
- (b) revoked;
- (c) closed as a result of a settlement agreement resulting from a notice of intent to revoke, a notice of revocation, or a notice of immediate closure;
- (d) voluntarily closed after an inspection of the facility found rule violations that would have resulted in a notice of intent to revoke or a notice of revocation had the provider not closed voluntarily; or
- (e) voluntarily closed having unpaid fees or civil money penalties issued by the Department.
(7) Each child care license expires at midnight on the last day of the month shown on the license, unless the license was previously revoked by the Department, or voluntarily closed by the provider.

License Renewal

(8) Within 30 to 90 days before a current license expires, the provider shall submit for renewal:
(a) an online renewal request,
(b) applicable renewal fees,
(c) any previous unpaid fees,
(d) a copy of a current business license,
(e) a copy of a current fire inspection report, and
(f) a copy of a current kitchen inspection report.

Compliance Assessment and Guidance
As part of the renewal process, a licensor will:
• Conduct a fire inspection if the facility is not inspected by the local fire authority. Refer to rule 100-4(3).
• Conduct a kitchen inspection if the kitchen is not inspected by the local health department. Refer to rule 100-4(4).

(9) A provider who fails to renew their license by the expiration date may have an additional 30 days to complete the renewal process if they pay a late fee.

Compliance Assessment and Guidance
A provider may choose not to renew their child care license or they may voluntarily close their child care facility and relinquish their license at any time. However, all licensing rules must be in compliance and all licensing procedures, including inspections, background checks, and fees, will continue until their facility closes and they are no longer caring for children.

(10) The Department may not renew a license for a provider who is no longer caring for children.

Compliance Assessment and Guidance
If licensing staff find that a facility is vacant, the provider’s license will be closed on the day the vacancy is discovered.

License Changes

(11) The provider shall submit a complete application for a new license at least 30 days before any of the following changes occur:
(a) a change of the child care facility’s location, or
(b) a change that transfers 50 percent or more ownership or controlling interest to a new individual or entity.

Compliance Assessment and Guidance
If a provider is changing the location of their facility, they may begin the application process, but may not care for children at the new location until the license has been approved.
(12) The provider shall submit a complete application to amend an existing license at least 30 days before any of the following changes:
   (a) an increase or decrease of licensed capacity, including any change to the amount of usable indoor or outdoor space where child care is provided;
   (b) a change in the name of the program;
   (c) a change in the regulation category of the program;
   (d) a change in the name of the provider;
   (e) an addition or loss of a director; or
   (f) a change in ownership that does not require a new license.

Compliance Assessment and Guidance
If a change of director was unexpected, the provider has 30 days from the former director’s last day of work to submit a change application.

A CCL fee is charged if the provider makes more than 2 changes per licensing year.

Noncompliance Level
Level 3 Noncompliance

(13) The Department may amend a license after verifying that the applicant is in compliance with all applicable rules and required fees have been paid. The expiration date of the amended license remains the same as the previous license.

(14) A license is not assignable or transferable and shall only be amended by the Department.

Compliance Assessment and Guidance
Licensing staff will review the license to ensure that:
• The provider is operating under their own license issued by the Department.
• The license has not been altered in any way or for any reason.

Noncompliance Level
Level 1 Noncompliance

Rule Variances

(15) If an applicant or provider cannot comply with a rule but can meet the intent of the rule in another way, they may apply for a variance to that rule by submitting a request to the Department.

(16) The Department may:
   (a) require additional information before acting on the variance request, and
   (b) impose health and safety requirements as a condition of granting a variance.

(17) The provider shall comply with the existing rule until a variance is approved.

(18) If a variance is approved, the provider shall keep a copy of the written approval on-site for review by parents and the Department.

Compliance Assessment and Guidance
A licensor will:
• Request to see a copy of the written variance approval. An electronic copy is acceptable.
Noncompliance Level
Level 3 Noncompliance

(19) **The Department may grant variances for up to 12 months.**

(20) **The Department may revoke a variance if:**
   (a) the provider is not meeting the intent of the rule as stated in their approved variance;
   (b) the provider fails to comply with the conditions of the variance; or
   (c) a change in statute, rule, or case law affects the basis for the variance.
This section gives information about rule violations and penalties for noncompliance to rules. The first part of this section lists the rules; the last part describes the CCL enforcement process including the use of penalties for rule violations.

The National Association for the Education of Young Children (NAEYC) supports the position that each state has the responsibility to regulate child care facilities. Penalties should be a part of the state’s regulations to give strength to licensing rules. Research shows that states with the most effective regulation have a greater number of higher quality child care programs. NAEYC. (1998). Licensing and Public Regulation of Early Childhood Programs. Washington, DC.

1. The Department may place a program’s child care license on a conditional status for the following causes:
   a. chronic, ongoing noncompliance with rules;
   b. unpaid fees; or
   c. a serious rule violation that places children's health or safety in immediate jeopardy.

2. The Department shall establish the length of the conditional status and set the conditions that the child care provider shall satisfy to remove the conditional status.

3. The Department may increase monitoring of the program that is on conditional status to verify compliance with rules.

4. The Department may deny or revoke a license if the child care provider:
   a. fails to meet the conditions of a license on conditional status;
   b. violates the Child Care Licensing Act;
   c. provides false or misleading information to the Department;
   d. misrepresents information by intentionally altering a license or any other document issued by the Department;
   e. refuses to allow authorized representatives of the Department access to the facility to ensure compliance with rules;
   f. refuses to submit or make available to the Department any written documentation required to verify compliance with rules;
   g. commits a serious rule violation that results in death or serious harm to a child, or that places a child at risk of death or serious harm; or
   h. has committed an illegal act that would exclude a person from having a license.

5. Within 10 working days of receipt of a revocation notice, the provider shall submit to the Department the names and mailing addresses of the parents of each enrolled child so the Department can notify the parents of the revocation.

6. The Department may order the immediate closure of a facility if conditions create a clear and present danger to any child in care and may require immediate action to protect their health or safety.

7. Upon receipt of an immediate closure notice, the provider shall give the Department the names and mailing addresses of the parents of each enrolled child so the Department can notify the parents of the immediate closure.
(8) If there is a severe injury or the death of a child in care, the Department may order the child care provider to suspend services and/or prohibit new enrollments, pending a review by the Child Fatality Review Committee or a determination of the probable cause of death or injury by a medical professional.

(9) If a person is providing care for more than 4 unrelated children without the appropriate license, the Department may:
   (a) issue a cease and desist order, or
   (b) allow the person to continue operation if:
      (i) the person was unaware of the need for a license,
      (ii) conditions do not create a clear and present danger to the children in care, and
      (iii) the person agrees to apply for the appropriate license within 30 calendar days of notification by the Department.

(10) If a person providing care without the appropriate license agrees to apply for a license but does not submit an application and all required application documents within 30 days, the Department may issue a cease and desist order.

(11) A violation of any rule is punishable by an administrative civil money penalty of up to $5,000 per day as provided in Utah Code, Section 26-39-601.

(12) Assessment of any civil money penalty does not prevent the Department from also taking action to deny, place on conditional status, revoke, immediately close, or refuse to renew a license.

(13) Assessment of any administrative civil money penalty under this section does not prevent court-ordered or other equitable remedies.

(14) The Department may deny an application or revoke a license for failure to pay any required fees, including fees for applications, late fees, returned checks, license changes, additional inspections, conditional monitoring inspections, background checks, civil money penalties, and other fees assessed by the Department.

(15) An applicant or provider may appeal any Department decision within 15 working days of being informed in writing of the decision.

**CHILD CARE LICENSING ENFORCEMENT PROCESS**

**Rationale / Explanation**
The purpose of the state’s regulation of child care is to protect the health and well-being of children and, when licensing rules are enforced, there is a higher chance of accomplishing this.

**Preventive Strategies**
CCL takes several preventive steps to encourage compliance with licensing rules before more restrictive actions are needed. CCL offers:
- Technical assistance before licensing
- New provider and new director training
- Verbal technical assistance before, during, and after inspections
- Training on the licensing rules for those involved with child care
- A website with up-to-date resources and announcements
Access to CCL licensors, management, and support staff
Support from community partners, such as Care About Childcare
Information about any licensing changes and updates from community partners

Inspections and Corrective Actions

CCL conducts inspections of child care programs to determine if providers are in compliance with the state’s licensing rules. This is critical in ensuring that regulations are enforced.

During these inspections, licensing staff may find instances of noncompliance with licensing rules. When a facility is found to be out of compliance, CCL is legally responsible for taking corrective action so that problems are resolved quickly before they become serious. This is usually handled by the provider agreeing to make necessary corrections within a specified amount of time. Some of the minor instances may be corrected on-site during the inspection while others may take longer to correct. Serious noncompliant issues, such as exceeding the ratio of children per caregiver and other rule violations that may place the children at immediate risk, must be corrected before the licensor leaves the facility.

CCL staff will conduct a Follow-up Inspection to verify that any rule violations are corrected, that compliance is maintained, and to ensure that there are no new, serious noncompliant findings. If more than one Follow-up Inspection is required to ensure compliance to rules, a fee of $25.00 (as set by the Utah State Legislature) is charged for each additional Follow-up Inspection.

Noncompliant Findings

There are three levels of rule noncompliance that vary in severity based on the potential or actual harm to children.

- **Level 1** noncompliant findings are the most serious because they present an immediate or substantial threat to the health or safety of a child in care.
- **Level 2** noncompliant findings are issued for violations that, if not corrected, may become an immediate risk to the health or safety of the children.
- **Level 3** noncompliant findings are generally rule violations that are less likely to pose harm to children, but are still important to support their well-being.

Noncompliant findings are categorized as Technical Assistance, Cited, or Repeat Cited depending upon the seriousness and frequency of the violation, and whether or not the violation was corrected within the allotted time frame. With few exceptions, correction to the first instance of noncompliance will be Technical Assistance. If a Level 1 Noncompliant Finding can be corrected on-site and has not been repeated it will be considered Technical Assistance except as listed below.

<table>
<thead>
<tr>
<th>Level 1 Noncompliance - Always Cited*</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following are always cited on the first instance of noncompliance.</td>
</tr>
<tr>
<td>• Inappropriate interactions with children</td>
</tr>
<tr>
<td>• Lack of supervision</td>
</tr>
<tr>
<td>• Infant sleeping in unsafe equipment</td>
</tr>
<tr>
<td>• Caregiver-to-child ratio</td>
</tr>
<tr>
<td>• New Background checks</td>
</tr>
<tr>
<td>• Firearm accessibility</td>
</tr>
<tr>
<td>• Intoxication or impairment of provider or caregiver when a child is in care</td>
</tr>
<tr>
<td>• Use of tobacco or similar products, alcohol, or an illegal substance when a child is in care</td>
</tr>
</tbody>
</table>

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Section 5 – Rule Violations and Penalties
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The following chart describes the criteria that CCL uses in determining the noncompliant level and category of a rule violation.

<table>
<thead>
<tr>
<th>Child Care Licensing Risk Assessment</th>
<th>Likelihood That Noncompliance Will Result in Harm to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Harm Has Occurred</strong></td>
<td><strong>High:</strong> Harm is likely to occur.</td>
</tr>
<tr>
<td></td>
<td><strong>Not Immediate:</strong> One instance of noncompliance may not cause harm, but repeated instances would cause harm.</td>
</tr>
<tr>
<td></td>
<td><strong>Low:</strong> Harm is not likely to occur, but the possibility still exists.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Severity of Harm to Child That Could Result from Noncompliance</strong></th>
<th><strong>Likelihood That Noncompliance Will Result in Harm to Child</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extreme:</strong> Noncompliance could cause harm to a child that is life-threatening, or could result in a permanent physical, emotional, or psychological disability.</td>
<td>Level 1 Cited Level 1 Cited Level 2** Technical Assistance Level 2** Technical Assistance</td>
</tr>
<tr>
<td><strong>Serious:</strong> Noncompliance could cause significant physical, emotional, or psychological harm to a child which would require intervention from a medical or mental health care provider.</td>
<td>Level 1 Cited Level 1 Cited Level 2** Technical Assistance Level 2** Technical Assistance</td>
</tr>
<tr>
<td><strong>Minor:</strong> Noncompliance could cause minor physical, emotional, or psychological harm to a child, but may not require intervention from a medical or mental health provider.</td>
<td>Level 2** Technical Assistance Level 2** Technical Assistance Level 3*** Technical Assistance Level 3*** Technical Assistance</td>
</tr>
<tr>
<td>Noncompliance would not result in harm to a child, but compliance is used to verify compliance with other rules which if violated could result in harm to a child.</td>
<td>Level 3*** Technical Assistance</td>
</tr>
</tbody>
</table>

** Level 2: Technical Assistance first occurrence, cited at second occurrence.  
*** Level 3: Technical Assistance first and second occurrences, cited at third occurrence.

**Penalties**

CCL’s enforcement of licensing rules can be viewed as a progressive set of steps. Utah statute and rules require that when a provider has a serious rule violation, has frequent noncompliant findings, and/or fails to correct a deficiency, CCL must take disciplinary actions against the facility.

**Cited Noncompliant Findings**

All cited noncompliant findings will immediately be placed on the provider’s public licensing record. This information will be available to the public on the CCL website for 36 months.
Each cited and repeat cited noncompliant finding is assigned 10 tracking points. CCL uses these points in a system to track a provider’s noncompliance with the rules and to alert CCL before a facility reaches a critical noncompliant state. This point system is maintained in the CCL database and is not made available to the public.

Civil Money Penalties

CCL imposes penalties for being out of compliance, including the assessment of a civil money penalty. A civil money penalty (CMP) is a fine charged by the Department for violating a licensing rule. Depending upon the frequency and severity of the rule violation, a CMP warning may or may not be given before the fine is assessed.

The following situations may result in Cited Noncompliant Findings and immediate (without warning) civil money penalties.

<table>
<thead>
<tr>
<th>Level 1 Noncompliance - Immediate Civil Money Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A child leaves the facility without supervision. .... $500 CMP</td>
</tr>
<tr>
<td>• A child is left outside of the facility or in a vehicle without supervision. ............. $500 CMP</td>
</tr>
<tr>
<td>• An individual who failed to pass a CCL background check is at the facility................. $500 CMP</td>
</tr>
<tr>
<td>• A provider submitted or allowed falsified documents to be submitted to CCL................. $500 CMP</td>
</tr>
<tr>
<td>• A loaded and unlocked firearm......................... $500 CMP</td>
</tr>
<tr>
<td>• A child suffered a serious (reportable) injury as the result of noncompliance to a rule........ $1,200 CMP</td>
</tr>
<tr>
<td>• The death of a child was the result of noncompliance to a rule........................... $5,000 CMP</td>
</tr>
</tbody>
</table>

Examples of serious, reportable injuries are: severe allergic reaction, fracture, dislocation, more than 3 stitches, concussion, three or more days of hospitalization, and permanent injuries.

In addition to the rule violations that require an immediate CMP (as described above), if a provider has a cited noncompliant finding that is repeated within a 36-month period, a CMP will be issued. If the cited noncompliant finding occurs again within the 36-month period, the CMP will be double the amount of the original CMP (and all subsequent CMPs will be issued at the doubled amount) not to exceed $5,000.

<table>
<thead>
<tr>
<th>Civil Money Penalties for Cited Noncompliant Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cited Level 3 Noncompliant Findings ....................... $100 per area per rule</td>
</tr>
<tr>
<td>Cited Level 3 Noncompliant Supervision or Ratio ........... $100 per child unsupervised or over ratio</td>
</tr>
<tr>
<td>Cited Level 3 Noncompliant Background Check ............... $100 per individual out of compliance</td>
</tr>
<tr>
<td>Cited Level 2 Noncompliant Findings ....................... $150 per area per rule</td>
</tr>
<tr>
<td>Cited Level 2 Noncompliant Supervision or Ratio ........... $150 per child unsupervised or over ratio</td>
</tr>
<tr>
<td>Cited Level 2 Noncompliant Background Check ............... $150 per individual out of compliance</td>
</tr>
<tr>
<td>Cited Level 1 Noncompliant Findings ....................... $200 per area per rule</td>
</tr>
<tr>
<td>Cited Level 1 Noncompliant Supervision or Ratio ........... $200 per child unsupervised or over ratio</td>
</tr>
<tr>
<td>Cited Level 1 Noncompliant Background Check ............... $200 per individual out of compliance</td>
</tr>
</tbody>
</table>
The following chart shows the consequences of noncompliance based on the noncompliant level, category, and frequency.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>1&lt;sup&gt;ST&lt;/sup&gt; INSTANCE OF NONCOMPLIANCE</th>
<th>2&lt;sup&gt;ND&lt;/sup&gt; INSTANCE OF NONCOMPLIANCE</th>
<th>3&lt;sup&gt;RD&lt;/sup&gt; INSTANCE OF NONCOMPLIANCE</th>
<th>4&lt;sup&gt;TH&lt;/sup&gt; INSTANCE OF NONCOMPLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 - Corrected During Inspection</td>
<td>Level 1 Technical Assistance Not on Public Record</td>
<td>Level 1 Cited On Public Record CMP Warning</td>
<td>Level 1 Repeat Cited On Public Record CMP Assessed</td>
<td>Level 1 Repeat Cited On Public Record CMP Doubled</td>
</tr>
<tr>
<td>Level 1 - Not Corrected During Inspection or Always Cited*</td>
<td>Level 1 Cited On Public Record CMP Warning</td>
<td>Level 1 Repeat Cited On Public Record CMP Assessed</td>
<td>Level 1 Repeat Cited On Public Record CMP Doubled</td>
<td>Level 1 Repeat Cited On Public Record CMP Doubled</td>
</tr>
<tr>
<td>Level 1 - Immediate CMP</td>
<td>Level 1 Cited On Public Record CMP Assessed</td>
<td>Level 1 Repeat Cited On Public Record CMP Doubled</td>
<td>Level 1 Repeat Cited On Public Record CMP Doubled</td>
<td>Level 1 Repeat Cited On Public Record CMP Doubled</td>
</tr>
<tr>
<td>Level 2</td>
<td>Level 2 Cited On Public Record CMP Warning</td>
<td>Level 2 Repeat Cited On Public Record CMP Assessed</td>
<td>Level 2 Repeat Cited On Public Record CMP Doubled</td>
<td>Level 2 Repeat Cited On Public Record CMP Doubled</td>
</tr>
</tbody>
</table>

*Refer to page 3 for the list of noncompliant findings that are always cited.

If actual harm to a child results from a rule violation, the noncompliant finding category may be considered a Level 1 Noncompliance, cited for the first instance of noncompliance, and a CMP may be assessed.

**Plan of Correction**

If a provider accumulates 150 cited noncompliance tracking points within a 36-month period, CCL will require that the provider follow a Plan of Correction. The Plan will help move the provider toward compliance while allowing them (in most cases) to continue to provide child care and avoid being placed on a conditional license. Usually, the provider, licensor, and region manager will discuss the Plan and set the conditions that the provider must meet. The Plan will outline what corrective actions will be taken by CCL if the provider fails to comply with its conditions. There may not be more than one Plan of Correction in a 36-month period.

**Conditional License**

A severe rule violation, a violation of any of the requirements described in a Plan of Correction, or failure to meet the deadlines described in the Plan will place a provider's child care license on a conditional status. In order for the provider to keep their child care license, they must come into compliance within a specific amount of time. CCL staff will conduct monitoring inspections to verify that this occurs.
Depending on the severity of the noncompliant findings and as outlined in the Plan of Correction, frequent Monitoring Inspections may be required when the provider’s license is placed on conditional status. The Plan of Correction will state whether weekly, semimonthly, or monthly Monitoring Inspections will be conducted. As set by the Utah State Legislature, an inspection fee of $253.00 is charged for each Monitoring Inspection. The Plan of Correction will also indicate how long the conditional status will last and what will be required for the provider to regain regular license status.

Other Corrective Actions
Recurring and/or severe noncompliance can lead to other actions such as an Intent to Revoke, Revocation, and Immediate Closure.

An Intent to Revoke letter is used to warn the provider that their license will be revoked if the issue(s) described in the letter is not corrected by the specified date.

A Revocation letter is used to inform the provider that their license has been revoked. This letter will also state the reason(s) for the revocation.

An Immediate Closure is used when the Department determines that the children’s well-being is at risk and the facility must close immediately. When this happens, CCL staff will arrive at the facility, notify the parents of each enrolled child of the closure, and remain at the facility until all the children have been picked up by their parents or persons authorized to do so. An unannounced Follow-up Inspection will also be conducted to verify that the provider is not in business after having been closed by the Department.

The Department may also deny a license if a provider has been previously closed by CCL.

Appeals
Providers are encouraged to ask CCL for clarification about its processes and decisions. Having a clear understanding of CCL’s actions will be most beneficial and can help the provider determine if an appeal is necessary.

Providers have 15 working days to appeal any action taken by CCL. These 15 working days start counting when the provider receives the official inspection Statement of Findings in writing.

To appeal, the provider must submit a written appeal request through childcarelicensing.utah.gov or the provider’s Care About Childcare licensing portal. A copy of the Appeal Request Form can also be found at: https://childcarelicensing.utah.gov/forms/All/Appeal%20Form.pdf

Appeals with CCL staff are considered informal appeals and the Department will not charge a fee. CCL will schedule a time to hear the provider’s informal appeal. This appeal session may be conducted by phone, in person at a CCL office, or at the provider’s facility. The location of the appeal session depends on the availability of all involved parties.

Providers are welcome to present any documentation, witness statements, and other evidence, or to bring witnesses if they consider it necessary to support their appeal.

In some cases, the provider may choose to retain legal advice and to have their attorney be present at an appeal session. In this case, the provider must notify CCL of their intent to bring their attorney so the Department’s attorney may also be present. Otherwise, the appeal session will be canceled and rescheduled when both attorneys can be present.
During the appeal process, rule violations being appealed will not show on the provider’s public record, and appealed CMP payments will not be enforced until the appeal is resolved. However, the provider will continue to receive routine inspections including Follow-up Inspections for noncompliant findings, and the provider must maintain compliance to licensing rules while the appeal is being resolved. After the appeal process is over, the provider will receive written notification of the appeal outcome and facility’s file in the CCL database will be updated accordingly.

If the provider is not satisfied with the outcome of an appeal, they may appeal with a higher Departmental authority within 15 working days after receiving the appeal outcome notification.

If a provider retains legal counsel or decides to make a formal appeal with an Administrative Law Judge or through the courts, it will be the responsibility of the provider to pay all costs associated with the appeal.
This section explains the rules dealing with the provider’s responsibilities in operating and managing a child care facility. It also sets out the rules regarding children’s records.

**Administration**

1. **The provider shall:**
   - be at least 21 years of age,
   - pass a CCL background check, and
   - complete the new provider training offered by the Department.

**Rationale / Explanation**

The provider is responsible for the successful operation of their child care business. Both administrative and child development skills are essential for this individual to manage the facility and set appropriate expectations. A well-trained provider has been shown to have a measurable, positive effect on quality child care. *CFOC 3rd ed. Standard 1.3.1.1. pp. 10-11.*

**Compliance Assessment and Guidance**

The provider must be in compliance with these requirements before a license is issued.

2. **If the owner is not a sole proprietor, the business entity shall submit to the Department the name(s) and contact information of the individual(s) who shall legally represent them and who shall comply with the requirements stated in R381-100-6(1).**

3. **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.**

**Rationale / Explanation**

The work of child care professionals has a far-reaching impact on a child’s health, safety, and development. Child care providers are important figures in the lives of children in their care and in the well-being of families and communities. The provider should understand the importance of serving as a healthy role model for children and staff. *CFOC 3rd ed. Standard 1.4.2.1. p.22; CFOC 3rd ed. Standard 1.6.0.1. p.34.*

**Compliance Assessment and Guidance**

This rule will be considered out of compliance if:

- A child’s well-being has been jeopardized or the provider’s conduct is contrary to the health, morals, welfare, and safety of the public; and
- There is no other licensing rule that specifically addresses the situation.

Examples of noncompliance include:

- Evidence of committing or of aiding, abetting, or permitting the commission of any illegal act on the premises of the child care facility.

**Noncompliance Level**

The noncompliance level will be determined on a case-by-case basis depending on the severity of the violation.
(4) 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.

Rationale / Explanation
There are many laws and regulations that apply to out-of-home care and education. For example, local laws may regulate the number of children that a provider can care for, and state laws may regulate food sanitation, child immunizations, and fire safety in child care facilities. Providers in states that accept federal Child Care and Development Funds must comply with federal child care laws related to background checks, training, and other basic health and safety requirements. For the successful operation of a child care program, the provider must make every effort to comply with these laws and regulations. CFOC 3rd ed. Introduction. p. xviii.

Compliance Assessment and Guidance
This rule will be considered out of compliance if:
• There is noncompliance to a federal, state, or local law or another agency's administrative regulation regarding child care; and
• There is no other licensing rule that specifically addresses the violation.

If a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two regulations.

Noncompliance Level
The noncompliance level will be determined on a case-by-case basis depending on the severity of the violation.

(5) The provider shall comply with licensing rules at all times when a child in care is present.

Rationale / Explanation
It is a legal requirement that any time a child in care is present, the provider must be in compliance with licensing rules. This includes care provided at the facility by anyone at any time, and care provided at any other location.

A qualifying child (both related and unrelated) is considered a child in care when the provider receives direct or indirect compensation in return for providing child care. Compensation includes food program reimbursements and child care subsidy payments.

Compliance Assessment and Guidance
Refer to the following guidelines in the assessment of this rule:
• The provider may delegate specific responsibilities to employees, but may not delegate their ultimate responsibility for compliance with licensing rules.
• This rule will also be considered out of compliance if a provider instructs an employee to disregard or not comply with any licensing rule.

Noncompliance Level
The noncompliance level will be determined on a case-by-case basis depending upon the severity of the violation.

(6) The provider shall post the original child care license on the facility premises in a place readily visible and accessible to the public.
Rationale / Explanation

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:
- The original child care license must be posted for review by parents, the Department, and others during business hours.

Noncompliance Level
Level 3 Noncompliance

(7) The provider shall post a copy of the Department’s Parent Guide at the facility for parent review during business hours.

Rationale / Explanation
Child care licensing programs have a responsibility to support families who use child care services. It is important that licensing programs inform parents of licensing rules, give them essential contact information, and explain how to file a complaint about a rule violation. *CFOC 3rd ed. Standard 9.4.1.6. pp. 380-381; CFOC 3rd ed. Standard 10.4.3.1. p. 410.*

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:
- The Guide must be located where parents can review it as they come and go.

Noncompliance Level
Level 3 Noncompliance

(8) 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.

Rationale / Explanation
The facility, parents, and licensing staff must be able to communicate with each other to ensure the safety and health of each child, and for the efficient operation of the child care facility. *CFOC 3rd ed. Standard 9.2.1.4. p. 350.*

Compliance Assessment and Guidance
To be in compliance, the provider must inform parents and CCL of any changes to the following information:
- The facility’s telephone number and email address.
- The provider’s (or contact person’s) name, email address, and telephone number.

Noncompliance Level
Level 3 Noncompliance

(9) 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.

Rationale / Explanation
An organized, comprehensive approach to ensuring children's health and safety requires written plans, policies and procedures, and adequate record-keeping. This allows clear expectations to be communicated to staff and parents, and helps hold staff responsible for following the written health and safety plan especially in the provider's absence or in an emergency. CFOC 3rd ed. Standard 9.2.4.1. pp. 364-365.

The provider's yearly review of the facility's health and safety plan helps keep policies and procedures current. A review by the Department is used to determine, in part, the provider's compliance with licensing rules. CFOC 3rd ed. Standard 9.2.1.2. p. 349; Standard 9.4.1.6. pp. 380-381.

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:
• Review the initial health and safety plan to ensure compliance with rule.
• Verify that the provider has reviewed, signed, and dated the plan at least annually.

Noncompliance Level
Level 2 Noncompliance if:
• The provider does not have a health and safety plan.
• The provider, employee, or volunteer does not follow the health and safety plan.

Level 3 Noncompliance if the health and safety plan:
• Has not been approved by the Department.
• Is incomplete.
• Has not been reviewed, updated as needed, signed, and dated at least annually by the provider.
• Is unavailable for review by parents, employees, and the Department upon request during business hours.

(10) The provider shall:
(a) have liability insurance, or
(b) inform parents in writing that the provider does not have liability insurance.

Rationale / Explanation
Reasonable protection against liability action through proper insurance is essential for reasons of economic security, peace of mind, and public relations. Requiring insurance reduces risks because insurance companies stipulate compliance with health and safety regulations before issuing or continuing a policy. Property insurance is desirable since the costs of adverse events occurring at a facility can easily cause a financial disaster that can disrupt children's care. Protection, via insurance, should be secured to provide stability and protection for both the individuals and the facility. Liability insurance carried by the facility provides recourse for parents/guardians of children enrolled in the event of negligence. CFOC 3rd ed. Standard 9.4.1.1. pp. 377.

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:
• If the facility does not have liability insurance, any written format used to tell parents that the facility does not have it will suffice.
Noncompliance Level
Level 3 Noncompliance

Children’s Records

(11) 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.

Rationale / Explanation
The health and safety of children requires that essential information regarding each child be kept at the facility and available to staff on a need-to-know basis. CFOC 3rd ed. Standard 9.4.2.1. p. 386; CFOC 3rd ed. Standard 9.2.1.2. p. 390.

Compliance Assessment and Guidance
A licensor will:
• Randomly select and check one child’s record per every five children in the group and one record per every additional 1-4 children in the same group, but no less than 6 records per facility to verify compliance with this rule. When needed, choose names from additional enrolled children to check a total of six records.

The following guidelines apply to this rule:
• Before providing care for a child, the provider must have an admission and health assessment form completed by each child’s parent.
• The provider must also have a completed admission and health form for the provider’s and employees’ own children younger than 4 years old and any drop-in children.
• Parents may list more than one child on an admission form, but must a complete a separate health assessment for each child.

Noncompliance Level
Level 2 Noncompliance

(12) The admission and health assessment form shall include 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.

Rationale / Explanation
The information on the admission and health assessment form is necessary to protect the health and safety of children in care. Admission of children without this information can leave the staff
unprepared to deal with children’s daily and emergent health needs. For example:

• Names of individuals authorized to pick children up are needed to prevent children from being taken by unauthorized individuals.
• Emergency treatment consent is needed in order to obtain medical care for children in emergencies.
• Food sensitivities and allergies are common in infants and children, and staff should know in advance whether a child has a food sensitivity or allergy. Deaths from food allergies are being reported in increasing numbers. CFOC 3rd ed. Standard 4.2.0.10. pp. 160-161; CFOC 3rd ed. Standard 9.4.2. pp. 386-391.

Compliance Assessment and Guidance
A licensor will:
• Review an admission and health assessment form to confirm that the form has a place to document all of the information required in rule.

Noncompliance Level
Level 2 Noncompliance if the form does not ask for the following information:
• Child’s name
• Child’s date of birth
• Parent's name, address, and phone number, including a daytime phone number
• Current emergency medical treatment and emergency transportation releases with the parent's signature
• Any known allergies of the child
• Any medical conditions that the child may have

Level 3 Noncompliance if the form asks for the above information, but does not request the following:
• Names of people authorized by the parent to pick up the child
• 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
• Name, address, and phone number of an out-of-area emergency contact person for the child
• Any known food sensitivities of the child
• Instructions for special or nonroutine daily health care of the child
• Current ongoing medications that the child may be taking
• Any other special health instructions for the caregiver

(13) The admission and health assessment form shall:
(a) be reviewed, updated, and signed or initialed by the parent at least annually; and
(b) kept on-site for review by the Department.

Rationale / Explanation
The family’s information and the child’s health status can change. It is vital for providers to be aware of current admission and health information in order to be prepared to deal with daily and emergent needs of the child. CFOC 3rd ed. Standard 2.3.3.1. pp. 80-81.


Compliance Assessment and Guidance
A licensor will:
• Check children’s admission and health assessment forms to ensure that each form has been signed and dated by the parent at least annually.
- If the admission information and health assessment is one form (either one sheet of paper or multiple attached papers), the parent’s signature and date may be on one page of the form.
- If the admission information and health assessment are on separate, unattached papers, the parent’s signature and date must be on each form.

If the provider uses electronic admission and health assessment forms, there should be a back-up plan for accessing the children’s information in case of a situation such as a power failure or the internet goes down.

**Noncompliance Level**
Level 2 Noncompliance

(14) 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.

**Rationale / Explanation**
Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Immunizations are particularly important for children in child care facilities because young children may have more exposure and higher risk of complications from many diseases. *CFOC 3rd ed. Standards 7.2.0.1, 7.2.0.2. pp. 297-299.*

Utah law requires age-appropriate immunizations for children attending child care facilities. Additional information may be found at immunize-utah.org.

**Compliance Assessment and Guidance**
According to Utah Code 53A-11-302.5 and Immunization Rule R396-100, providers must document children’s immunizations by:
- Using the official Utah School Immunization Record (USIR or pink form);
- Accepting any immunization record provided by a licensed physician, registered nurse, or public health official and transferring the information to the USIR (pink form); or
- Keeping immunization records in the Utah Statewide Immunization Information System (USIIS).

Parents must use an official immunization exemption form to exclude their child from being immunized. A parent can obtain the form from their local health department.

The McKinney-Vento Act allows 90 days from enrollment for families who are experiencing homelessness to provide the required immunization records. A written statement that the family is homeless is adequate documentation for this 90-day exemption. More information may be found at https://careaboutchildcare.utah.gov/pub/OCC_Homeless_Child.pdf

**Noncompliance Level**
Level 2 Noncompliance
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.

**Compliance Assessment and Guidance**
Licensing staff will:
- Review the immunization records of children younger than 5 years old, including the provider’s and employees’ own children, if the provider does not submit the immunization report as required in 100-6(15) below.

**Noncompliance Level**
Level 3 Noncompliance

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.

**Rationale / Explanation**
Immunization Rule R396-100(6) requires that early childhood programs collect immunization information and report immunization data annually. Data is collected to determine which child care facilities are in compliance with state law and to determine how many children are adequately immunized. *School & Early Childhood Program Immunization Reporting System (taken from www.immunize-utah.org).*

**Compliance Assessment and Guidance**
The following guidelines apply to the assessment of this rule:
- The provider must submit the annual immunization report within a time frame specified by the Immunization Program (usually from October 1 through November 30 of each year).
- The Immunization Program tracks the immunization report status of each provider and sends this information to Child Care Licensing.

**Noncompliance Level**
Level 1 Noncompliance

Each child’s information shall be kept confidential and shall not be released without written parental permission.

**Rationale / Explanation**
Child care programs routinely handle confidential information about enrolled children, families, and staff. Confidentiality must be maintained and is defined by federal and state law. When managing sensitive information, there is an ethical and legal responsibility to protect the privacy of individuals and families. *CFOC 3rd ed. Standard 9.4.1.3. pp. 378-379.*

The parent’s informed, written consent is required before the release of any written or verbal records or information about their child or family. This prevents unauthorized individuals from accessing confidential information, and prevents discrimination against a child due to the release of this information. *CFOC 3rd ed. Standard 9.4.2.1. pp.386-387.*

**Compliance Assessment and Guidance**
Confidential information includes personal identifiable information such as birthdates, addresses, and phone numbers, in addition to health information.
To protect the confidentiality of child and family information, the provider should:
• Follow federal, state, and local laws, and train staff to follow these regulations.
• Only share information on a need-to-know basis with authorized individuals.
• Keep written information about the children in a safe place and out of the view of others.

Licensing staff will:
• Assess compliance if a rule violation is observed or as the result of a complaint.

**Noncompliance Level**
The noncompliance level will depend on the harm that was caused as a result of noncompliance.
This section provides an overview of the personnel and training requirements for those individuals involved with a child care facility.

The National Association for the Education of Young Children’s (NAEYC) recommends a multilevel training program that addresses both preservice and ongoing training for administrators and staff. **CFOC 3rd ed. Standard 1.3.2.1. p. 12.**

**Preservice Training**

Individuals who are newly involved with the child care program and are required to receive preservice training include:
- All new employees including directors, caregivers, drivers, cooks, secretaries, etc.
- Each new substitute
- Each new volunteer if they will count in the caregiver-to-child ratio

Preservice training consists of at least 2.5 hours of training and must be:
- Completed before (but not earlier than 6 months before) beginning job duties, or
- Completed no later than 10 working days after beginning job duties as long as the individual does not have unsupervised contact with any child in care before their preservice training is completed.

**Annual Child Care Training**

Individuals who are required to have annual child care training include:
- All caregivers (regardless of the number of hours worked each week and including those employees who have dual roles, such as a driver who cares for the children when not driving)
- Substitutes (including household members) who work at the facility 40 hours or more per month
- Volunteers who help at the facility 40 hours or more per month

Employees and volunteers who never have caregiving duties, such as cooks, secretaries, receptionists, bookkeepers, custodians, drivers, and maintenance workers, do not need to complete annual training.

Annual child care training hours are calculated from the license start date through the license end date. To be in compliance:
- Caregivers and other required individuals must complete at least 20 hours of child care training each license year.
- Substitutes and volunteers must complete at least 1.5 hours of child care training for each month they are involved with the facility for 40 hours or more.
- The provider must ensure that each individual’s required annual child care training is complete before the license expiration date. A child care license will not be renewed until training hours have been completed for all individuals as required by rule.

(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.
Rationale / Explanation
Research shows that the training and education of caregivers has a direct impact on the quality of care that children receive. All employees and volunteers need training and supervision to ensure that the provider is in compliance with licensing rules. CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.

(2) The provider shall ensure that the center has a qualified director as required by licensing rules.

Rationale / Explanation
The facility should have an identifiable, qualified director with the responsibility for and authority over the day-to-day operation and management of the center. CFOC 3rd ed. Standard 9.1.0.1. p. 347.

Compliance Assessment and Guidance
Refer to the following guideline:
- More than one director may be listed on a center's license, as long as each individual meets all the director qualifications as defined in rule.

Noncompliance Level
Level 2 Noncompliance

(3) The director shall:
(a) be at least 21 years of age;
(b) pass a CCL background check;
(c) receive at least 2.5 hours of preservice training before beginning job duties;
(d) complete the new director training offered by the Department within 60 working days of assuming director duties;
(e) have knowledge of and follow all applicable laws and rules; and
(f) complete at least 20 hours of child care training each year, based on the facility’s license date.

Rationale / Explanation
The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day-to-day practices with children. CFOC 3rd ed. Standard 1.3.1.1. p. 11.

Compliance Assessment and Guidance
To be in compliance:
• Confirm that the proposed director is at least 21 years old.
• Refer to “Section 8: Background Checks” for assessment of item (b).
• Review personnel records to verify that a new director received 2.5 hours of preservice training before beginning job duties.
• Verify that the director has attended the Department’s new director training offered by CCL.
  - Directors of new facilities and newly hired directors are required to attend the new director training.
  - The new director training meets a portion of the preservice training requirements.
  - When an owner is also the director, the individual must take both the new director training
and the new provider training from CCL.
- Training can be scheduled on the CCL website at: childcarelicensing.utah.gov.
- Assess annual child care training records to verify that the director completed a minimum of 20 hours of training before the license expiration date.

**Noncompliance Level**

**Level 2 Noncompliance if the director:**
- Is not at least 21 years old.
- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the Department's new director training within 60 working days of beginning job duties.
- Did not complete the annual child care training hours by the license expiration date.

**Level 3 Noncompliance if the director:**
- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

**New directors shall have one of the following educational credentials:**

**(a)** any bachelor's or higher education degree, and at least 60 clock hours of approved Utah Early Childhood Career Ladder courses in child development, social/emotional development, and the child care environment; or 60 clock hours of equivalent training as approved by the Department;

**(b)** at least 12 college credit hours of child development courses;

**(c)** a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other equivalent credential as approved by the Department;

**(d)** at least a Level 9 from the Utah Early Childhood Career Ladder system; or

**(e)** a National Administrator Credential (NAC) and at least 60 clock hours of approved Utah Early Childhood Career Ladder courses in child development, social/emotional development, and the child care environment; or 60 clock hours of equivalent training as approved by the Department.

**Rationale / Explanation**

College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. *CFOC 3rd ed. Standard 1.3.1.1. p. 11.*

**Compliance Assessment and Guidance**

**To be in compliance:**
- Review the submitted educational credentials of the proposed director.
- Determine whether the credentials meet the requirement of this rule.

**To meet the requirements of this rule:**
- CCL must receive a copy of the certificate of completion or transcript that verifies the completion of a course.
- A course must appear on an official transcript from an accredited college or university in order to be counted toward college credit. Continuing Education Units (CEUs) are not the same as college credits.
- Successful completion of a college course means a passing grade of C or better.
- CDA and CCP certificates must be current in order to meet the educational qualifications of
this rule.

- A Montessori credential is considered equivalent to a CDA or CCP.

The following courses are equivalent to the Care About Childcare (formerly CCR&R) classes and meet the requirements of this rule.

<table>
<thead>
<tr>
<th>Utah Early Childhood Career Ladder Courses</th>
<th>Equivalent Smart Horizons Classes</th>
<th>Equivalent Online CARE Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development Ages &amp; Stages</td>
<td>Principles of Growth &amp; Development</td>
<td>Understanding Children or Principles of Child Development &amp; Learning</td>
</tr>
<tr>
<td>Learning in the Early Years</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>A Great Place for Kids</td>
<td>Safe &amp; Healthy Environment</td>
<td>Learning Centers</td>
</tr>
<tr>
<td>Strong &amp; Smart</td>
<td>Advancement of Physical &amp; Intellectual Development</td>
<td>Many Ways to Learn or Learning Centers</td>
</tr>
<tr>
<td>Learning to Get Along</td>
<td>Social &amp; Emotional Foundations of Learning or Promoting Strategies to Guide Children’s Behaviors or Enhancement of Social &amp; Emotional Development</td>
<td>Child Development &amp; Guidance</td>
</tr>
<tr>
<td>Advanced Child Development</td>
<td>Principles of Growth &amp; Development</td>
<td></td>
</tr>
</tbody>
</table>

To obtain more information about educational courses and credentials approved by CCL, refer to:

- Care About Childcare at https://careaboutchildcare.utah.gov/
- The Care Courses School at www.carecourses.com
- National Institute of Child Care Management (NICCM) at www.niccm.com
- National Early Childhood Program Accreditation (NECPA) at www.necpa.net
- ChildCare Education Institute (CCEI) at http://www.cceionline.edu/index.cfm?id=462

**Noncompliance Level**

Level 2 Noncompliance

(5) The director shall be on duty at the facility for at least 20 hours per week during operating hours and have sufficient freedom from other responsibilities to manage the center and respond to emergencies.

**Rationale / Explanation**
The dependable presence of the director is key in ensuring the day-to-day smooth functioning of the facility and ensuring that the facility is operated in compliance with licensing rules. *CFOC 3rd ed. Standard 1.3.1.1. p. 11.*

**Compliance Assessment and Guidance**
The following guidelines apply to the assessment of this rule:
• In centers with an average daily attendance of 40 children or fewer, the director may have permanent part-time (20 hours or less per week) caregiving duties. In centers with an average daily attendance of 30 children or fewer, the director may have permanent full-time caregiving duties.

• This rule does not prevent the director from taking a vacation or leave as long as a qualified substitute is employed to meet the director’s responsibilities and CCL has been informed of the situation in advance of the absence when the absence is for more than 30 days.

• If a director will be absent from the center for longer than three months (for example, due to maternity leave), the provider must apply to CCL for a change of director and ensure that a qualified substitute director is present during the regular director’s leave of absence.

**Noncompliance Level**
Level 2 Noncompliance

(6) **The director shall arrange for a designee who shall have authority to act on behalf of the director in the director’s absence.**

**Rationale / Explanation**
There should always be a qualified individual on-site who assumes responsibility for the management of the center and the protection of the children’s health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have responsibility for compliance with licensing rules. *CFOC 3rd ed. Standard 9.1.0.2. p. 347.*

**Compliance Assessment and Guidance**
• The director designee may have caregiving duties. Rule 100-7(5) does not apply to the director designee.
• Upon arrival at an on-site inspection, a licensor will ask to meet with the director to begin the inspection. If the director is not present, the licensor will ask to meet with the director designee.
• It is out of compliance if the child care facility staff state that the center does not have a director designee or they do not know who the director designee is when the director is absent.

**Noncompliance Level**
Level 2 Noncompliance

(7) **The director designee shall:**
(a) be at least 21 years of age;
(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.

**Rationale / Explanation**
There should always be a qualified individual on-site who assumes responsibility for the management of the center and the protection of the children’s health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have responsibility for compliance with licensing rules. *CFOC 3rd ed. Standard 9.1.0.2. p. 347.*
Compliance Assessment and Guidance
To be in compliance:
- Confirm that the director designee is at least 21 years old.
- Refer to “Section 8: Background Checks” for assessment of item (b).
- Review personnel records to verify that a new director designee received 2.5 hours of preservice training before beginning job duties.
- Assess annual child care training records to verify that the director designee completed a minimum of 20 hours of training before the license expiration date.

Noncompliance Level
Level 2 Noncompliance if the director designee:
- Is younger than 18 years old.
- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

Level 3 Noncompliance if the director designee:
- Is at least 18 years old but not yet 21 years old.
- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(8) The director or the director designee shall be present at the facility whenever the center is open for care.

Rationale / Explanation
There must always be a qualified individual on-site who assumes responsibility for the management of the center and the protection of the children's health and safety. CFOC 3rd ed. Standard 9.1.0.2. p. 347.

Compliance Assessment and Guidance
It is out of compliance if the child care facility staff state that the center does not have a director designee or they do not know who the director designee is when the director is absent.

Noncompliance Level
Level 2 Noncompliance

(9) Caregivers shall:
(a) be at least 16 years old;
(b) pass a CCL background check;
(c) receive at least 2.5 hours of preservice training before caring for children;
(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.

Rationale / Explanation
Many children attend child care programs every day. It is critical that they have the opportunity to grow and learn in a healthy and safe environment with caring and professional caregivers. The amount of education and child care experience impacts a caregiver's ability to respond appropriately to the needs of children. CFOC 3rd ed. p. xvii; CFOC 3rd ed. Standard 1.3.2.2. p. 12.

While caregivers can be as young as sixteen, age eighteen is the earliest age of legal consent
and mature leadership is clearly preferable. *CFOC 3rd ed. Standard 1.3.2.3. p.13.*

**Compliance Assessment and Guidance**

To be in compliance:

- Confirm that each caregiver is at least 16 years old. Individuals younger than 16 years old are not approved to be caregivers. It is lack of supervision when a caregiver who is 16 years old or older is not present with the children.
- Refer to “Section 8: Background Checks” for assessment of item (b).
- Review personnel records to verify that each new caregiver received 2.5 hours of preservice training before beginning job duties.
- Assess annual child care training records to verify that each caregiver completed a minimum of 20 hours of training (or the prorated total) before the license expiration date.

**Noncompliance Level**

**Level 2 Noncompliance** if a caregiver:

- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

**Level 3 Noncompliance** if a caregiver:

- Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

**(10) Substitutes shall:**

- (a) be at least 18 years old;
- (b) pass a CCL background check;
- (c) be capable of providing care, supervising children, and handling emergencies in the caregiver’s absence;
- (d) receive at least 2.5 hours of preservice training before caring for children; and
- (e) complete at least 1.5 hours of child care training for each month they work 40 hours or more.

**Rationale / Explanation**

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that substitutes have the maturity necessary to meet the responsibilities of independently caring for a group of children. *CFOC 3rd ed. Standard 1.3.3.1. p.19.*

**Compliance Assessment and Guidance**

Substitutes including household members who substitute must always be at least 18 years old.

To be in compliance:

- Confirm that each substitute is at least 18 years old.
- Individuals younger than 16 years old are not approved to be caregivers. It is lack of supervision when a caregiver who is 16 years old or older is not present with the children.
- Refer to “Section 8: Background Checks” for assessment of item (b).
- Review personnel records to verify that each new substitute received 2.5 hours of preservice training before beginning job duties.
- Assess annual child care training records to verify that each substitute completed at least 1.5 hours of child care training for each month they worked 40 hours or more.
Noncompliance Level
Level 1 Noncompliance if a substitute:
• Is 16 or 17 years of age.

Level 2 Noncompliance if a substitute:
• Did not receive 2.5 hours of preservice training.
• Had unsupervised contact with a child in care before completing preservice training.
• Did not complete the annual child care training hours by the license expiration date.

Level 3 Noncompliance if a substitute:
• Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(11) 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, and
(c) have knowledge of and follow all applicable laws and rules, and
(d) not have unsupervised contact with any child in care if the employee is younger than 16 years of age.

Rationale / Explanation
The purpose of this rule is to ensure that the interaction between other employees and children is appropriate and in accordance with licensing rules.

Compliance Assessment and Guidance
To be in compliance:
• Refer to “Section 8: Background Checks” for assessment of item (a).
• Review personnel records to verify that each new employee received 2.5 hours of preservice training before beginning job duties.
• Refer to the following guideline:
  - If an employee cares for children in addition to other job duties, they will be considered a caregiver who must meet the requirements in 100-7(9).

Noncompliance Level
Level 2 Noncompliance if an employee:
• Did not receive 2.5 hours of preservice training.
• Had unsupervised contact with a child in care before completing preservice training.

Level 3 Noncompliance if an employee:
• Received preservice training, but it was earlier than 6 months before or later than 10 days after beginning job duties.

(12) Volunteers shall:
(a) pass a CCL background check, and
(b) not have unsupervised contact with any child in care if the volunteer is younger than 18 years of age.

Rationale / Explanation
The purpose of this rule is to ensure that the interaction between volunteers and children is appropriate and in accordance with licensing rules.
Compliance Assessment and Guidance
The following guidelines apply to this rule:

• Any individual, except the parent of an enrolled child, who volunteers at the child care facility at any time a child is in care, is required to have a background check.

• If an individual volunteers only when there are no children in care, for example, they only volunteer after child care hours, they will not be required to have a background check.

• Licensing statute defines child care as care for children through age 12 years and for children with disabilities through age 18 years. Thirteen- to fifteen-year-olds are not considered children in care. If they help care for younger children (and are not paid), they are considered volunteers and must meet the requirements of a volunteer.

To be in compliance:
• Refer to “Section 8: Background Checks” for assessment of item (a).
• Verify that no volunteer who is younger than 18 years of age has unsupervised contact with any child in care.

Noncompliance Level
Level 1 Noncompliance

(13) Guests:
(a) shall not have unsupervised contact with any child in care,
(b) shall wear a guest nametag, and
(c) are not required to pass a CCL background check.

Rationale / Explanation
The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. The purpose of this rule is to ensure that the interaction between guests and children is appropriate and in accordance with licensing rules. 

Compliance Assessment and Guidance
To be in compliance:
• Verify that no guest has unsupervised contact with any child in care.
• Refer to the following guidelines:
  - The nametag must have the word “Guest” on it. Other information is optional.
  - A guest may not be alone in a room or area with any child in care. A caregiver or other employee who is at least 18 years old and has passed a CCL background check must be in the same room or area.

Noncompliance Level
Level 1 Noncompliance if:
• A guest has unsupervised contact with a child in care.

Level 3 Noncompliance if:
• A guest does not wear a nametag.

(14) Student interns who are registered and participating in a high school or college child care course:
(a) are not required to pass a CCL background check,
(b) shall not have unsupervised contact with any child in care, and
(c) shall wear a guest nametag.
Rationale / Explanation
The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. The purpose of this rule is to ensure that the interaction between student interns and children is appropriate and in accordance with licensing rules. \textit{CFOC 3rd ed. Guiding Principle 4. p. xix.}

Compliance Assessment and Guidance
To be in compliance:
• Verify that no student intern has unsupervised contact with any child in care.
• Refer to the following guideline:
  - A student intern may not be alone in a room or area with any child in care. A caregiver or other employee who is at least 18 years old and has passed a CCL background check must be in the same room or area.

Noncompliance Level
Level 1 Noncompliance if:
• A student intern has unsupervised contact with a child in care.

Level 3 Noncompliance if:
• A student intern does not wear a nametag.

(15) Parents of children in care:
(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 center.

Rationale / Explanation
The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. The purpose of this rule is to ensure that the interaction between any other individuals and children is appropriate and in accordance with licensing rules. \textit{CFOC 3rd ed. Guiding Principle 4. p. xix.}

Compliance Assessment and Guidance
The following guideline applies to this rule:
• If a parent is employed at the center, they must have a background check and meet other personnel requirements as stated in rule.

Noncompliance Level
Level 1 Noncompliance
Level 3 Noncompliance

(16) Household members who are:
(a) 12 to 17 years old shall pass a CCL background check;
(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.

Rationale / Explanation
The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. The purpose of this rule is to ensure that the interaction between any other individuals and children is appropriate and in accordance with licensing rules. \textit{CFOC 3rd ed. Guiding Principle 4. p. xix.}
Compliance Assessment and Guidance
To be in compliance:
• Refer to “Section 8: Background Checks” to verify that all covered household members have passed current background checks.

Refer to the following guideline:
• A household member who is younger than 18 years old may not be alone in the facility, during transportation, or during offsite activities with any child in care. A caregiver or other adult who is at least 18 years old and has passed a CCL background check must be present.

Noncompliance Level
Level 1 Noncompliance

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

Rationale / Explanation
The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. The purpose of this rule is to ensure that the interaction between any other individuals and children is appropriate and in accordance with licensing rules. CFOC 3rd ed. Guiding Principle 4. p. xix.

Compliance Assessment and Guidance
The following guideline applies to this rule:
• If the parent of a child with an IEP or an IFSP has an agreement with a school or other agency for their child to receive services at the child care facility, the individual providing the services is not required to have a CCL background check, and the child may be left alone with that individual. While services are being offered, the child will be considered the responsibility of the school or other agency.

Noncompliance Level
Level 2 Noncompliance

(18) Members from law enforcement or from Child Protective Services:
(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.

Rationale / Explanation
The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. The purpose of this rule is to ensure that the interaction between any other individuals and children is appropriate and in accordance with licensing rules. CFOC 3rd ed. Guiding Principle 4. p. xix.

Compliance Assessment and Guidance
The following guideline applies to this rule:
• With proper identification, a child may be left alone with a law enforcement officer or a
caseworker from Child Protective Services (CPS).

Noncompliance Level
Level 2 Noncompliance

(19) **Preservice training shall include the following:**
(a) job description and duties;
(b) current Department rule sections R381-100-7 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 sex 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 in the caregiver’s assigned group; and
(i) an introduction and orientation to the children in care.

**Rationale / Explanation**
Preservice training ensures that all new staff members receive basic training for the work they will be doing and are informed about their duties and responsibilities. To ensure the health and safety of children in care, it is essential that new caregivers and volunteers never have unsupervised contact with children until they have completed the required preservice training. *CFOC 3rd ed. Standard 1.4.2.1. pp. 21-22.*

Compliance Assessment and Guidance
To be in compliance:
- Review the preservice records and confirm that all individuals who are new to the child care program have received preservice training in all of the required areas.

Noncompliance Level
Level 3 Noncompliance

(20) **Documentation of each individual’s preservice training shall be kept on-site for review by the Department and include the following:**
(a) training topics,
(b) date of the training, and
(c) total hours or minutes of training.

**Rationale / Explanation**
Documentation of required preservice training serves as proof of compliance with this rule. The preservice records may also be useful to the provider if any personnel issues should arise. *CFOC 3rd ed. Standard 1.4.3.1. p. 24*

Compliance Assessment and Guidance
A technical assistance form to record pre-service training is available at https://childcarelicensing.utah.gov/Forms.html
To be in compliance:
• Assess the preservice records of those individuals required by rule.

Noncompliance Level
Level 3 Noncompliance

(21) Annual child care training shall include the following topics:
(a) current Department rule sections R381-100-7 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.

Rationale / Explanation
The benefits of having well-trained individuals working with children include: 1) caregivers are better able to prevent, recognize, and correct health and safety problems; 2) staff training in child development is related to more positive outcomes for children; and 3) caregivers are more likely to avoid abusive interactions with children. CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.

Compliance Assessment and Guidance
Annual training must include a review of each licensing rule in sections 100-7 through 100-24 and not just the general topic of the section.

To be in compliance:
• If training is not complete for all required individuals by the time of the Annual Announced Inspection, the provider may upload the training documentation to the Care About Childcare Training Registry or to the CCL provider portal, or mail, fax, or e-mail the documentation to CCL before the provider’s license expires.

Noncompliance Level
Level 3 Noncompliance

(22) At least 10 of the 20 hours of annual child care training shall be face-to-face instruction.

Rationale / Explanation
The benefits of having well-trained individuals working with children include: 1) caregivers are better able to prevent, recognize, and correct health and safety problems; 2) staff training in child development is related to more positive outcomes for children; and 3) caregivers are more likely to avoid abusive interactions with children. CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.

Face-to-face training is important because class members have an opportunity to discuss with one another and ask the trainer questions about the class content.
Compliance Assessment and Guidance

The following guidelines apply to the assessment of annual child care training:

• To count as face-to-face training, there must be a certificate or other documentation from the trainer or sponsoring organization, such as CAC, workshops, or conferences. If there is no certificate or other documentation, the training may count toward the required training hours, but not as face-to-face instruction.

• In-house training, including training from a guest presenter, must be documented. Any documentation format is acceptable as long as it includes the required information.

Examples of approved face-to-face training include:

• Training offered by CCL on licensing rules
• All classes offered by Care About Childcare (refer to https://careaboutchildcare.utah.gov/)
• Classes and workshops at child care, early childhood, and parenting conferences
• Real-time, interactive webinars
• Training conducted at in-house staff meetings, but only the training portion (business matters, such as assignments and work schedules, do not count toward training hours)
• Any high school or college class in child development or related subject (hours of attendance count as clock time if the student attends in person as opposed to working online or independent study. One semester credit equals 15 clock hours and one quarter credit equals 10 clock hours)
• Attendance at a CCL Committee meeting

Anyone may deliver face-to-face training including providers and staff who train other providers. When this is the case:

• The individual delivering the training can count it as non-face-to-face training.
• The individual being trained can count it as face-to-face instruction.

Examples of approved non-face-to-face child care training may include:

• Researching and planning curriculum (but not the time spent preparing materials such as making copies and presenting curriculum to the children)
• Watching recordings of webinars on topics relating to child care
• Reading books and watching videos related to child care
• Doing homework for a high school or college child development class
• Using training packets or watching recordings offered by Care About Child Care
• Listening to the audio recording of the Advisory Committee Meeting

The following topics and classes do not count toward annual child care training:

• Self-help classes such as anger or stress management
• Time spent doing yoga or meditating
• Technical assistance from CCL staff
• ESL and other language classes
• Craft classes, such as origami, scrapbooking, sewing
• Attendance at a child’s classes or lessons, such as music or dance lessons
• Watching reality TV and talk shows
• Preparing (making copies, cutting, etc.) and presenting curriculum to children
• Volunteering in a classroom
• Obtaining and submitting fingerprints to CCL

The following guidelines apply to the assessment of this rule:

• Annual training does not have to be complete until the end of the licensing year.
• During the Annual Announced Inspection, the licensor will review if annual training is complete for all individuals as required by rule.
- This includes volunteers and substitutes who work 40 hours or more per month, and new employees who are required to have annual child care training.
- To be complete, each person has to have both hours and topics as required in rule.

To be in compliance:
- If training is not complete for all required individuals by the time of the inspection, the provider may upload the training documentation to the Care About Childcare Training Registry or to the CCL provider portal, or mail, fax, or e-mail the documentation to CCL before the provider’s license expires.

**Noncompliance Level**
Level 3 Noncompliance

(23) **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.**

**Rationale / Explanation**
All individuals caring for children need training and supervision to better meet the needs of children in care and to ensure compliance with licensing rules. CFOC 3rd ed. Standards 1.3.2.3-1.3.2.6, pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29.

**Compliance Assessment and Guidance**
To assess compliance to this rule, a licensor will:
- Ask the name of each new caregiver hired during the licensing year.
- Calculate the number of annual training hours that each new caregiver must complete before the end of the license year.
- Issue a noncompliance finding if a new caregiver did not receive the required number of hours of training including face-to-face instruction by the license expiration date.

The following guidelines apply to the assessment of this rule:
- When an individual begins work at the child care facility partway through the licensing year, they must complete an average of 1.5 hours of child care training for each month they work before the license expiration date. At least half of the training hours must be face-to-face instruction.
- Individuals who are hired within 60 calendar days before the license expires must complete the prorated number of training hours, but their review of all of the training topics is not required until the provider’s next license year.
- If a staff member changes from a position that does not require annual training to a position that does, the total number of required training hours will be counted from the start date of their new position.
- When an individual is on approved leave of absence for more than one month, such as maternity leave, 1.5 hours for every full month of absence can be deducted from the total required annual training hours.

The table below may be used in calculating the required number of annual child care training hours for a new employee. (This is in addition to the required 2.5 hours of preservice training.) In the first column, find the month that the employee started work at the facility. Move horizontally across that row to the month that the provider’s child care license expires. For example, if an employee began work in May and the provider’s license expires in October, the new employee
would need 7.5 hours of training before the end of October.

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<th>Mar</th>
<th>Apr</th>
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**Noncompliance Level**

**Level 2 Noncompliance if:**
- An individual who began employment partway through the licensing year did not complete the required number of annual training hours by the license expiration date.

**Level 3 Noncompliance if:**
- An individual who began employment partway through the licensing year did not complete the required hours of face-to-face instruction by the license expiration date.

(24) **Documentation of each individual’s annual child care training shall be kept on-site for review by the Department and include 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.

**Rationale / Explanation**

The annual training record should be used to assess each employee’s need for additional training and to provide the Department with a tool to monitor compliance. *CFOC 3rd ed. Standard 9.4.3.3. p. 393.*
Compliance Assessment and Guidance
A technical assistance form to record annual training is available at https://childcarelicensing.utah.gov/Forms.html

To be in compliance:
• Check the annual training records for each individual as required by rule.
• Confirm that each training record includes the information listed in rule.
• If not complete and revised by CCL by the time of the Annual Announced Inspection, make sure it is submitted and revised by CCL by the end of the licensing year.

Noncompliance Level
Level 3 Noncompliance

(25) Whenever there are children at the center, there shall be at least one caregiver present who can demonstrate English literacy skills needed to care for children and respond to emergencies.

Rationale / Explanation
Caregivers need at least basic English literacy skills in order to perform essential functions in protecting children's health and safety, such as reading warning labels on chemicals, instructions on medications and medication authorization forms, emergency information on child enrollment forms, information on a child's health assessment, and instructions on a fire extinguisher. English literacy skills are also important in communicating during an emergency, such as contacting poison control or calling 911.

Compliance Assessment and Guidance
This rule will be considered out of compliance if:
• A child’s health or safety has been jeopardized due to noncompliance to this rule, and
• There is no other licensing rule that specifically addresses the situation.

Noncompliance Level
The noncompliance level will be determined on a case-by-case basis depending on the severity of the violation.

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

Rationale / Explanation
Someone who is qualified to respond to emergencies must be present at all times when any child is in care, including during transportation and offsite activities. Injuries are more likely to occur when a child’s surroundings or routine changes, so activities outside the facility may pose increased risk for injury. A person trained in first aid and CPR can lessen the severity of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC 3rd ed. Standards 1.4.3.1-1.4.3.2. pp. 24-25.

Pediatric CPR skills should be taught by demonstration and practice to ensure the technique can be performed in an emergency. CFOC 3rd ed. Standard 1.4.3.1. p. 24.
Compliance Assessment and Guidance

To be in compliance:

- Confirm that at least one staff member who is certified in first aid and CPR is always present when a child is in care.

  - The person with a current first-aid certification and the person with a current CPR certification do not have to be the same person.

- Make sure the first-aid and CPR documentation of those individuals required to have them is available for review by CCL.

- Check that the CPR training is a Red Cross or American Heart Association certification or equivalent. A first-aid certification from any source is acceptable.

  - Current certification for RNs, LPNs, or First Responders will be accepted for both CPR and first aid.

  - Due to differences in training courses, a CNA certificate is not an approved CPR certification.

- Confirm that the certification includes infant/child CPR training.

  - Training that includes basic life support (BLS) meets this requirement. (The card or certificate may not have the words “infant and child” written on them.)

  - Infant CPR certification is not required if the provider does not care for infants or toddlers.

- Verify that the certification is current.

  - The expiration date on the first-aid and CPR card determines whether the certification is current.

  - When there is no expiration date on the card, but the issue date is less than a year old, accept the certification as being current.

  - When the expiration date on the card has been added or altered, call the training source to verify that the certification is current.

Noncompliance Level

Level 2 Noncompliance

(27) CPR certification shall include hands-on testing.

Rationale / Explanation

Pediatric CPR skills should be taught by demonstration and practice to ensure the technique can be performed in an emergency. CFOC 3rd ed. Standard 1.4.3.1. p. 24.

Compliance Assessment and Guidance

Online CPR training does not meet the requirement of this rule, unless there is a hands-on training component in addition to the online part of the training.

Noncompliance Level

Level 2 Noncompliance

(28) The following records for each covered individual shall be 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.

Rationale / Explanation

Maintaining complete records on each staff person is a sound administrative practice. Employment history, a daily record of days worked, performance evaluations, and who to notify in case of emergency provide important information for the employer. The signature of the employee...
confirms the employee’s notification of responsibilities that might otherwise be overlooked by the

Documentation of current first aid and CPR certification assists in implementing and in monitoring

Compliance Assessment and Guidance
To be in compliance:
• Have the required individuals’ records available for review by CCL.

Noncompliance Level
Level 3 Noncompliance
The rules in this section explain the provider’s and other covered individuals’ responsibilities regarding background checks. The rules regulate how to obtain a background check, how often it is required, and what criteria are used to determine if an individual passes or fails a background check. An individual with a failed background check may not be involved with a child care program; and the individual will be required to leave if found at the facility during child care hours.

CCL will normally complete a background check within 3 full working days after receiving a complete background check request. Complete means submitted (including fingerprints if required), authorized, and paid. However, when checking other states where the individual has resided within the past five years, it may take longer to complete the process.

In Utah, a background check includes the following 9 components which encompass 4 in-state checks, 2 national checks, and 3 inter-state checks:

<table>
<thead>
<tr>
<th>Utah</th>
<th>National</th>
<th>Inter-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Criminal registry or repository check using fingerprints. Criminal checks include Juvenile Records. However, fingerprints are not required for individuals younger than 18 years old, unless they are 16 or 17 year old caregivers working for a DWS approved facility.</td>
<td>5. Next Generation Identification FBI fingerprint check, including Rap Back service (Retention of fingerprints for a real time criminal report from the FBI) for individuals 18 years old and older.</td>
<td>7. Criminal registry or repository check in any other state where the individual has resided in the past 5 years, for individuals 18 years old and older.</td>
</tr>
<tr>
<td>2. Sex offender registry or repository check for individuals 12 years old and older.</td>
<td>6. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for individuals 18 years old and older.</td>
<td>8. Sex offender registry or repository check in any other state where the individual has resided in the past 5 years for individuals 18 years old and older.</td>
</tr>
<tr>
<td>3. Child abuse and neglect registry and database check for individuals 12 years old and older.</td>
<td></td>
<td>9. Child abuse and neglect registry and database check in any other state where the individual has resided in the past 5 years for individuals 18 years old and older.</td>
</tr>
<tr>
<td>4. Sex offender registry check for all facility addresses.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CCL allows prospective staff members to begin work on a provisional basis (if supervised at all times by an adult who has successfully passed a CCL background check) after completing and receiving passing results on either the FBI fingerprint check or the fingerprint check of the Utah criminal registry until check results from other states arrive or other required checks are completed. When this is the case, the status of the covered individual in the provider portal will be displayed as “Temporary Passed”.

The provider and the individual will get the results of the check electronically on the provider's portal. If the covered individual does not pass the check, both the provider and the covered individual are notified in writing. If the individual passes the check, a background check card will be issued and sent to the facility to be given to the individual. That card can be used to provide child care at any child care facility in Utah as long as the card remains active.

Denied individuals and those who have not been associated with any CCL facility in Utah for the past 180 days will be required to resubmit a background check, including fingerprints and fees, to be able to be associated with child care again.

Covered individuals are those who are involved with a child care program and may be required to have a background check as explained below.

Owners and Members of the Governing Body

- An owner with a 25% or greater share in the business or with less than a 25% share who is in the center anytime during hours of operation is required to have a background check. If a center’s legal structure is a corporation, a state or local government, or a private nonprofit agency, and the organization operates other programs in addition to the child care center (for example, a ski resort, a recreation center, or a domestic violence shelter), an individual is considered an owner or member of the governing board if they perform one or more of the following functions.
  - They have unsupervised access to the children in care or they are at the center during hours of operation.
  - They make decisions regarding the day-to-day operations of the child care center.
  - They participate in hiring or firing the child care program staff.
  - The child care program staff report to them and/or they conduct personnel evaluations of any of the child care program staff.
  - They are involved in writing the child care program's policies and procedures.

Directors

- These background check rules pertain to the director and director designee of a center. Refer to “Section 7: Personnel and Training Requirements” for other rules and guidance that apply to directors.

Caregivers and Other Employees

- Individuals who care for the children are required to pass background checks.
- Any individual who is hired to work for the child care center, including a substitute, is an employee who must have a current background check.
- Some child care centers are located in buildings that house other programs or activities such as a city or county recreation center, a community center, a church, or a school. These organizations may have employees who have no direct involvement with the children in care. These employees are not required to have background checks on condition that they never have unsupervised contact with
any child in care including when in a bathroom. The child care provider must submit a written statement to CCL explaining how they prevent these other employees from having unsupervised contact with the children in care.

Volunteers, Guests, and Others Who May Have Unsupervised Access

- There are several types of volunteers and guests including parents of enrolled children, individuals who are providing a service at the center, family members, student interns, and children age 13 years and older who help out in a classroom. Refer to “Section 7: Personnel and Training Requirements” for the rules and information about background check requirements for these individuals.
- An individual who rents space in the center will be required to have a background check unless exempt under certain conditions. Refer to “Section 9: Facility” for more information.

There are 3 ways to get a covered individual cleared before they become involved with child care in a facility:

1. For covered individuals new to CCL (these are individuals who have never had a background check done by CCL, and they do not have a Covered Individual Number):
   - The covered individual must submit a background check form through the CCL website and submit fingerprints. Fingerprints are not required for individuals younger than 18 years of age unless they are 16 or 17 year-old caregivers working for a DWS (Department of Workforce Services) approved facility.
   - The provider must authorized the form through their CCL portal and make sure all fees are paid before the covered individual becomes involved with their facility. CCL will not run the checks if either part is missing and will cancel the form when incomplete if not completed within 10 full working days after authorized by the provider.
   - Once a form is completed (authorized, includes fingerprints if needed, and all fees are paid) CCL will complete the checks. The results of the background check will be displayed in the CCL provider portal. The covered individual can become involved with the facility once the status in the portal is “Cleared”, “Passed” or “Temporary Passed”.
   - When children who reside in the facility turn 12 years old, they become covered individuals new to CCL. The difference is that the provider will have 10 full working days to submit the background check form, pay the fees, and authorize the form through their CCL portal (no fingerprints are required). Again, CCL will not run the checks if either part is missing and will cancel the form when incomplete if not completed within 10 full working days after authorized by the provider.

2. For covered individuals new to the facility (these are individuals who have had a background check done by CCL in the past and have a covered individual number, but are new covered individuals to the facility):
   - The covered individual will need to give their covered individual number to the provider. That number is on the covered individual’s Background Check Card. If the card or the number is not available, either the provider or the covered individual can contact CCL to get that information (the covered individual’s full name and date of birth will be require by CCL in order to provide that number).
   - The provider can search for the covered individual using their CCL provider portal. If the individual’s background check is current, their name will show up on the search, and the provider can go ahead and associate the individual with their facility. They do not need to submit a background check form or pay any fees. If fingerprints are now required for these covered
individuals, CCL will request them at the time of renewal of their background check. If the individual does not show on the search, then number 3 will apply.

3. For covered individuals renewing their background check (these individuals are currently associated with a facility and their background check is expiring or has expired):
   - The covered individual must submit a background check form and fingerprints if needed before the last day of the month listed on their background check card, but no more than 2 months before.
   - The provider must authorized the form through their CCL portal and make sure all fees are paid. CCL will not run the checks if either part is missing and will cancel the form when incomplete if not completed within 10 full working days after authorized by the provider.
   - Once a form is completed (authorized, includes fingerprints if needed, and all fees are paid) CCL will complete the checks. The results of the background check will be displayed in the CCL provider portal. The covered individual can stay involved with the facility if the status in the portal is “Cleared”, “Passed” or “Temporary Passed”.

Rationale / Explanation
In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a rule about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the child care facility against future legal challenges. CFOC, 3rd ed. Standard 1.2.0.2 p. 10; Standards 10.3.3.1 - 10.3.3.2 pp. 400-401.

(1) Before a new covered individual becomes involved with child care in the program, the provider shall:
(a) have the individual submit an online background check form,
(b) authorize the individual's background check form,
(c) pay all required fees, and
(d) receive written notice from CCL that the individual passed the background check.

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:
- CCL allows prospective staff members to begin work on a provisional basis (if supervised at all times by an adult who has successfully passed a CCL background check) after completing and receiving passing results on either the FBI fingerprint check or the fingerprint check of the Utah criminal registry. When this is the case, the status of the covered individual in the provider portal will be displayed as “Temporary Passed”.
- This rule also applies to any individual 12 years old and older who moves into the facility. By moving into the facility they become involved with child care regardless of their participation in the program.
- If the new covered individual has a current CCL background check, and the provider associates them with the facility using the licensing provider portal before they become involved with child care in the facility, (a) through (d) of this rule do not apply.
- This rule is also out of compliance when fingerprints and fees (if required) are not submitted or not submitted on time.

Noncompliance Level
Level 1 Noncompliance if:
- A background check form, the provider’s authorization, fees, and fingerprints (if required) were
not submitted for a new covered individual who did not have a current CCL background check.

Level 2 Noncompliance if:
• A background check form, the provider's authorization, fees, or fingerprints (if required) were submitted, but not before the covered individual became involved with child care in the program.
• A new covered individual allowed to work under supervision has unsupervised access to the children.
• A new covered individual with a current background check was not associated with the facility before they became involved with child care in the facility.

(2) The provider shall ensure that an online background check form is submitted and authorized, and that background check fees are paid within 10 working days from when a child who resides in the facility turns 12 years old.

Compliance Assessment and Guidance
Refer to the following guideline:
• CCL will not accept background check requests for individuals younger than 12 years old.

Noncompliance Level
Level 2 Noncompliance

(3) The provider shall ensure that a CCL background check for each individual age 18 years or older includes fingerprints and fingerprints fees.

(4) The fingerprints shall be prepared by a local law enforcement agency or an agency approved by local law enforcement.

(5) If fingerprints are submitted through Live Scan (electronically), the agency taking the fingerprints shall follow the Department's guidelines.

(6) Fingerprints are not required if the covered individual has:
(a) previously submitted fingerprints to CCL for a Next Generation, national criminal history check;
(b) resided in Utah continuously since the fingerprints were submitted; and
(c) kept their CCL background check current.

(7) Background checks are valid for 1 year and shall be renewed before the last day of the month listed on the covered individual's background check card.

Compliance Assessment and Guidance
To be in compliance:
• Review the Facility Personnel section in the licensing provider portal on a regular basis to verify that all covered individuals have current CCL background checks. Covered individuals whose background check has expired or is about to expire will show in the licensing provider portal. If any covered individual is denied, it will appear in red.
• Using your licensing provider portal, disassociate any covered individual who is no longer associated with your facility.

Refer to the following guideline:
• The covered individual will not receive a new background check card each year unless their
information has changed.

**Noncompliance Level**

Level 2 Noncompliance if:
- A background check form, fees, or fingerprints (if required) for a covered individual were not submitted for renewal.

Level 3 Noncompliance if:
- A background check form, fees, and fingerprints (if required) were submitted for renewal, but not before the covered individual’s background check expired.

(8) At least 2 weeks before the end of the renewal month that is written on a covered individual's background check card, the provider shall:
(a) have the individual submit an online CCL background check form and fingerprints if not previously submitted,
(b) authorize the individual's background check form through the provider portal, and
(c) pay all required fees.

(9) The following background findings may deny a covered individual from being involved with child care:
(a) LIS supported findings,
(b) the individual's name appears on the Utah or national sex offender registry,
(c) any felony convictions,
(d) any Misdemeanor A convictions, or
(e) Misdemeanor B and C convictions for the reasons listed in R381-100-8(10).

(10) 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.

(11) A covered individual with a Class A misdemeanor background finding not listed in R381-100-8(10) may be involved with child care when:
(a) 10 or more years have passed since the Class A misdemeanor offense, and
(b) there is no other conviction for the individual in the past 10 years.
(12) A covered individual with a Class A misdemeanor background finding not listed in R381-100-8(10) may be involved with child care for up to 6 months if:
(a) 5 to 9 years have passed since the offense,
(b) there is no other conviction since the Class A misdemeanor offense,
(c) the individual provides to the Department documentation of an active petition for expungement, and
(d) the provider ensures that the individual does not have unsupervised contact with any child in care.

(13) If a petition for expungement is denied, the covered individual shall no longer be involved with child care.

(14) A covered individual shall not be denied 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.

(15) 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.

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

(17) 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.

Compliance Assessment and Guidance
This rule is out of compliance if:
• A covered individual failed to pass the background check and the individual is still involved with a child care facility.

Noncompliance Level
Level 1 Noncompliance

(18) 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.

(19) 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.

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

**Compliance Assessment and Guidance**
It is important that both the covered individual and the provider each report to CCL within 48 hours of having knowledge of any of the situations described above.

An arrest does not automatically disqualify a covered individual from being involved with child care. CCL will use this information to verify if the nature of the arrest or charges will grant a denial.

**Noncompliance Level**
Level 2 Noncompliance

(21) 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.

**Compliance Assessment and Guidance**
Any request to the Executive Director for a decision on a background check denial will be done through the program appeal process. Please refer to “Section 5: Rule Violations and Penalties” for information about the appeal process.
This section provides rules and information that apply to the space requirements, structure, layout, and maintenance of the child care facility, both inside and outside.

Studies have shown that the quality of a child care facility’s environment is related to children’s cognitive, social, and emotional development. A quality environment involves elements such as the indoor space available to the children, well-defined activity settings, available privacy, and the quality of the outdoor play space. **CFOC 3rd ed. Standard 5.1.2.1. p. 203.**

Proper maintenance is a key factor in ensuring a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. Regular maintenance checks and appropriate corrective actions can reduce the risk of potential injury. **CFOC 3rd ed. Standard 5.3.1.1. pp. 237-238; Standard 5.7.0.2. pp. 259-260; Standard 6.2.5.1 p. 277.**

(1) **There shall be at least 35 square feet of indoor space for each child in care, including the provider’s and employees’ children.**

**Rationale / Explanation**

There has been growing research into how the physical design of a child care setting affects a child’s development. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that a child care facility has at least forty-two to fifty square feet of usable floor space per child. **CFOC 3rd ed. Standard 5.1.2.1. p. 203.**

A minimum square footage of indoor space per child is required because:
- Crowding has been shown to be associated with an increased risk of sickness.
- Children’s behavior tends to be more constructive when they have sufficient space to move and play.
- Having sufficient space reduces the risk of injury from children involved in simultaneous activities. **CFOC 3rd ed. Standard 5.1.2.1. p. 203.**

**Compliance Assessment and Guidance**

At the pre-license inspection, a licensor will:
- Measure the facility’s indoor space that will be used by children ages 0-12 years, including the provider’s and employees’ own children who will attend the program.
- Use the square footage as a factor in determining the maximum capacity of the facility.

Generally, rooms are not remeasured on subsequent inspections except when:
- A room or area in the facility has been remodeled.
- A provider requests a change to their capacity.
- A room or space appears overcrowded by of items unrelated to child care or by children.

Children may temporarily be in an area with less than 35 square feet of space per child while in a group activity that requires less movement, such as eating, napping, listening to a story, watching a puppet show, working on an art project, or doing homework. Such activities (excluding nap times) should not exceed 2 hours per day and the length of time should be appropriate to the
activity and the children’s age. For example, an hour-long art project in a smaller space for preschoolers would not be an appropriate activity length.

Noncompliance Level
Level 2 Noncompliance

(2) Indoor space per child may include 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 are not included when measuring indoor space for children’s use:
   (a) bathrooms,
   (b) closets and staff lockers,
   (c) hallways,
   (d) lobbies and entryways,
   (e) kitchens, and
   (f) staff offices.

(4) The maximum allowed capacity for a child care facility may be limited by local ordinances.

Rationale / Explanation
Some city ordinances limit the capacity of child care facilities. CCL will not issue a license with a greater capacity than allowed by the city where the facility is located.

When a maximum capacity is stated on a city’s business license, or on a fire or kitchen inspection report, it may result in a reduced capacity when the child care license is renewed.

(5) The number of children in care at any given time shall not exceed the capacity identified on the license.

Rationale / Explanation
Research reveals that there are negative effects on children when a child care facility is overcapacity. These may include increased noise level, overcrowding, more injuries, and lower quality of caregiver interactions with the children. For more information, visit the Human Development Outreach & Extension website at:

Compliance Assessment and Guidance
A licensor will:
• Count the number of children who are being cared for and compare the number to the capacity stated on the child care license.

Noncompliance Level
Level 2 Noncompliance
(6) 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.

**Rationale / Explanation**

Lead is highly toxic. Exposure to it can be dangerous, especially for young children. Lead exposure can affect a child’s ability to learn, succeed in school, and function later in life. It can cause serious health problems including permanent brain damage. Damage caused by overexposure to lead can be irreversible. CFOC 3rd ed. Standard 5.2.9.13. pp. 235-236.

Lead-based paint and lead-contaminated dust are the most hazardous sources of lead poisoning in children and may be found in:

- House paints and paint used on outdoor play equipment made before 1978
- Some imported vinyl miniblinds made before 1997
- Some imported toys

**Compliance Assessment and Guidance**

For providers using buildings and structures that were built before 1978:

- Regularly inspect for damaged paint.
- Test for lead in any area with damaged paint. If there are four areas with damaged paint then there must be four tests for lead.
- Maintain documentation that there is no lead in the paint.
- If lead-based paint is found, contact the local health department or the Utah Department of Environmental Quality (DEQ) for how to remove or repair the lead-based paint.
- According to DEQ regulations, if there is an area with 6 square feet or more of damaged paint indoors or an area with 20 square feet or more of damaged paint outdoors, then correction must be done by a certified individual.
- More information can be found at:
  - https://deq.utah.gov/ProgramsServices/programs/air/lead/index.htm#pamp

A licensor will:

- Inspect inside and outside walls and play surfaces that are accessible to children for peeling, flaking, chalking, or falling paint.
- If there is damaged paint, ask when the building or play structure was built.
- If the building or structure was built before 1978, ask to see test results that each area with damaged paint contains no lead.
- Issue a noncompliance finding if there is damaged paint on a building or structure built before 1978 and there is no documentation that each area with damaged paint is lead-free.

For noncompliance, the licensor will conduct a Follow-up Inspection to:

- Review documentation that the damaged paint was tested and is lead-free, or
- Confirm that the damaged paint was repaired according to health department or DEQ instructions.
  - Visually check that each area that had damaged paint is repaired.
  - Review documentation that shows repairs were made according to DEQ or local health department instructions.

**Noncompliance Level**

Level 1 Noncompliance if:
Each room and indoor area that is used by children shall be ventilated by mechanical ventilation, or by windows that open and have screens.

Rationale / Explanation
Mechanical ventilation is a way to move air in and out of a room. When windows cannot be kept open, air should be circulated by a heating, ventilation, air conditioning, and cooling system as well as by using fans.

Air quality significantly impacts people’s health. Lack of adequate air filtration or ventilation results in contaminated air that is sometimes more polluted than the outdoor air. Children who spend long hours inside breathing contaminated air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. *CFOC 3rd ed. Standard 5.2.1.1. p. 211.*

The American Academy of Pediatrics recommends that as much fresh air as possible be circulated into rooms used by children. Windows with screens (to prevent the entry of insects) should be opened whenever weather and the outdoor air quality permit, and windows in areas used by children under age 5 years should not open more than 4 inches, or should be protected with guards that prevent children from exiting or falling out. *CFOC 3rd ed. Standard 5.2.1.1. p. 211; Standard 5.1.3.2. pp. 204-205.*

Compliance Assessment and Guidance
A licensor will:
- Check that each room used by children has mechanical ventilation or at least one screened window that can be opened.
- Verify that there are no signs of inadequate ventilation such as mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.

Noncompliance Level
Level 2 Noncompliance if:
- A room or area used by the children does not have either mechanical ventilation or a window to open.
- There are signs of inadequate ventilation in a room used by children.
- The ventilation is provided by an open, unscreened window that is accessible to children, and the room or area is above the facility’s ground-floor level.

Level 3 Noncompliance if:
- The ventilation is provided by an open, unscreened window that is accessible to children, and the room or area is on the facility’s ground floor or basement level.
(8) Windows and glass doors within 36 inches from the floor or ground shall be made of safety or tempered glass, or have a protective guard.

**Rationale / Explanation**
The purpose of this rule is to prevent children from accidentally breaking and being cut by a glass window. Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from the broken glass.

*CFOC 3rd ed. Standard 5.1.3.4. p. 205.*

**Compliance Assessment and Guidance**
This rule applies to windows and glass doors that are accessible to children in care, both inside the facility and in the outdoor areas used by children.

This rule is in compliance when:
- The glass is marked as safety or tempered glass by the manufacturer,
- There is documentation that verifies that the glass is safety or tempered glass,
- Protective film is applied to the window or door to prevent it from shattering into loose shards if it breaks, or
- The window or door has a protective guard or barrier that prevents children from contacting the glass.

If a window has a double pane (such as a storm window) and both sides of the window are accessible to children, both panes must be made of safety glass or have a protective guard.

Acceptable protective guards or barriers include:
- Screens that cover windows at least 36 inches up from the floor or ground
- Furniture of any height that blocks the glass surface within four inches of its bottom and sides
- A child safety gate that is secured in the window sill or in front of the window
- A sheet of acrylic attached over the glass
- Bushes when the combined height and depth of the branches is at least 36 inches
- Solid window shutters
- Glass block walls or windows because they will not shatter when broken
- A planter box with a combined height and depth of 36 inches that blocks the glass within four inches of its bottom and sides

If protective film is applied, it needs to be on only one side of single pane windows and both sides of double pane windows if both sides face areas used by children. The safety film must meet CPSC or ASTM standards. More information about this kind of film can be found at:
- www.shatterguard.com
- www.llumar.com
- www.solarsecurity.com

This rule is out of compliance if:
- An accessible window has window blinds (in any position) as a replacement for a protective guard.
- A fence in front of or around a window is not at least 36 inches high or has an opening in which children can pass through.
A licensor will:
• Inspect all windows and glass surfaces that are within 36 inches of the floor or ground, and are in areas that are accessible to children.
• When determining the height of the window or glass surface, measure from the floor or ground to the glass, including the width of any ledge, window sill, or frame of the window.
• Document that the glass has been inspected and is in compliance with rule.
• Only reinspect a window or glass door on subsequent inspections if the glass has been replaced or the protective guard has changed.
• Not assess:
  - fish tanks
  - mirrors
  - windows and glass surfaces in staff offices or lounges unless the areas are used for childcare
  - glass surfaces in lobbies where children are never without adult supervision

**Noncompliance Level**
Level 2 Noncompliance

(9) **All rooms and areas shall have adequate light intensity for the safety of the children and the type of activity being conducted.**

**Rationale / Explanation**
In *Caring for Our Children* it is advised that natural lighting be provided in rooms where children work and play for more than two hours at a time. It is also recommended that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the facility’s activities. *CFOC 3rd ed. Standard 5.2.2.1. p. 217.*

Appropriate illumination facilitates comfort, cleanliness, and most importantly the health and safety of children and adults. Inadequate artificial lighting has been linked to eyestrain, headache, and nonspecific symptoms of illness. *CFOC 3rd ed. Standard 5.2.2.1. p. 217.*

Lighting levels may be reduced during nap times to promote resting. However, rooms should be lighted enough to allow caregivers to see children's facial features for signs of distress or sickness. *CFOC 3rd ed. Standard 5.2.2.1. p. 217*

**Compliance Assessment and Guidance**
A licensor will:
• Issue a noncompliance finding when a room or area is completely dark making it unsafe to go in and out due to inadequate lighting.

**Noncompliance Level**
Level 2 Noncompliance if:
• There is inadequate lighting in a diapering or food preparation area, or if it is completely dark in a sleeping room.

Level 3 Noncompliance if:
• There is inadequate lighting in any other area used by the children.
(10) **The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.**

**Rationale / Explanation**
The American Academy of Pediatrics and the American Public Health Association recommend that a draft-free indoor temperature between 68 and 75 degrees Fahrenheit be maintained during the winter months. A temperature between 74 and 82 degrees Fahrenheit should be maintained during the summer months. *CFOC 3rd ed. Standard 5.2.1.2. p. 212.*

For comfort and health, all rooms that children use should be heated and cooled to maintain required temperatures. *CFOC 3rd ed. Standard 5.2.1.2. p. 212.*

According to the National Institutes of Health, there may be an association between sleeping room temperatures and increased risk of SIDS. It is recommended that sleeping rooms be kept at a temperature comfortable for a lightly-clothed adult, and infants should not be overly bundled or should not feel hot to the touch when sleeping.

**Compliance Assessment and Guidance**
A licensor will:
- Use a thermometer to check the air temperature in each infant and toddler room or area.
- Measure the air temperature at the height at which the infants and toddlers sleep.
- In rooms other than the infant/toddler rooms, measure the air temperature when an area seems to be too hot or too cold.
- In rooms used only for preschool and school-age children, measure the air temperature at table height when a room seems to be too hot or cold.

**Noncompliance Level**
Level 2 Noncompliance if:
- The temperature is out of range in a room for infants or toddlers.

Level 3 Noncompliance if:
- The temperature is out of range in any rooms other than infant/toddler rooms.

(11) **There shall be a working telephone at the facility, in each vehicle while transporting children, and during offsite activities.**

**Rationale / Explanation**
The purpose of this rule is to ensure that the provider and caregivers can contact the parents of children in care, that the children’s parents can contact the provider or a caregiver, and, if needed, the provider or a caregiver can always contact emergency personnel. *CFOC 3rd ed. Standard 5.3.1.12. p. 243.*

**Compliance Assessment and Guidance**
A licensor will:
- Observe or ask the location of a working telephone that is available to communicate with parents and to use in case of an emergency.
- Refer to the following guideline:
  - A cell phone meets the requirements of this rule as long as there is a phone in the facility, each vehicle, and at offsite activities whenever children are present.
  - A high frequency radio also meets the requirements of this rule.
Noncompliance Level
Level 2 Noncompliance

(12) There shall be a working handwashing sink in each classroom or next to each classroom in buildings constructed after 1 July 1997.

Rationale / Explanation
Transmission of many communicable diseases can be prevented through handwashing. To facilitate routine handwashing at needed times, sinks must be close at hand and permit caregivers to provide continuous supervision while children wash their hands. CFOC 3rd ed. Standard 5.4.1.6. p. 246.

Compliance Assessment and Guidance
Large classrooms are sometimes divided into smaller separate rooms by half walls, or with furniture and a gate. In these classrooms, a handwashing sink is only needed on one side when there is an opening or an open gate so children and caregivers can freely move between both sides.

Rooms that are not required to have handwashing sinks include:
• Gyms, lounge rooms, libraries, rooms that are used only for sleeping, and lunchrooms.

A licensor will:
• Look for a handwashing sink in each classroom or adjacent to each classroom.
• If there is no handwashing sink, ask when the building was built.
• If built in 1997 or earlier, do not issue a noncompliance finding.
• If built after 1997, issue a noncompliance finding.

Noncompliance Level
Level 3 Noncompliance

(13) Each area where infants or toddlers are cared for shall meet one of the following criteria:
(a) There shall be 2 working sinks in the room. One sink shall be used exclusively for the preparation of food and bottles and handwashing before food preparation, and the other sink shall be used only for handwashing after diapering and nonfood activities.
(b) There shall be 1 working sink that is used only for handwashing in the room, and all bottle and food preparation shall be done in the kitchen and brought to the infant and toddler area by a non-diapering staff member.

Rationale / Explanation
Sinks must be close to where diapering takes place to avoid the transfer of contaminants to other surfaces on the way to washing hands. CFOC 3rd ed. Standard 5.4.2.2. p. 248.

Separation of sinks used for handwashing or other potentially contaminating activities from those used for food preparation prevents contamination of food. CFOC 3rd ed. Standard 4.8.0.5. p. 187.

Compliance Assessment and Guidance
For the purposes of this rule, two sinks means there are two different faucets, each going into a separate basin.

Rooms that are not required to have sinks include:
• A room where infants and toddlers are taken for a short activity, such as a gym, on condition
that the infants or toddlers are in the room for 30 minutes or less and they are taken to a room with required sinks for diapering and handwashing.

- Rooms that are used only for sleeping infants or toddlers.
- Rooms sharing a handwashing sink if the sink is adjacent to both rooms or in a room that is entered directly from each of the infant/toddler rooms.

Other guidelines include:

- Children's hands must not be washed in the food preparation sink.
- If a bottle is prepared in the kitchen, and brought to the room by a nondiapering staff member, it can be heated up in the infant or toddler room.
- The provider must be in compliance with this rule in any room used by infants or toddlers, including when the infants or toddlers are in mixed-age groups.
- If diapering takes place in an adjacent room that has a handwashing sink, the infant/toddler room is not required to have two sinks.

A licensor will:

- Check that there is at least one working handwashing sink in each room used by infants or toddlers.
- If there is one sink, observe that no food preparation takes place at that sink.
- If there are two sinks, observe that food preparation takes place using the food preparation sink, and nonfood activities take place at the handwashing sink.

**Noncompliance Level**

Level 2 Noncompliance

(14) For preschoolers and toddlers who are toilet trained, there shall be 1 working toilet and 1 working sink for every fifteen children in the center. For school-age children, there shall be 1 working toilet and 1 working sink for every 25 children in the center.

**Rationale / Explanation**

Children use the bathroom often and cannot wait long when they have to use the toilet. Sinks should be nearby to facilitate handwashing. In *Caring for Our Children*, it is recommended that there be one sink and toilet for every ten toddlers and preschool-age children, and one sink and toilet for every fifteen school-age children. *CFOC 3rd ed. Standard 5.4.1.6. p. 246.*

A large bathroom with many toilets used by several groups is less desirable than several small toilet rooms assigned to specific groups, because of the opportunities large shared rooms provide for transmitting infectious diseases. *CFOC 3rd ed. Standard 5.4.1.6. p. 246.*

**Compliance Assessment and Guidance**

Before the facility is licensed or if the provider requests a capacity increase, a licensor will:

- Calculate the number of required toilets and sinks by using the requested license capacity.
- Confirm that the required number of working toilets and working sinks are available for the children to use. (A urinal may be counted as a toilet for up to 50% of the required number of toilets. For large sinks that have two or more faucets in them, each separate faucet counts as one sink).

The following are not acceptable toilets or sinks:

- Indoor and outdoor portable toilets, such as chemical toilets, composting toilets, and bucket toilets
- A portable sink with no water in it
During regular operation hours, the required toilets and sinks must be in working condition.

If the provider is unable to meet this requirement due to equipment failure and there is only one toilet at the facility, the repair must be made within 1 working day and the licensor will issue a noncompliance finding to rule 100-9(24)(b).

(15) **A bathroom that provides privacy shall be available for use by school-age children.**

**Rationale / Explanation**
Children should be allowed the opportunity to practice modesty when independent toileting behavior is well established. *CFOC 3rd ed. Standard 5.4.1.2. p.245.*

**Compliance Assessment and Guidance**
A licensor will:
- Inspect a bathroom used by school-age children to ensure that it is designed for privacy.
- Refer to the following guideline:
  - A bathroom that provides privacy has a full-length door or curtain that closes, and only one child at a time uses the bathroom.

**Noncompliance Level**
Level 2 Noncompliance

(16) **There shall be an outdoor area that is safely accessible to children.**

**Rationale / Explanation**
A safely accessible outdoor area is important to prevent injury to children or to keep a child from escaping on the way to the area. An outdoor area is considered safely accessible when the way to reach it is free of potential hazards. Children should not be able to access streets, parking lots, ditches, etc. when going outside to play. *CFOC 3rd ed. Standard 6.1.0.1. p. 265.*

**Compliance Assessment and Guidance**
In order to be licensed, there must be an outdoor area on the provider’s premises that can be safely reached and used by the children. Facilities that do not have outdoor areas on site cannot ensure that children in their care are playing on equipment or in a space that is safe. Because open air is vital for children, indoor space cannot replace outdoor space.

The route from the building to the outdoor area must be safe. For example, an outdoor area is not safely accessible if children must walk across an unsafe deck (such as one with broken boards or holes in it) or cross a driveway where cars come and go.

The following examples of outdoor areas that are safely accessible include:
- An outdoor area that is directly adjacent to the building, so that children exit the facility straight into the play area.
- A large, open-air deck that children access directly from the building as long as the deck has the required space per child and meets other licensing requirements.
- An outdoor area on the premises that is reached by way of a fenced walkway.
- When the building and entire outdoor area are surrounded by fencing, as long as the area inside the fence does not include cars or other hazards.
- An outdoor area on the premises that can be accessed by a sidewalk, as long as the sidewalk is not near a busy street, a water or other hazard, or does not pass through a parking lot.
• An outdoor area in the facility that is accessed by blocking off a portion of a parking lot with traffic cones to create a walkway.

To assess compliance, a licensor will:
• Walk the route from the building to the outdoor area.
• Issue a noncompliance finding if access to the outdoor area is unsafe.

Noncompliance Level
Level 2 Noncompliance

(17) The outdoor area shall have at least 40 square feet of space for each child using the area at one time.
Rationale / Explanation
Children benefit from being outside as much as possible and it is important that there is enough space to allow children safe freedom of movement during active outdoor play. Providing more square feet per child may correspond to a decrease in the number of injuries associated with gross motor play. CFOC 3rd ed. Standard 6.1.0.1. p. 265.

Compliance Assessment and Guidance
At the pre-license inspection, a licensor will:
• Measure the facility’s fenced outdoor space that will be used by children ages 0-12 years, including the provider’s and employees’ own children who will attend the program.
• Determine and document the maximum capacity allowed by CCL based on the total square footage.
• Remeasure the outdoor space at a subsequent inspection:
  - If the facility’s outdoor area has been renovated or changed.
  - When a provider requests a change to their capacity.
  - If the outdoor play area appears overly crowded during an inspection.

A provider can be in compliance with this rule by having more than one outdoor area, as long as each area is safely accessible, fenced as required, and in compliance with other licensing rules.

Noncompliance Level
Level 2 Noncompliance

(18) The total square footage of the outdoor area shall accommodate at least one-third of the approved capacity at one time or shall be at least 1600 square feet.

Noncompliance Level
Level 2 Noncompliance

(19) The outdoor area shall be enclosed within a fence, wall, or solid natural barrier that is at least 4 feet high.

Rationale / Explanation
Enclosing the outdoor area helps to ensure proper supervision and protection, prevention of injuries, and control of the outdoor area. A fence or other barrier prevents children from leaving the outdoor area and accessing streets and other hazards. It also serves to keep unwanted people and animals out of the outdoor area. CFOC 3rd ed. Standard 6.1.0.8. p. 268.

Compliance Assessment and Guidance
To determine if a required fence or barrier is at least 4 feet (48 inches) high, a licensor will:

- Walk the entire perimeter of the fence and measure the fence from the side the children play on using the 48-inch tool.
- Measure each side of the fence at its lowest point and include measuring a gate.
- Refer to the following guideline:
  - If a fence or wall was previously approved by CCL, then the barrier’s height is considered in compliance as long as 1) the barrier has not been replaced, repaired, or altered; and 2) all areas of the barrier measure within 5 inches of the required 4-foot height. This 5-inch allowance only applies to a previously-approved barrier that has not changed since the approval; it does not apply to barriers formed by bushes or shrubs, etc. If the fence or wall was replaced, repaired, adjusted, or it has changed since the last CCL inspection, it must meet the 4-foot height requirement.

Other assessment guidelines include:

- It is not out of compliance if a fence is lower than 48 inches in height due to temporary weather conditions, such as snow on the ground at the base of the fence.
- Bushes will be considered a natural barrier when there are no gaps 5 by 5 inches or greater.
- When a ramp (leading to the outdoor area) is separated from the area with a 4-foot-high gate that is closed, the height of a fence on the ramp does not need to be assessed. If there is no gate, the gate is open, or is less than 4 feet high, then the fence on the perimeter of the ramp (that encloses the ramp and outdoor area) must be at least 4 feet high. The interior fencing on the ramp does not need to be assessed.
- Interior fences within the 4-foot perimeter fence do not need to be 48 inches high, unless otherwise required in rule.
- If the provider uses temporary fencing in order to comply with this rule, during the Announced Inspection a licensor will:
  - Ask the provider to set up the fencing where it is normally placed when children use the outdoor area.
  - Measure the height of the fencing as described above.
  - Verify that the fencing does not have gaps. Refer to 100-9(21).
  - Verify that the fence encloses the required amount of space. Refer to 100-9(17) and (18).

**Noncompliance Level**

Level 1 Noncompliance if:

- There is no fence or barrier enclosing the outdoor area, or an area of the fence or barrier is less than 36 inches high.

Level 2 Noncompliance if:

- An area of the fence or barrier is less than 48 inches high (or is less than 43 inches high as previously described).

(20) **When children are outdoors, they shall be in the enclosed area except during offsite activities.**

**Rationale / Explanation**

Enclosing the outdoor area helps to ensure proper supervision and protection, prevention of injuries, and control of the outdoor area. A fence or other barrier prevents children from leaving the outdoor area and accessing streets and other hazards. It also serves to keep unwanted people and animals out of the outdoor area. **CFOC 3rd ed. Standard 6.1.0.8. p. 268.**

**Compliance Assessment and Guidance**
If children are outdoors during an inspection, a licensor will:
• Observe whether they are in an enclosed outdoor area.

Noncompliance Level
Level 1 Noncompliance

(21) There shall be no gap 5 by 5 inches or greater in or under the fence or barrier.

Rationale / Explanation
An effective fence prevents a child from getting over, under, or through it, and keeps children from leaving the outdoor play area without adult supervision. Although not required by rule, small openings in the fence (no larger than three and a half inches) prevent entrapment and discourage climbing. CFOC 3rd ed. Standard 6.1.0.8. p. 268.

Compliance Assessment and Guidance
To determine compliance with this rule, a licensor will:
• Walk the entire perimeter of all required fences - perimeter fences enclosing the outdoor area and any interior fences required to separate children from hazards.
• Without pushing on the fence, use the gap-measure tool to assess the size of any gap in or under the fence.
• Refer to the following guideline:
  - Even if a fence or wall has been previously approved, check that there are no gaps in the barrier, and that any part that may have been fixed or replaced since the last inspection is in compliance with rule.
• Issue a noncompliance finding for any gap that is 5 by 5 inches or greater in size.
• Issue a noncompliance finding to rule 100-9(19) for not having a fence if any gap is 3 feet or greater in size.

Noncompliance Level
Level 1 Noncompliance if:
• Any required fence or barrier has a 5 by 5 inch gap or greater that is lower than 36 inches.

Level 2 Noncompliance if:
• Any required fence or barrier has a 5 by 5 inch gap or greater that is 36 inches or higher.

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

Rationale / Explanation
Exposure to sun is needed, but children must be protected from excessive exposure. Individuals who suffer severe childhood sunburns are at increased risk for skin cancer. It is important that shade be available to prevent both sunburn and heat exhaustion. Practicing sun-safe behavior during childhood is the first step in reducing the chances of getting skin cancer later in life. CFOC 3rd ed. Standard 6.1.0.7. p. 267.

Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. CFOC 3rd ed. Standard 3.1.3.2. p. 93.

Compliance Assessment and Guidance
When assessing the outdoor area, a licensor will:

• Observe whether there is shade available to protect children from sun and heat.
• Ask how shade is made available if no shade is observed and children are not outside at the time of the inspection.

To be in compliance:

• There must be a provision for shade whenever the children are in the outdoor area, and it must be provided year-round.
• Shade can come from a tree, awning, patio roof, or other structure such as the side of the building. A canopy or umbrella may be used as long as it can be set up and stand on its own.
• There is no rule about the time of day that children play outside as long as shade is available to the children.

**Noncompliance Level**

Level 2 Noncompliance if:

• Shade is not provided when children are in the outdoor area (with the exception stated below).

Level 3 Noncompliance if:

• Shade is not provided when children are in the outdoor area, but it is cold weather and children are wearing cold-weather clothing.

(23) 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 pool shall be 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 an approved enclosure that meets the ASTM F1346 standard.

**Rationale / Explanation**

There may be state and local laws regulating the operation of a swimming pool. For example, electrical equipment that is at and around the pool should be installed and inspected as required by the regulatory electrical inspector. Because young children can lose or gain body heat more easily than adults, water temperature for swimming and wading should be warm enough to prevent excess loss of body heat and cool enough to prevent over-heating. The pool should be cleaned and the water quality should be maintained to control bacteria and the spread of disease through ingestion of pool water. *CFOC 3rd ed. Standard 6.3.3.3; Standard 6.3.3.4; Standard 6.3.4.1. pp. 281-283.*

In some instances, children have drowned as a result of their body or hair being entrapped or seriously injured by sitting on drain grates. When drain covers are broken or missing, the body can be entrapped by the resulting suction. All covers for the main drain and other suction ports of swimming and wading pools should be listed by a nationally recognized testing laboratory. *CFOC 3rd ed. Standard 6.3.1.6. p. 280.*

Drowning accounts for the highest rate of unintentional injury-related death in children younger than 5 years old. Most children drown within a few feet of safety and in the presence of a supervising adult. It is essential that any pool not emptied after use be inaccessible to children. *CFOC 3rd ed. Standards 6.3.1.1. - 6.3.4.1. pp. 278-283.*

**Compliance Assessment and Guidance**

This rule will be considered out of compliance if:
• There is noncompliance to a federal, state, or local law or another agency’s regulation regarding the operation of a swimming pool, and
• There is no other child care licensing rule that specifically addresses the violation.

If the law or rule from one agency is stricter than another, the licensee must follow the stricter of the two regulations.

A licensor will:
• Observe that any pool that is not emptied after use is enclosed within a fence or safety cover.
• If fenced, measure the fence height to ensure that it is at least 4 feet high on all sides.
• If covered with a safety cover, check ASTM documentation.
• Observe that all locks or latches on the fence or safety cover are properly locked. (A pool fence must be locked with a key or combination lock. For a pool cover, every latch must be engaged and all sides must be secured.)

**Noncompliance Level**

**Level 1 Noncompliance**

(24) **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; and
- (f) entrances, exits, steps, and walkways including keeping them free of ice, snow, and other hazards.

**Rationale / Explanation**

The physical structure where children spend each day can present health and safety concerns if the facility is not maintained in good repair and safe condition. Floors that are cracked or porous cannot be kept clean and sanitary and flooring in disrepair can cause falls and other injuries. Damaged floors, walls, or ceilings can expose underlying hazardous structural elements and materials such as electrical wiring, fiberglass, asbestos, or peeling paint that can be ingested. *CFOC 3rd ed. Standard 5.3.1.6. pp. 240-241; Standard 5.7.0.7. p. 261.*

It is recommended that light fixtures contain shielded or shatterproof bulbs throughout a child care facility. This prevents injury to people and contamination of food if a light bulb breaks. Halogen lights burn at a high temperature and are a potential burn or fire hazard. Multi-vapor and mercury lamps can cause serious skin burns and eye inflammation if the bulb is broken. *CFOC 3rd ed. Standards 5.2.2.1 - 5.2.2.3. pp. 217-218.*


Window coverings should be in good repair because children could become entangled in torn draperies or broken blinds. Blinds and drapery cords should have tension or tie-down devices to hold the cords tight. Cords without these devices pose a strangulation hazard. Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat and form lead dust on the surface of the blinds which is toxic. Deteriorating mini-blinds should be replaced. *CFOC 3rd ed. Standard 3.4.6.1. p. 129; Standard 5.2.9.13. pp. 235-236.*
Proper maintenance of indoor and outdoor play equipment is a key factor in ensuring a safe play environment for children. Each play area is unique and requires a routine maintenance check developed specifically for that play area. Equipment and furnishings should be closely inspected to determine whether they meet licensing standards. CFOC 3rd ed. Standard 5.3.1.1. pp. 237-238; Standard 5.7.0.2. p. 259-260.

Furnishings, toys, and other materials that are not sturdy, safe, or in good repair may cause falls, entrap a child’s head or limbs, cut or pinch skin, or cause other injuries. Staff should check on a regular basis to ensure that toys and other materials used by children have not been recalled. A list of recalls can be accessed at www.cpsc.gov. CFOC 3rd ed. Standard 5.3.1.1. pp. 237-238.

All walking surfaces, such as walkways, ramps, and decks, should have a non-slip finish and be free of loose material (e.g., gravel, sand), water, and ice. To prevent injuries, including from falls, walking surfaces should be free of holes and abrupt irregularities in the surface. Entrances and exits should be free of hazards to allow safe and timely exit from the building in case of an emergency. CFOC 3rd ed. Standard 5.1.6.4. p. 210.

**Compliance Assessment and Guidance**

All indoor and outdoor building areas and structures must be in good repair. This includes all indoor and outdoor play equipment and inside and outside entrances, exits, steps, and walkways used by children.

The provider must ensure that no play equipment or equipment component could fail or otherwise cause injury from inadequate maintenance such as:

- Missing, bent, broken, or worn out components
- Loose hardware or missing nuts or bolts
- Excessive wear on any part of the equipment
- Rusted or corroded metal
- Wood that is rough or splintery

If equipment is in a state of disrepair and is no longer sturdy or safe, it should be made inaccessible to children until it can be fixed or discarded.

During and immediately after a snowstorm, the provider will be allowed a reasonable amount of time to remove snow from outdoor exit areas, stairs, and walkways to prevent a buildup of snow and ice.

- In case of emergencies, all walkways, exits, and stairways must be free of ice and snow even if the children will not be going outside.
- If a facility has walkways greater than 3 feet wide, the walkways must be cleared to a width of at least 3 feet for a distance of at least 6 feet from the building.

**Noncompliance Level**

**Level 1 Noncompliance if:**
- Children were exposed to asbestos.
- A child is unable to use a toilet or handwashing sink when necessary due to equipment failure or breakdown.
- The only toilet in the facility was broken and was not repaired within 1 working day (refer to 100-9(14)).

**Level 2 Noncompliance if:**
- The presence of asbestos was not immediately corrected, but children were not exposed.
• Lack of maintenance could cause equipment failure.
• There is a buildup of ice in entrances, exits, steps, and walkways used by children.
• There is a missing step or unstable stairs that must be used to enter the facility or access the outdoor area.

Level 3 Noncompliance for other ceiling, wall, or flooring hazards that require maintenance including:
• Fiberglass insulation
• Heat vents that are missing covers
• Cracked or damaged flooring that could cause tripping
• Leaking plumbing (with the exception of a leaking faucet).
• An exposed fluorescent light tube with no covering on the fixture.
• Draperies, blinds, or other window coverings require maintenance including torn draperies or broken blinds that a child could become entangled in.
• Wooden equipment that is rough or has splinters.
• Cracks in equipment that could pinch a child’s skin.

(25) 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.

Rationale / Explanation
Children falling from elevated areas may suffer fatal head injuries. Protective barriers are designed to protect against falls from elevated surfaces. CFOC 3rd ed. Standard 6.1.0.4. pp. 266-267.

Compliance Assessment and Guidance
A licensor will:
• Assess whether there are any indoor or outdoor decks, balconies, or basement stairwells that are accessible to children.
• Measure the height of the deck or balcony and the depth of the basement stairwell.
• When there is a lip on the edge of the stairwell, measure from the top of that lip down to the bottom of the stairs.
• If the height or depth is 5 feet or more, then measure the height of the barrier.
  - Barriers need to be at least 36 inches high measured from the surface where a person could fall from.

Noncompliance Level
Level 1 Noncompliance if there is:
• A deck or balcony that is 5 feet or higher or an open basement stairwell that is 5 feet or deeper with no protective barrier.

Level 2 Noncompliance if there is:
• A required protective barrier with a gap that is 5 by 5 inches or greater in diameter.
• A required protective barrier that is less than 36 inches high.
(26) If the facility is subdivided, any part of the building is rented out, or any area of the facility is shared including the outdoor area, the entire facility shall be inspected and covered individuals in the facility shall comply with all rules, except when all of the following conditions are met:
   (a) there is a separate entrance for the child care program;
   (b) there are no connecting interior doorways that can be used by unauthorized individuals; and
   (c) 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.

Rationale / Explanation
It is essential that any area on the provider’s premises must be a safe and healthy environment when accessible to children. This includes rooms, offices, and other areas that are occupied by others, but can be accessed by children in care.

It is also critical to limit who has access to the children in order to ensure the children’s safety, and their physical and mental health, and to protect them from any risk of abuse or neglect. 
*CFOC 3rd ed. Standard 10.3.3.1. p. 41.*

Compliance Assessment and Guidance
When all of the above conditions are met:
• The licensor is not required to inspect the areas of the facility that are subdivided and/or rented out, and
• The occupants in the other part of the facility are not required to have background checks.

To verify compliance with this rule, a licensor will:
• Check that there is a separate entrance to the child care program.
• Confirm that there is no possibility of unauthorized individuals accessing the child care program through an interior doorway.
• Observe or ask how the outdoor area is kept from being accessed by an unauthorized individual.

If any of the above requirements are not met, the licensor will:
• Inspect the entire facility including areas that may be subdivided, rented out, or shared.
• Verify on the CCL database that all covered individuals in the facility have passed a background check.
• Issue noncompliance findings to any licensing rule violations.

Noncompliance Level
The noncompliance level will be determined based on the specific rule violation.
This section explains the rules regarding the caregiver-to-child ratio which indicates the maximum number of children each caregiver may be responsible for. These rules also address group size which limits the number of children who may be cared for in one group. These rules are based on what children need for quality nurturing care.

Rules regarding the caregiver-to-child ratio and group size apply any time there are children in care, including when children are being transported and during offsite activities. This also includes special activities when child care is provided at the center, such as Parents’ Night Out.

<table>
<thead>
<tr>
<th>Rule</th>
<th>Child’s Age</th>
<th>Unrelated Child</th>
<th>Provider’s Own Child</th>
<th>Caregiver’s Own Child</th>
<th>Other Related Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child count in the caregiver-to-child ratio?</td>
<td>0-3 Years</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>4 years &amp; older</td>
<td>Yes</td>
<td>No¹</td>
<td>No¹</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the child count in maximum group size?</td>
<td>0-3 Years</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>4 years &amp; older</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

¹ The provider’s and caregivers’ children who are 4 years old and older do not count in the caregiver-to-child ratio as long as the provider or caregiver is working at the facility or performing work-related duties.

The following guidelines apply to the rules in this section:

• The rules are assessed according to the number of children present in each group and not by the number of enrolled children.

• Multiple groups can be in gyms and outdoor areas at the same time as long as there is adequate square footage per child and caregiver-to-child ratios are maintained. This excludes infant and toddler groups unless they are in a separate area defined by furniture, other partitions, or fences.

• For an individual to count in the caregiver-to-child ratio, they must:
  - Meet personnel requirements as specified in rule,
  - Be on the premises or in the area where the children are being cared for, and
  - Be performing caregiving duties.

• A group with more than one caregiver may be out of ratio for a very brief period of time when:
  - One caregiver must leave the room (but not the premises) in order to meet the immediate needs of the children in their group.
    • Meeting the immediate needs of the children includes tasks such as helping a child who is injured or sick, getting food for the children, giving medication to a child, helping a child in the bathroom, or helping a child change soiled clothing.
    • Tasks that are not considered meeting the immediate needs of children include doing laundry or other housekeeping duties, making personal phone calls, or taking a work break.
  - A staff person needs to use the bathroom and there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.
  - The option to leave the children with one caregiver does not apply to leaving children with a 16- or 17-year-old caregiver who can never have unsupervised contact with any child in care, even for brief periods of time.
• Preschoolers and school-age children may temporarily, no more than 2 hours, be in groups that exceed maximum group sizes for outdoor play, meal times, nap times, or if there is a special activity such as a puppet show, provided the required caregiver-to-child ratios are maintained.

• When a staff member does not count in the caregiver-to-child ratio and is caring for their own child, the staff member's child does not count in the ratio, capacity, or group size. That parent is the only person responsible for the care of their child.

• A parent who is an employee can change diapers in the infant room as long as the parent is only caring for their own child and not helping care for other children.

For unforeseen circumstances, the caregiver-to-child ratio may be out of compliance for up to 45 minutes. Examples of unforeseen circumstances include:

• A caregiver did not arrive at their scheduled time.
• Children arrived earlier or departed later than their normal time without advance notification from their parent.
• A caregiver had to leave due to an emergency.
• A caregiver abandons their employment without previous notice*.

If licensing staff arrive when ratios are out of compliance, a licensor will:

• Ask how long the ratio has been out of compliance.
• If necessary, check the sign-in and sign-out records to determine how long the ratio has been out of compliance.
• Issue a noncompliance finding if the ratio has been out of compliance for more than 45 minutes.
• If it has not yet been 45 minutes, allow the provider the remaining amount of time for the rule to be brought into compliance.
• Call a Region Manager for instructions if the ratio violation is not corrected by the end of the inspection.
• If the ratio is brought into compliance within the 45 minute allowance, not issue a noncompliance finding. Instead, conduct two Focus Inspections to confirm that it was an unforeseen circumstance.
• If the provider is out of compliance at the first Focus Inspection, issue a noncompliance finding and not conduct the second Focus Inspection. Instead, conduct a Followup Inspection to verify correction is maintained. (When following up on a ratio violation, all classrooms, not just the classroom or areas that were found out of compliance will be assessed.)
• If the provider is in compliance with ratios at the first and second Focus Inspections, not issue a noncompliance finding, but document the situation in the CCL database.

*When an employee needed to meet ratios quits their job without previous notice and the provider cannot adjust ratios to meet the rules within 45 minutes, licensing will grant an automatic temporary variance to the ratio rule for up to ten working days. This will allow the provider time to hire a new individual to bring the facility back into ratio, or to find another way to come into compliance.

In order to enact this variance, the provider must contact their licensor (or other licensing staff if their licensor is unavailable) within 24 hours of the employee’s abandonment and inform the licensor how many staff abandoned their duties, their names and/or BCU ID number. The following conditions apply to this variance:

• The ratios for children 2 years old and older cannot exceed 1 ½ the ratio for the group.
• This variance is not approved to be out of ratios for children younger than 2 years old.
• This variance is not to approve lack of supervision.
• A Focus Inspection will be conducted to verify compliance with ratios once the variance expires.
As listed in Table 1 for single-age groups of children, the provider shall:
(a) maintain at least the number of caregivers and not exceed the number of children in the caregiver-to-child ratio, and
(b) not exceed the group sizes.

<table>
<thead>
<tr>
<th>Ages of Children</th>
<th># of Caregivers</th>
<th># of Children</th>
<th>Group Size (with 2 caregivers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth - 23 months</td>
<td>1</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>2 years old</td>
<td>1</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>3 years old</td>
<td>1</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>4 years old</td>
<td>1</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>School-age</td>
<td>1</td>
<td>20</td>
<td>40</td>
</tr>
</tbody>
</table>

Rationale / Explanation
There are many reasons for regulating the caregiver-to-child ratio and group size. These rules ensure that there are enough caregivers to actively supervise children, ensure children’s safety, and meet their needs. Direct, warm social interaction between adults and children is more common and more likely with lower child-to-staff ratios. Maintaining a smaller group size allows older children to have needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.

It is also important to maintain appropriate caregiver-to-child ratios because caring for too many children increases the possibility of stress for caregivers, and may result in their loss of self-control. CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.

The American Academy of Pediatrics and the American Public Health Association recommend that there always be one caregiver for every two infants and toddlers who are cared for. In Caring for Our Children, it is recommended that even if all children are older than two years, the maximum number of children being cared for by one caregiver should not exceed six children. CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.

Compliance Assessment and Guidance
To be in compliance:
- Confirm the ages of the children who are present in the group.
- If all of the children are in a single-age group, refer to Table 1 for assessment of this rule.
  - The table indicates the number of children for whom 1 caregiver may be responsible.
  - The last column in the table indicates the maximum group size allowed per age group when there are two or more caregivers present.
- Count the number of children being cared for.
- Determine the number of caregivers in the group.
- Confirm that the required caregiver-to-child ratio and group size are maintained.

Noncompliance Level
Level 1 Noncompliance if a group of:
- Infants or toddlers is over ratio or group size by any number of children.
- 2-year-olds is over ratio or group size by 2 or more children.
• 3- or 4-year-olds is over ratio or group size by 4 or more children.
• School-age children is over ratio or group size by 6 or more children.
• Children of any age is over ratio or group size during transportation or offsite activities.

Level 2 Noncompliance if a group of:
• 2-year-olds is over ratio or group size by 1 child.
• 3- or 4-year-olds is over ratio or group size by 3 children.
• School-age children is over ratio or group size by 4 to 5 children.

Level 3 Noncompliance if a group of:
• 3- or 4-year-olds is over ratio or group size by 1 to 2 children.
• School-age children is over ratio or group size by 1 to 3 children.
• If there are a sufficient number of staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios.

(2) As listed in Tables 2-13 for mixed-age groups of children, the provider shall:
(a) maintain at least the number of caregivers and not exceed the number of children in the caregiver-to-child ratio, and
(b) not exceed the group sizes.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Older Toddlers and Two-Year-Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td># Caregivers Required</td>
<td>Age</td>
</tr>
<tr>
<td>1</td>
<td>18-23 Mos.</td>
</tr>
<tr>
<td>2</td>
<td>18-23 Mos.</td>
</tr>
<tr>
<td>Total Children: up to 7 children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>18-23 Mos.</td>
</tr>
<tr>
<td>2</td>
<td>1-9</td>
</tr>
<tr>
<td>Total Children: up to 14 children</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Two-Year-Olds and Three-Year-Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td># Caregivers Required</td>
<td>Age</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total Children: up to 10 children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1-19</td>
</tr>
<tr>
<td>Total Children: up to 20 children</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Two-Year-Olds and Four-Year-Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td># Caregivers Required</td>
<td>Age</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>1-10</td>
</tr>
<tr>
<td>Total Children: up to 11 children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>1-21</td>
</tr>
<tr>
<td>Total Children: up to 22 children</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 5</th>
<th>Two-Year-Olds and Five-to-Twelve-Year-Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td># Caregivers Required</td>
<td>Age</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5-12</td>
<td>1-13</td>
</tr>
<tr>
<td>Total Children: up to 14 children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5-12</td>
<td>1-27</td>
</tr>
<tr>
<td>Total Children: up to 28 children</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Three-Year-Olds and Four-Year-Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td># Caregivers Required</td>
<td>Age</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>1-13</td>
</tr>
<tr>
<td>Total Children: up to 14 children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>1-27</td>
</tr>
<tr>
<td>Total Children: up to 28 children</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 7</th>
<th>Three-Year-Olds and Five-to-Twelve-Year-Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td># Caregivers Required</td>
<td>Age</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>5-12</td>
<td>1-15</td>
</tr>
<tr>
<td>Total Children: up to 16 children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5-12</td>
<td>1-31</td>
</tr>
<tr>
<td>Total Children: up to 32 children</td>
<td></td>
</tr>
</tbody>
</table>
### Compliance Assessment and Guidance

To be in compliance:

- Confirm the ages of the children who are present in the group.
- If all of the children are in a single-age group, refer to Table 1 for assessment of this rule.
  - The table indicates the number of children for whom 1 caregiver may be responsible.
  - The last column in the table indicates the maximum group size allowed per age group when there are two or more caregivers present.
- Count the number of children being cared for.
- Determine the number of caregivers in the group.
- Confirm that the required caregiver-to-child ratio and group size are maintained.

---

**Table 8**

<table>
<thead>
<tr>
<th># Caregivers Required</th>
<th>Age</th>
<th># Children Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>1-14</td>
</tr>
<tr>
<td></td>
<td>5-12</td>
<td>1-17</td>
</tr>
</tbody>
</table>

Total Children: up to 18 children

**Table 9**

<table>
<thead>
<tr>
<th># Caregivers Required</th>
<th>Age</th>
<th># Children Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>1-6</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1-9</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1-9</td>
</tr>
</tbody>
</table>

Total Children: up to 11 children

**Table 10**

<table>
<thead>
<tr>
<th># Caregivers Required</th>
<th>Age</th>
<th># Children Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>1-6</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1-11</td>
</tr>
<tr>
<td></td>
<td>5-12</td>
<td>1-11</td>
</tr>
</tbody>
</table>

Total Children: up to 13

**Table 11**

<table>
<thead>
<tr>
<th># Caregivers Required</th>
<th>Age</th>
<th># Children Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>1-6</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1-12</td>
</tr>
<tr>
<td></td>
<td>5-12</td>
<td>1-12</td>
</tr>
</tbody>
</table>

Total Children: up to 14

**Table 12**

<table>
<thead>
<tr>
<th># Caregivers Required</th>
<th>Age</th>
<th># Children Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>1-11</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1-14</td>
</tr>
<tr>
<td></td>
<td>5-12</td>
<td>1-14</td>
</tr>
</tbody>
</table>

Total Children: up to 16 children

**Table 13**

<table>
<thead>
<tr>
<th># Caregivers Required</th>
<th>Age</th>
<th># Children Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>1-13</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1-26</td>
</tr>
<tr>
<td></td>
<td>5-12</td>
<td>1-26</td>
</tr>
</tbody>
</table>

Total Children: up to 28 children
**Noncompliance Level**

**Level 1 Noncompliance if:**
- The group has any infants or toddlers and is over ratio or group size by any number of children.
- The youngest child is 2 years old and the group is over ratio by 4 or more children.
- The youngest child is 3 years old or older and the group is over ratio by 5 or more children.

**Level 2 Noncompliance if:**
- The youngest child is 2 years old and the group is over ratio by 3 children.
- The youngest child is 3 years old or older and the group is over ratio by 4 children.

**Level 3 Noncompliance if:**
- The youngest child is 2 years old and the group is over ratio by 1 to 2 children.
- The youngest child is 3 years old or older and the group is over ratio by 1 to 3 children.

(3) **Infants and toddlers may be included in mixed-age groups only when 8 or fewer children are present in the group.**

**Compliance Assessment and Guidance**

When there are eight or fewer children in the group:
- Confirm the ages of the children in the group.
- If the group is a mix of older toddlers and twos, refer to R381-10(2) Table 2.

The following guidelines apply to the assessment of this rule:
- This rule applies to the provider’s and caregivers’ own children as well as other children in care.
- Any room or area where infants and/or toddlers are being cared for (even in a group with older children) must meet the requirements for an infant/toddler room.
- Infants and toddlers may be with older children for occasional special visitors and programs but not for regularly scheduled activities.

**Noncompliance Level**

**Level 1 Noncompliance**

(4) **If more than 2 children who are younger than 24 months old are included in a mixed-age group, and the group has more than 4 children, there shall be at least 2 caregivers with the group.**

**Rationale / Explanation**

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being bumped, knocked down, stepped on, or otherwise hurt by the older children. *CFOC 3rd ed. Standard 2.1.2.4 p. 59.*

Separation of infants from older children is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted. *CFOC 3rd ed. Standard 2.1.2.4 p. 59.*
Groups with infants or toddlers present are also limited, so that in the event of an emergency, there will be enough adults present to safely evacuate the children, including infants and toddlers who would need to be carried. *CFOC 3rd ed. Standard 1.1.1.2. pp. 4-6.*

**Compliance Assessment and Guidance**

**Always:**
- Confirm if there are any infants or toddlers in the group.
- Confirm that there are 2 caregivers with the group if there are more than 2 infants or toddlers and the group has more than 4 children present.
- If the group is a mix of older toddlers and twos, refer to R381-10(2) Table 2.

**Noncompliance Level**

**Level 1 Noncompliance**

(5) During nap time only, the caregiver-to-child ratio may double if:
(a) all children in the group are at least 18 months old,
(b) all children in the group are in a restful and nonactive state, and
(c) the caregiver supervising the napping children is able to contact another on-site caregiver without leaving the children unattended.

**Rationale / Explanation**

Napping children require less supervision than awake children. However, there must always be an adequate number of caregivers available nearby in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. Napping children should never be left unattended. *CFOC 3rd ed. Standard 1.1.1.2. pp. 4-6. Standard 2.2.0.1. pp. 64-66.*

**Compliance Assessment and Guidance**

This rule applies only to nap times. If center staff provide rest time for homework, movies, etc., this is not considered to be a nap time and ratios cannot be doubled during these times. For example, it does not apply to TV or movie times, or other less active times that are not nap times. This rule does not allow doubling the ratio for infants and toddlers younger than 18 months of age at any time. If center staff have school-age children nap, then ratios in those school-age rooms may be doubled during nap time.

As children begin to wake up from naps, if less than half the group is awake and engaged in a quiet activity, such as looking at a book, putting together a puzzle, drawing or coloring, or using play dough, a classroom can still have half of the required number of caregivers. However, once half or more of the children are awake and off their nap mats or cots, the classroom must meet the required non-nap time ratios. Doubling of the ratio applies only to the maximum two-hour nap time period.

To be in compliance during nap time:
- Confirm the ages of the children who are present in the napping group.
- Determine the number of caregivers in the group and count the number of children who are napping.
- If all of the children are in a single-age group, refer to Table 1 to determine the ratio.
- If the children are in a mixed-age group, refer to Table 2 through Table 13 to determine the ratio.
Noncompliance Level
Level 1 Noncompliance if:
• The group has any older toddlers and is over ratio or group size by any number of children.

Level 2 Noncompliance otherwise

(6) There shall be at least 2 caregivers present when there is only one group of children on the premises and that group has more than 8 children, or more than 2 infants or toddlers.

Rationale / Explanation
The purpose of this rule is to ensure that there are enough caregivers present to always care for and supervise the children including in the event of an emergency. CFOC 3rd ed. Standard 1.1.1.2. pp. 4-6.

Compliance Assessment and Guidance
If the caregiver-to-child ratio is in compliance with one caregiver and there are not more than 2 infants or toddlers in the group of children, the second caregiver may be any place in the facility and does not need to be with the group of children.

Any room or area where infants and/or toddlers are being cared for (even in a group with older children) must meet the requirements for an infant/toddler room.

If there is only one group of children on the premises:
• Count the number of children who are present in the group and confirm the children’s ages.
• Verify that there are at least 2 caregivers present if there are more than 8 children in the group, or if there are more than 2 infants or toddlers.
• Confirm that the caregiver-to-child ratio is in compliance.

Noncompliance Level
Level 1 Noncompliance

(7) The provider’s or an employee’s child age 4 years or older is not counted 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.

Rationale / Explanation
This rule is considered when determining compliance to capacity, ratios, and maximum group sizes.

A child’s parent is considered to be working at the facility if they are “on the clock” and on the premises or have left to perform a work-related duty (for example, a bus run or buying center supplies).

(8) Caregivers who are 16 or 17 years old may be included in the caregiver-to-child ratio, but shall not have unsupervised contact with any child in care.

Rationale / Explanation
The American Academy of Pediatrics and the American Public Health Association recommend that caregivers be at least 18 years of age, and those individuals who are younger than 18 years old should never be left alone with children. CFOC 3rd ed. Standard 1.3.2.3. p. 13.

Research in brain development and functioning in teenagers indicates that teenagers’ responses to situations are more emotional and impulsive, and show less reasoned judgment than adult
responses. For more information about this research, see:
• http://www.nimh.nih.gov/Publicat/teenbrain.cfm
• http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/

Compliance Assessment and Guidance
Always:
• Confirm that any 16- or 17-year-old caregivers do not have unsupervised contact with children in care.
• Refer to the following guideline:
  - Sixteen- and seventeen-year-old caregivers may never have unsupervised contact with a child in care at any time. A caregiver or other employee who is at least 18 years old and has passed a CCL background check must always be present in the room when a 16- or 17-year-old is caring for children.

Noncompliance Level
Level 2 Noncompliance

(9) Volunteers may be included in the caregiver-to-child ratio if they:
(a) are at least 16 years old,
(b) receive at least 2.5 hours of preservice training before counting in the caregiver-to-child ratio, and
(c) complete at least 1.5 hours of child care training for each month they volunteer 40 hours or more.

Rationale / Explanation
Preservice training ensures that all those who work with the children in care receive specific and basic training for the work they will be doing and are informed about their new responsibilities. Preservice and ongoing training are especially important for those who may have limited education qualifications or experience working with children. CFOC 3rd ed. Standard 1.4.2.1. p. 21.

Compliance Assessment and Guidance
To be in compliance:
• Confirm that any volunteer who counts in the caregiver-to-child ratio is at least 16 years old.
• Check the provider’s personnel records to verify that the volunteer has:
  - Received 2.5 hours of preservice training.
  - Completed at least 1.5 hours of child care training for each month they volunteer 40 hours or more.

Noncompliance Level
Level 1 Noncompliance if a volunteer:
• Counted in the caregiver-to-child ratio and is younger than 16 years old.

Level 2 Noncompliance if a volunteer:
• Did not receive 2.5 hours of preservice training.
• Had unsupervised contact with a child in care before receiving or completing preservice training.
• Did not complete the annual child care training hours by the license expiration date.

(10) Student interns who are registered in a high school or college child care course may count in the caregiver-to-child ratio when requirements in R381-100-7(14)(a)-(c) are met.
Compliance Assessment and Guidance

If a student intern counts in the caregiver-to-child ratio:
- Confirm that the student:
  - Does not have unsupervised contact with any child in care; and
  - Wears a guest nametag.

Noncompliance Level
Level 2 Noncompliance

(11) Guests shall not count in caregiver-to-child ratios.

Rationale / Explanation
The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. Guests are not required to be background screened or receive training and therefore may not be responsible for any child in care.


Compliance Assessment and Guidance
To be in compliance:
- Confirm that no guests at the facility count in the caregiver-to-child ratio. Individuals who count in the caregiver-to-child ratio must meet personnel requirements such as passing a background check and receiving annual child care training.

Noncompliance Level
Refer to 100-7(9) and/or 100-8(1) for noncompliance with this rule.

(12) A center that has been constructed, licensed, and continuously operated since 1 January 2004 is exempt from maximum group size requirements if:
(a) the caregiver-to-child ratio is maintained, and
(b) the required square footage for each group of children is maintained.
This section explains the rules regarding the supervision and security of the children.

Supervision is basic to maintaining the health and safety of children and providing quality child care. Children must be supervised not only to protect them from physical injury, but from harm that can occur from topics discussed by children or by inappropriate behavior. It is the responsibility of caregivers to monitor what children are talking about and doing, and intervene when necessary. *CFOC 3rd ed. Standard 2.2.0.1. p. 65.*

Supervision rules apply to all children in care. This includes the provider's and employees' children younger than 4 years old when those children are with other qualifying children while on the premises, being transported, or participating in offsite activities.

<table>
<thead>
<tr>
<th>Rule</th>
<th>Child’s Age</th>
<th>Unrelated Child</th>
<th>Provider’s Own Child</th>
<th>Caregiver’s Own Child</th>
<th>Other Related Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do supervision rules apply to the child?</td>
<td>0-3 Years</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>4 Years &amp; older</td>
<td>Yes</td>
<td>No¹</td>
<td>No¹</td>
<td>Yes</td>
</tr>
</tbody>
</table>

¹ When the provider or a caregiver is at the facility performing child care duties, the supervision rules do not apply to their children 4-12 years old (and 13-17 years old children with a disability). The rules do apply if the provider or caregiver is not performing child care duties and/or is offsite.

The following guidelines apply to the rules in this section:

- Supervision means having awareness of and responsibility for each child, and being near enough to intervene as needed.
- Any individual who counts in the caregiver-to-child ratio is responsible for the supervision and security of the children.
- It is a lack of supervision if any child is left in the care of an individual younger than 16 years old. Individuals who are 16 or 17 years old may be caregivers, but may not be left alone with a child in care on the premises, in vehicles, or during offsite activities.
- It is not a lack of supervision if the provider or caregiver gives permission for their own children to leave the premises in the company of another person (including a sibling). While in care, all supervision rules apply to the provider’s qualifying children at the facility, during transportation, and during offsite activities.

(1) **The provider shall ensure that caregivers provide and maintain active supervision of each child at all times.**

**Rationale / Explanation**

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be aware of each child at all times. *CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.*

Children like to test their skills and abilities. This is particularly noticeable around playground equipment. Serious injuries can happen if children are left unsupervised when children are outdoors. *CFOC 3rd ed. Standard 2.2.0.1. p. 65.*
Compliance Assessment and Guidance

To be in compliance:
• Make sure caregivers are actively supervising children both inside the facility and in the outdoor area.
• Observe whether caregivers are physically present in a room or area with infants, toddlers and preschoolers.
• Observe whether caregivers can hear school-age children and are close enough to intervene.
• Ask how many children are in care.
• Count the number of children in care to verify compliance to this rule.
• A licensor may also check the attendance logs if the numbers do not match the caregiver’s statement.
• Observe whether caregivers are actively supervising by focusing their attention on the children in care.
• Observe whether caregivers are positioned to be aware of and actively supervise each child in the group.
• A caregiver may sit between two classrooms during nap time and supervise napping children age 18 months and older in each classroom as long as the caregiver-to-child ratio is maintained. Refer to 100-10(5) for more information about caregiver-to-child ratios during nap time.

The following guidelines apply to the assessment of this rule.
• Caregiver’s personal interests includes: visiting with another adult, talking on a cell phone, text messaging, reading, lesson planning, or performing tasks unrelated to child care.
• When supervising the children, a caregiver may not nap even when children are napping.
• Being physically present means being able to see and hear each child, and being near enough to intervene when necessary.

Inside Supervision

Active supervision is assessed based on the following descriptions of a "room," which affect a caregiver's ability to see and/or hear children and intervene when necessary.

When a large room is divided into smaller rooms/areas with barriers such as furniture or with half walls, the room/area will be considered:
• One room, when the room is divided by a solid barrier that is 24 inches or less, regardless if the barrier is movable or immovable.
• One room, when the room is divided by a solid barrier that is between 25 and 40 inches in height and there is an opening in the barrier through which caregivers and children can move freely.
• Two rooms, when the room is divided by a solid barrier that is between 25 and 40 inches in height and there is no opening in the barrier through which caregivers and children can move freely, or there is an opening between the two sides but the opening is blocked such as with a child safety gate. This applies to a diaper changing station that is located behind a closed gate.

When two rooms/areas are connected by a large opening, archway, or doorway, the rooms/areas will be considered:
• One room, when the width of the opening or archway is equal to or greater than the combined width of the walls on each side of the opening or archway (measure these walls in the larger of the two rooms/areas), as long as there is no furniture or other dividers blocking the opening or archway. Otherwise this will be considered two rooms.
- Two rooms, when the width of the opening or archway is smaller than the combined width of the walls on each side of the opening or archway (measure these walls in the larger of the two rooms/areas).
  - If one of the two rooms is a bathroom for children or a room in which children’s diapers are changed, one caregiver (or more, depending on the number of children present) is considered to be supervising both rooms.

Outside Supervision

For supervision to be in compliance, there must be a caregiver, or caregivers depending on the number of children, in each outdoor area. Caregivers may not supervise children from outside of a fence.

When determining the number of caregivers required for supervision in outdoor areas separated by interior fences, consider it:

- One area, when the fence is 24 inches or less in height, whether the fence has an opening or not.
- One area, when the fence is 40 inches or lower in height with an opening through which caregivers and children can move freely.
- Two areas, when the fence is higher than 40 inches.
- Two areas, when the fence is 25 inches or higher and there is no opening.

The following guidelines apply to the assessment of this rule both indoors and outdoors.

- Children age 3 years and older may be allowed to leave the room or playground to use the bathroom or to get a drink from an indoor drinking fountain by themselves, except when going to a bathroom that is shared by the public (for example, a bathroom in a gym, rec center, or park) as long as the provider has and follows a written policy that includes the following:
  - Only one child at a time from each group may be allowed to go to the bathroom or to get a drink from an indoor drinking fountain. Another child cannot be allowed to leave until the previous child has returned.
  - The caregiver must track the time each child is gone, to make sure each child returns in a reasonable amount of time.
  - Building exits must be effectively monitored to ensure that children sent to the bathroom or to get a drink from an indoor drinking fountain do not leave the building.

It is not out of compliance if:

- An infant or toddler is in a playpen and a caregiver is in the same room or area, can see and hear the child, and is near enough to intervene when necessary.
- An infant or toddler is in an enclosed play yard as long as the caregiver can reach each child without having to open a gate.
- There is a caregiver in the room but their back is turned to the children.
- Caregivers send a school-age child on a brief errand out of the classroom (for example, to take something to the office or to get a drink from an indoor drinking fountain).
- For children age 2 years and older, caregivers are positioned in an open doorway, opening, or archway between two rooms and can see and hear all the children in both rooms as long as ratios are maintained.
- During an inspection, the licensor takes the caregiver out of their routine to show them or explain a finding.

Noncompliance Level

Level 1 Noncompliance if:

- There is no qualified caregiver in the room or area with children younger than 5 years of age.
• Lack of supervision results in:
  - A lost child
  - A child being left on an offsite activity
  - A child being left unattended in a vehicle
  - A child is left unsupervised at a pool
  - A child being left at the center after closing hours
• An exterior door is left open without a caregiver in the room allowing children to exit the facility without supervision.
• A caregiver was unable to accurately account for all of the children, including in an emergency evacuation.

Level 2 Noncompliance if:
• A caregiver can see the children, but the caregiver is not in the same room with the children.
• School-age children are unsupervised.
• A caregiver leaves the children unsupervised to open the front door if the children are on the same floor and the room is in close proximity to the door.
• There is an adjacent room with open doors or archways with a caregiver in one of the rooms.
• The caregiver’s attention is not on the children but on the caregiver’s personal interests.

(2) Active supervision shall include:
(a) for children younger than 5 years of age, the caregiver shall be physically present in the room or area with the children;
(b) for school-age children, the caregiver shall be able to hear the children and be close enough to intervene;
(c) caregivers shall know the number of children in their care at all times;
(d) caregivers’ attention shall be focused on the children and not on caregivers’ personal interests;
(e) caregivers shall be aware of the entire group of children even when interacting with a smaller group or an individual child; and
(f) caregivers shall position themselves so all children in their assigned group are actively supervised.

Rationale / Explanation
Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be aware of each child at all times.  


To confirm the safe whereabouts of every child at all times, there should be a system in place where caregivers regularly account for each child. For example, caregivers should count children (name to face) at every transition, whenever leaving one area and arriving at another, and when going indoors or outdoors. CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.

Compliance Assessment and Guidance
Refer to R381-100(11)(1) including for noncompliance levels.

(3) When video cameras and mirrors are used to supervise napping children:
(a) the napping room shall be adjacent to a non-napping room;
(b) there shall be a staff member in the non-napping room;
(c) cameras or mirrors shall be positioned so that every child can be seen;
(d) the staff member shall be able to see and hear each child;
(e) there shall be an open door without a barrier, such as a gate, between the napping
room and the non-napping room; and
(f) children who wake up shall be moved to the non-napping room.

Rationale / Explanation
Supervision using video cameras and mirrors does not replace the benefit of close proximity observations. However, these devices can facilitate active supervision as long as the caregivers stay alert and remain close enough to intervene whenever needed.

Compliance Assessment and Guidance
To be in compliance:
• Make sure caregivers supervise napping children.
• Confirm that the use of video cameras or mirrors meets the requirements in rule.

Noncompliance Level
Level 1 Noncompliance

(4) A blanket or other item shall not be placed over sleeping equipment in such a way that prevents the caregiver from seeing the sleeping child.

Rationale / Explanation
It is crucial for the caregiver to be able to see those children they supervise, even during nap time. Any visual obstruction between the napping child and the caregiver will become an obstacle to determine if quiet behaviors require the caregiver’s attention and intervention.

Compliance Assessment and Guidance
To be in compliance:
• Make sure caregivers supervise napping children.
• Refer to the following guidelines:
  - A provider may use an enclosed porta-crib as long as the porta-crib window and top remain open so that the child can be visually checked.
  - If a blanket or other item is draped over sleeping equipment and the child in the equipment cannot be seen without moving the item, the child in the equipment is not being supervised.

Noncompliance Level
Level 1 Noncompliance

(5) Whenever a child is in care, the child’s parent shall have access to their child and the areas used to care for their child.

Rationale / Explanation
Allowing parents unrestricted access to their children and all areas of the facility that are used for child care is one of the most important methods of preventing abuse and maltreatment of children in care. When access is restricted, areas observable by parents may not reflect the care that children actually receive. CFPC 3rd ed. Standard 2.3.1.2. p. 78; Standard 9.4.1.6. pp. 380-381.

Compliance Assessment and Guidance
If the facility’s doors are locked for security reasons, the provider must have a way to allow authorized parents to enter in a timely manner. Although not required by CCL, three common ways of securing a child care facility while allowing immediate access to parents include:
  - Using a keypad system in which parents can enter a code or use a fingerprint,
- Monitoring an entrance visually or with audio and using a wi-fi enabled lock to buzz parents in,
- Leaving one door unlocked and having a buzzer or doorbell that rings each time someone enters the facility.

**Noncompliance Level**
Level 2 Noncompliance

(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.

**Rationale / Explanation**
The provider should have a sign-in and out system to track who enters and exits the facility. This helps maintain a secure environment for children and staff, helps caregivers know which children are in care, and helps ensure that all individuals in the building are evacuated in case of an emergency. *CFOC 3rd ed. Standard 9.2.4.7. p. 371.*

Releasing a child into the care of an unauthorized person may put the child at risk. Proper release procedures should be followed to maintain the safety and security of each child. *CFOC 3rd ed. Standard 9.2.4.8. pp. 371-372.*

Keeping accurate records of arrivals and departures is critical in establishing which children are in care at any given time including during an emergency. Knowing the number of children present also helps in making sure there are no missing children, maintaining the caregiver-to-child ratio, tracking required child care reimbursement, and allows for documentation in the event of child abuse allegations or legal action involving the facility. *CFOC 3rd ed. Standard 9.2.4.10. pp. 372-373.*

Allowing children to sign themselves out of child care is not best practice. However, if it is allowed the provider must have the parent’s prior written permission. It is recommended that the permission include the specific days and times when the child may sign out of child care and a statement releasing the provider from liability when children sign themselves out.

**Compliance Assessment and Guidance**
To be in compliance:
- Review the sign-in and sign-out records to confirm that all children were signed in and out.
- Make sure there is a separate signature for when each child is signed in and for when each child is signed out.
- Confirm that the records are dated and include the times each child arrived and departed child care.

The following guidelines apply to the assessment of this rule:
- The provider may accept an electronic permission statement (such as an email or text message) from the parent for an individual to sign out their child as long as the caregiver can
confirm the sender’s identity.
• An electronic computer system that uses an identification code to sign children in and out meets the intent of this rule.
• A caregiver may release a child to a person younger than 18 years old as long as the person has written authorization from the child’s parent to sign the child out.

**Noncompliance Level**
Level 1 Noncompliance if:
• An unauthorized person is allowed to take a child from the facility.
• The provider allows a school-age child to sign out of child care without having permission from the parent.

Level 3 Noncompliance otherwise

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

**Rationale / Explanation**
In case of an emergency, it may be necessary for a caregiver to release a child based on the parent’s verbal rather than written authorization. For the protection of the child and the provider, this should not be a routine practice.

**Compliance Assessment and Guidance**
The following guideline applies to the assessment of this rule:
• In an emergency, a text message from a parent is an acceptable alternative for verbal permission for someone to pick up a child as long as the caregiver can confirm the sender’s identity.

**Noncompliance Level**
Level 3 Noncompliance

(8) A six-week record of each child’s daily attendance, including sign-in and sign-out records, shall be kept onsite for review by the Department.

**Rationale / Explanation**
Keeping accurate records of arrivals and departures is critical to establishing which children are in care at the facility at any given time, and how many caregivers are needed. *CFOC 3rd ed. Standard 9.2.4.10. pp. 372-373.*

Keeping accurate records means the records include arrival and departure times.

**Compliance Assessment and Guidance**
To be in compliance:
• Keep the attendance and sign-in and sign-out records for the past six weeks available if necessary to verify compliance.

**Noncompliance Level**
Level 3 Noncompliance
This section of rules deals with appropriate methods of guiding and interacting with children and explains the types of interactions that are not allowed. Licensing staff will require that any inappropriate or abusive interactions with children be immediately stopped, if observed during an inspection.

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

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

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

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

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

Compliance Assessment and Guidance
CCL will investigate all allegations of child abuse and neglect in child care programs. Depending on the allegations, CCL may refer complaint allegations to other government agencies. If the allegations are more than six weeks old, CCL may still refer the allegations to another government agency.
- Substantiated allegations of abuse or neglect will be made available to the public.

Noncompliance Level
Level 1 Noncompliance

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

Rationale / Explanation
It is important that all parties involved, including parents, children, and caregivers understand the program's expectations of children’s behavior. The guidance and discipline of children should be based on children’s developmental level with simple rules that children can understand, and being

The provider may inform caregivers, parents, and children of the program's behavioral expectations in a variety of ways. Examples of this include making the information part of the orientation for new enrolling parents, putting it in a parent handbook, and posting it on a parent bulletin board.

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

**Infants: Ages Birth to 11 Months**

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

**Toddlers: Ages 12 Months to 24 Months**

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

**Two-Year-Olds**

- Like to assert their independence.
- Often express the words “no” and “mine” because they want to play with others but they do not know how.
- Have a difficult time sharing.
- Exhibit mood swings because they want to express themselves and do not know how.

**Three- to-Five-Year-Olds**

- Have a great desire to please adults.
- May still have a difficult time sharing and taking turns or playing with others.
- May have outbursts of emotions.
- Like to be independent, have choices, and “do it themselves.”
- Need to win and be successful.
- Often tell on others to prove that they know the rules and want others to know they know.
- Like to play in small groups but may need some guidance.
School-Age Children:

- Generally, have a desire to cooperate and please.
- Like to play with others but want to be recognized as an individual.
- Like to make decisions and do well when they are part of group decisions.
- Will often stretch the truth to meet their social needs.

Compliance Assessment and Guidance

To be in compliance:
- Confirm that the health and safety plan contains the information required in this rule.

Noncompliance Level

Level 3 Noncompliance

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

Rationale / Explanation

Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural and logical consequences (for example, if a child breaks a toy, then the toy no longer works; or if a child throws sand, then they may not play in the sand box for a while). *CFOC 3rd ed. Standard 2.2.0.6. p. 70-72.*

Children’s ability to manage their own behaviors is supported when:
- Caregivers have a positive relationship with the children,
- Use encouragement and descriptive praise to point out appropriate behaviors,
- Show children positive alternatives, and

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

Rationale / Explanation

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

(5) Interactions with the children shall not include:

(a) any form of corporal punishment or any action that produces physical pain or discomfort such as hitting, spanking, shaking, biting, or pinching;
(b) restraining a child’s movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;
(c) shouting at children;
(d) any form of emotional abuse;
(e) forcing or withholding food, rest, or toileting; or
(f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale / Explanation

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

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

The child care program should strongly encourage all staff members to model healthy and safe behaviors and attitudes in their interactions with children. Modeling is an effective way of confirming that a behavior is one to be imitated. Brief verbal expressions of disapproval help children use reasoning. Shouting at children or others is not an effective communication tool and can be emotionally abusive. *CFOC 3rd ed. Standard 2.2.0.9. pp. 75-76.*

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

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

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

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

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

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

**Compliance Assessment and Guidance**

Noncompliance to this rule includes jerking, pulling, lifting or swinging a child by the arm(s) which can cause a partial dislocation of the elbow, also referred to as nursemaid’s elbow. Corporal punishment also includes squirting a child with water or putting hot sauce or soap in a child’s mouth.
The following guidelines apply to the assessment of this rule:

- Placing a child in a harness or leash is considered restraining a child's movements.
- Swaddling a child will not be considered restraining a child's movement unless it is used as a form of discipline.
- Covering a child's hand with a sock, as long as movement of the child’s arm and hand is not restricted, is not considered inappropriate discipline unless it is done to humiliate or demean a child.
- This rule is not intended to prevent a caregiver from shouting to a child in an emergency situation where there is imminent danger of serious physical harm (for example, shouting to prevent a child from running into the street).

Examples of inappropriate interactions include:

- A provider’s use of profanity in the presence of a child.
- Using humiliation to discipline a child, such as putting an older child in a highchair or crib, or putting an older child in a younger classroom to make the child look like a "baby".
- A special treat or snack is withheld as a discipline measure.
- An awake child is forced to rest for more than 30 minutes with no other activity being provided for the child. For example, requiring an awake child to lie on a mat for more than 30 minutes with nothing else to do is considered out of compliance. However, having the child rest on a mat for more than 30 minutes may be appropriate if the child is provided with books or a similar quiet activity.

This rule is not out of compliance if:

- Children are not offered dessert when they do not finish their meal (although it is not best practice to use food as a reward for finishing other food).
- A provider offers treats when potty training a child.

To be in compliance:

- Observe to confirm that all interactions with children meet the requirements of the rule.
- CCL staff will also report any observed or suspected abuse as required by law.

**Noncompliance Level**
Level 1 Noncompliance

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

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

For more information about preventing abuse and neglect, refer to:
- https://pcautah.org (Prevent Child Abuse Utah)
- http://preventchildabuse.org (Prevent Child Abuse America)

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

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

**Noncompliance Level**
Level 1 Noncompliance
This section introduces the rules and information about preventing physical injury and other harm to children. These rules apply to both the indoor and outdoor areas of the facility including vehicles when they are accessible to the children.

To keep children safe, the provider is responsible to 1) ensure that the child care environment is free of hazards and/or that hazards are inaccessible to children, and 2) provide necessary supervision in preventing harm to children.

Refer to 100-2(28) for the definition of inaccessible and approved ways of making hazards inaccessible. For the rules and guidance regarding the supervision of children, refer to “Section 11: Child Supervision and Security.”

1. The building, outdoor area, toys, and equipment shall be used in a safe manner and as intended by the manufacturer to prevent injury to children.

**Rationale / Explanation**

The provider has a duty to protect everyone in their facility by complying with manufacturer safety guidelines. Manufacturer instructions contain important safety information that helps avoid injury and property damage. Additionally, not using a product according to manufacturer instructions can be used against the provider if an accident occurred and legal action was taken.

The intent of this rule is not to impede children from healthy risk-taking. Children’s natural curiosity and predisposition for challenging activities is part of their normal development. Positive guidance and safe environments can minimize injury while encouraging safe exploration and decision making. Offering well planned or impromptu appropriate risk-taking activities can help minimize dangerous risk-taking behaviors.

Constant active supervision is needed in order to ensure that children do not use toys, equipment, and other materials in unsafe ways. CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.

**Compliance Assessment and Guidance**

This rule will be considered out of compliance when a child or adult is allowed to use the building, a toy, equipment, or another item in an unsafe way (Ex: a child goes down the slide head first and a caregiver does not immediately address the situation; or children are around an adult who is using equipment that requires safety protection such as a chain saw or a lawn edger).

**Noncompliance Level**

Level 2 Noncompliance

2. Poisonous and harmful plants shall be inaccessible to children.

**Rationale / Explanation**

Plants are among the most common household substances that children ingest. Some plants are poisonous when eaten and others are harmful even when touched. For some plants, all parts of the plant are poisonous. For others, only certain parts of the plant are harmful. The danger can range from mild irritation to severe illness or death. Determining the toxicity of every commercially
available household plant is difficult. A more reasonable approach is to keep any unknown plant out of the environment that children use. *CFOC 3rd ed. Standard 5.2.9.10. p. 234.*

For more information about safe and harmful plants, see: 

For an illustrated list of poisonous plants, refer to: 
https://www.poison.org/articles/plant#poisonousplants

For a list of poisonous plants native to Utah, refer to the Utah Poison Control Center at: 
https://poisoncontrol.utah.edu/plants/listNativePlants.html.

**Compliance Assessment and Guidance**

Although there are other poisonous and harmful plants that must be made inaccessible to children, CCL only inspects for the following plants:

- castor bean
- jimson weed
- mushrooms
- oleander
- poison ivy
- poison oak
- puncture weeds
- stinging nettle
- thistles
- toadstools

Without leaving children unsupervised or the group out of ratio, a staff member should check the outdoor area and remove any toadstools (or mushrooms) that might have grown overnight before children play outside.

**Noncompliance Level**

Level 2 Noncompliance

(3) **Sharp objects, edges, corners, or points that could cut or puncture skin shall be inaccessible to children.**

**Rationale / Explanation**
The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. *CFOC 3rd ed. Standards 5.3.1.1. - 5.3.1.2. pp 237-238.*

Consider an object to be sharp if:

- It is has an edge or point that is made for the purpose of cutting, slicing, piercing, or puncturing another object, such as a pair of adult scissors, a knife, razor (including electric), staple gun, thumb tack, sewing needle (including for a sewing machine), antler, quill, etc.
- It has an edge or point that could cut, slice, pierce, or puncture because it is broken, in disrepair, or improperly installed, such as toys or other objects with jagged or sharp edges, nails or screws with protruding points, etc.
- It has a rigid edge or point that is likely to cut or puncture when coming into contact with bare skin, such as a plugged-in fan or paper shredder without a finger guard that prevents a child’s fingers from reaching the blades.

**Compliance Assessment and Guidance**
The following guidelines apply to the assessment of this rule:

- The following objects will not be considered sharp objects:
  - Furniture edges (unless they are broken)
  - Hammers and screw drivers
  - Cheese graters, apple corers, and vegetable peelers
- Tape dispenser and staple removers
- Icicles
- Scissors with blunt or round blade ends.

• With active supervision children may use woodworking tools, but all sharp tools must be inaccessible when not in use.
• With active supervision school-age children may use adult scissors and sewing needles, but all sharp tools must be inaccessible when not in use.

Noncompliance Level
Level 2 Noncompliance

(4) Choking hazards shall be inaccessible to children younger than 3 years of age.

Rationale / Explanation
Choking occurs when food or other object blocks the airway making it difficult or impossible to breathe. A blocked airway can quickly lead to severe complications, including brain damage and death. According to the American Academy of Pediatrics, young children are at higher risk of choking because they tend to put objects in their mouths and because their windpipes (tracheas) are narrow (about the size of a drinking straw's diameter). A child chokes to death approximately every five days; and 75% of choking deaths occur in children under the age of 3 years, making choking a leading cause of death in infants and toddlers.

According to federal standards, a choking hazard is a small object with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches. Injury or fatality from breathing in or swallowing small objects is well-documented. Eliminating these small items from a child care facility greatly reduces the risk of a child choking. CFOC 3rd ed. Standard 6.4.1.2. pp. 284-285.

In 2010, the American Academy of Pediatrics (AAP) released guidelines for choking prevention for parents and health care providers. Knowing which objects most often cause choking can reduce risk, so common choking hazards (other than food) are listed below:

• Coins
• Buttons
• Toys with small parts
• Objects that can fit entirely in a child’s mouth (blocks, small balls, marbles, small stones, etc.)
• Balloons
• Small hair bows, barrettes, rubber bands, jewelry
• Art and craft supplies (pen or marker caps, macaroni, beans, beads, craft eyes, chalk, etc.)
• Small batteries, magnets, etc.
• Pet food

First Aid for Families (PedFACTs) (Copyright © 2012 American Academy of Pediatrics)

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:

• An object that, without altering its natural shape, fits completely in the choke tube is out of compliance if the object is accessible:
  - In all rooms (including bathrooms and outdoor areas) for children younger than 3 years old, or
  - In any other room when there are children younger than 3 years old present in the room.

• Allow the following exceptions:
  - Children younger than 3 years old may use materials smaller than the approved size (e.g. game pieces or art materials such as crayons, chalk, uncooked pasta, etc.) only in a carefully supervised activity. This means a caregiver is within arm’s reach of the children.
and providing constant, active supervision; and the caregiver does not leave until the materials are made inaccessible.

- Attached caps (such as marker and bottle caps) and attached paper clips will not be considered choking hazards.
- Small items (such as pasta noodles) that are in the unopened original packaging will not be considered choking hazards.
- Elements of nature (such as rocks and shells) and parts of protective cushioning (such as bark) that are smaller than the allowed size may be accessible to children in the outdoor area.
- An object smaller than ½ by ½ inch will not be considered a choking hazard.

Noncompliance Level
Level 2 Noncompliance

(5) **Strangulation hazards such as ropes, cords, chains, and wires attached to a structure and long enough to encircle a child’s neck shall be inaccessible to children.**

**Rationale / Explanation**
Strings and cords (such as those that are parts of toys and those found on window coverings) that are long enough to encircle a child’s neck should not be accessible to children in child care. Cords on window blinds and curtains are frequently associated with strangulation of children under five years of age. Cords and ribbons tied to pacifiers can become tightly twisted, or can catch on crib corner posts or other protrusions and cause strangulation. *CFOC 3rd ed. Standard 3.4.6.1. p. 129.*

**Compliance Assessment and Guidance**
Examples of noncompliance include:
- Window covering cords or chains that are accessible to children (hanging within 36 inches of the floor).
- Pacifier cords longer than 8 inches.
- Ropes, cords, chains, or wires that are attached to structures, such as railings, fences, and decks, and are hanging within 36 inches of the floor or ground.
- Ropes, cords, chains, or wires that are longer than 12 inches and can make a loop 5 inches or greater in diameter and are attached to secure objects.

It is not out of compliance if:
- Children play with lacing cards, stringing beads, yarn, ribbon, boondoggle, scarves, string, shoelaces, jump ropes, dress-up clothing with ties, purses with straps, and hanging jewelry.
- Children are properly strapped into feeding tables or highchairs with nylon safety straps.
- Lanyards and necklaces are used.
- There are accessible loose jump ropes.
- An electrical cord is plugged in (even when the cord is longer than 12 inches).

Noncompliance Level
Level 2 Noncompliance

(6) **Tripping hazards such as unsecured flooring, rugs with curled edges, or cords in walkways shall be inaccessible to children.**

**Rationale / Explanation**
Tripping hazards are found by CPSC to be some of the most common causes of injury. Prevention of slipping and tripping hazards is key to preventing injuries from falls. *CFOC 3rd ed. Standard 5.1.6.2. pp. 209-210; Standard 5.3.1.1. pp. 237-238.*
Compliance Assessment and Guidance
- This rule will be assessed in all areas used by children.
- Tripping hazards include:
  - Defective flooring with uneven edges coming up more than 1/4 inch from the floor level
  - Rugs with curled edges of more than 1/4 inch above the rug level
  - Electrical and other cords that are in or across indoor and outdoor walkways

Noncompliance Level
Level 2 Noncompliance

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

Rationale / Explanation
Plastic bags pose a risk of suffocation for children. Of all children’s products, balloons are the leading cause of suffocation deaths according to the Consumer Product Safety Commission. Balloons and latex gloves can cause choking if a piece is accidentally breathed in or swallowed. Exposure to latex can trigger an allergic reaction in some children and adults. CFOC 3rd ed. Standard 5.5.0.7. p. 257; Standard 6.4.1.5. p. 285.

Compliance Assessment and Guidance
This rule applies to:
- Any plastic bag that is 9 inches in diameter or bigger (that includes gallon-size storage bags)
- Empty plastic bags in a roll that are in accessible drawers, cupboards, containers, open boxes, or dispensers
- Balloons whether or not inflated, even if the children are being actively supervised

This rule does not apply to:
- Bags smaller than 9 inches in diameter
- Plastic trash can liners inside of a trash can
- Plastic grocery bags for activities, such as making kites, with constant, active supervision
- A plastic bag that is tied in a knot
- Plastic bags, latex gloves, or balloons in a sealed box that has not yet been opened
- Latex gloves on a changing table, if they are only within reach of the child on the changing table
- Multiple use gloves
- Mylar balloons
- Balloons encased in other non latex material (such as nylon or tulle, but not in a second balloon)

Noncompliance Level
Level 2 Noncompliance

(8) Standing water that measures 2 inches or deeper and 5 by 5 inches or greater in diameter shall be inaccessible to children.

Rationale / Explanation
Drowning can happen in unlikely places, even when no swimming pool or natural body of water is nearby. According to statistics from the Centers for Disease Control, drowning occurs in various sources of standing water, such as bathtubs, water play tables, dog bowls, toilet bowls, simple buckets for cleaning, and coolers. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding ground for mosquitoes, which can spread
Compliance Assessment and Guidance

Here is a list of common places standing water may be found:

- Buckets and other containers (including mop buckets)
- Coolers and ice chests that contain water
- Water features such as fountains, birdbaths, etc.
- Garbage cans or other similar containers
- Wheelbarrows
- Bathtubs

Standing water does not include:
- Water being used as part of a supervised project such as painting on the sidewalk with water
- Water in a water table
- Temporary puddle on the ground caused by rain or sprinklers
- Animal water bowls or enclosed water dispensers, unless the water is served in a bucket
- Toilets
- Fish bowls, fish tanks, and aquariums (except for fish ponds and similar water features)

Noncompliance Level

Level 1 Noncompliance

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

Rationale / Explanation

Inaccessible

There are more than 2 million poison exposures reported to poison control centers every year. Young children account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are cosmetics and personal care products, cleaning substances, and medications. Chemical products must be inaccessible to children. **CFOC 3rd ed. Standard 5.2.9.1. pp. 228-229.**

Flammable materials such as chemicals and cleaners should be stored in an area inaccessible to children. They account for the majority of burns to the head and face of children, and are also involved in unintentional ingestion by children. **CFOC 3rd ed. Standard 5.5.0.5. p. 256.**

Used According to Instructions

Children must be protected from exposure to toxic products including insecticides and pesticides. To prevent contamination and poisoning, child care staff must be sure that chemicals are used and applied by individuals who fully understand how to avoid risk to children. These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas. **CFOC 3rd ed. Standard 5.2.8.1 pp. 226-227.**

Stored in Labeled Containers

Toxic or hazardous chemicals should be stored in the original containers or if transferred to a container such as a spray bottle, must be labeled with the contents. This practice is to avoid
mistaking a toxic chemical for a harmless one. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. *CFOC 3rd ed. Standard 5.2.9.1. p. 228-229.*

Rubbing alcohol looks like water. Even small amounts are poisonous to children. It is also poisonous to adults, who sometimes substitute rubbing alcohol for drinking alcohol. Rubbing alcohol can also be toxic when inhaled. It should be used in a well-ventilated area. In addition, because it is flammable, it should always be kept away from open flame. [www.poison.org](http://www.poison.org)

**Compliance Assessment and Guidance**

Refer to the following guidelines:
- Toiletries (products used to clean and/or groom one’s body, including hair dye) will not be considered chemicals or cleaners. This includes hand sanitizers, even those containing alcohol.
  - Nail polish remover, and contact lens cleaner solutions will be considered chemicals and have to be made inaccessible to children.
- Dish soap and laundry detergent are cleaners and must be inaccessible to children. However, dish soap and borax may be used for educational purposes only in a carefully supervised activity. This means a caregiver is within arm’s reach of the children and providing constant, active supervision; and the caregiver does not leave until the materials are made inaccessible.
- A cleaning bucket that contains a chemical and is in use does not need to be labeled with its contents.
- A bucket does not need to be labeled if used to carry or store labeled containers of chemicals.
- A sanitizing solution that is accessible to a child on a changing table will not be considered out of compliance as long as it is inaccessible to all children who are not being changed.
- Gasoline and other similar products enclosed in a vehicle or equipment, such as a lawn mower, are not considered accessible.

**Noncompliance Level**

**Level 2 Noncompliance**

(10) **Items and substances that could burn a child or start a fire shall be 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.

**Rationale / Explanation**

The CPSC estimates that 150 deaths occur each year from fires started by children playing with lighters. Children younger than 5 years old account for most of these fatalities. Matches have also been the source of fire-related deaths. Children may hide in a closet or under a bed when faced with fire, leading to fatalities. *CFOC 3rd ed. Standard 5.5.0.6. p. 257.*

Because they could burn a child or start a fire, all types of lighters should be inaccessible to children, including long-reach lighters that are used to light fireplaces, grills, etc.

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle, flare, or lantern. *CFOC 3rd ed. Standard 5.5.0.6. p. 257.*

Hot liquids and substances such as hot wax and glue can burn children. The most common burn suffered by young children is scalding from hot liquids tipped over in the kitchen. The skin of
young children is much thinner than that of adults and can burn at temperatures that adults find comfortable. In a recent study, 90.4% of scald injuries to children under age five were related to hot cooking or drinking hot liquids. CFOC 3rd ed. Standard 4.5.0.9. p. 181.

Portable space heaters, fireplaces, and wood burning stoves are all hot enough to burn children when in use. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. CFOC 3rd ed. Standards 5.2.1.11.- 5.2.1.13. pp. 215-216.

Compliance Assessment and Guidance
Refer to the following guidelines:
- Candles on a birthday cake or cupcake may be used as long as an adult is in constant arm’s reach of the lit candles until the candles are blown out.
- A fireplace pilot light will not be considered a violation.
- A space heater is any heater that can be moved and is not permanently installed into the wall. This includes convection heaters, infrared heaters, patio heaters, and space heaters that are manufactured to look like fireplaces. This rule applies to all types of fireplaces including electric, gas, and infrared fireplaces.
- Space heaters, wood burning stoves, and fireplaces of any type will be in compliance when:
  • They are not used while children are in care.
  • If used while children are in care, they must be inaccessible to children (A baby gate may make a piece of heating equipment inaccessible if the gate is attached to the wall on both sides and is at least 36 inches away from all sides of the heating equipment).
  • The provider has documentation from the manufacturer that a specific piece of heating equipment is safe for children to touch, and therefore may be accessible and used while children are in care.

If accessible to children, items considered out of compliance include:
• A cigarette lighter, whether or not the lighter contains fluid
• Plug-in warmers that contain melted wax or hot oil
• Hot glue guns, irons, and hair styling irons that are plugged in.
• Hot liquids, foods, and substances in an appliance (such as a crock pot or coffee pot)
• Electrical cords from an appliance containing a hot substance that children could pull down

Noncompliance Level
Level 1 Noncompliance if open flames are accessible to children.
Level 2 Noncompliance otherwise

(11) Children shall be 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.

Rationale / Explanation
Preventing children from touching electrical wires or placing objects or fingers into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. The combination of electricity and mouth moisture closes the electrical circuit, and can lead to serious lifelong injuries. CFOC 3rd ed. Standard 5.2.4.2. p. 219.
Compliance Assessment and Guidance

Refer to the following additional guidelines:

- Exposed electrical wires (the metal is exposed) will be treated as if current is running through them and will not be tested to determine compliance; they will be considered live.
- In areas used by children younger than 5 years old, electrical outlets and surge protectors must be inaccessible or have protective caps or safety devices when not in use. This includes areas within 36 inches from:
  - Any sleeping surface used by infants, toddlers, and preschoolers
  - Any surface in a bathroom where a child could climb or stand, such as a bathtub, toilet or counter

The outlets and surge protectors that must be inaccessible to children younger than 5 years old include:

- GFCI Protected outlets (A grounded outlet is one that has holes for three prongs and must be inaccessible or have a protective cover unless it is tamper resistant. However, the bottom grounding hole is not required to be covered or protected.)
- All unused plugs in surge protectors must be covered. Some surge protectors pose a fire hazard if covered with individual safety caps. There are covers that encase the entire surge protector that may be safer to use.

Acceptable ways to protect or cover outlets (receptacles) include:

- Have tamper-resistant receptacles installed. They appear to have the slots filled in and are labeled “TR” between the two slots or with the words “tamper-resistant.”
- Use individual outlet caps to cover all openings in the outlet or surge protector.
- Install an electrical outlet cover (or safe plate) that sits on top of the existing outlet.
- Replace existing outlet covers with safe plate slide covers that have spring-loaded shutters that cover the outlet openings.
- Cover receptacle openings by using an item, such as a doorbell box or deodorizer, that plugs into one plug and covers the entire outlet.

Noncompliance Level

Level 1 Noncompliance if

- An exposed live electrical wire is accessible.

Level 2 Noncompliance if:

- An electrical outlet or surge protector is without a protective cap or safety device when not in use and is accessible to children younger than 5 years old.

(12) Unless used and stored in compliance with the Utah Concealed Weapons Act or as otherwise allowed by law, firearms such as guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns shall:

(a) be locked in a cabinet or area with a key, combination lock, or fingerprint lock; and
(b) stored unloaded and separate from ammunition.

Rationale / Explanation

Approximately 20,000 children are taken to emergency departments for firearm-related injuries every year and the majority of these injuries are accidental. Younger children are more likely to be unintentionally injured, and the majority of these accidental shootings occur in homes. It is critical that firearms be properly locked. “Pediatric Firearm-Related Injuries in the United States” (Parikh K, et al. Hosp Pediatr. May 23, 2017).
Compliance Assessment and Guidance

The following guidelines apply to the assessment of this rule:

- Firearms include guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns.
- Guns that are dismantled and do not contain a trigger mechanism are not considered a firearm.
- Firearms must be stored unloaded. Ammunition may be stored in the same area as the firearm as long as the area is locked according to rule.
- When an old or antique gun is used as decoration and cannot be fired, the provider will need to apply for a variance that includes documentation from a gunsmith that the specific gun cannot be fired.

It is out of compliance if:

- A firearm is stored in a room, cabinet, or area that can be unlocked by swiping an app on a cell phone.
- A trigger lock is used as an alternative to storing firearms in a locked cabinet or area as described in rule.

When assessing the storage of firearms, a licensor will:

- Ask if there are firearms on the property.
- If yes, observe where each firearm is stored.
- Verify that each firearm is actually locked in a room or other area with a key, combination lock, or fingerprint lock by checking the doorknob, handle or lock.
- Assess the storage of firearms in outbuildings by verifying that the building is locked with a key or combination lock, or if the building is not locked, then verify that the firearm is in a cabinet or other area that is locked with a key, combination lock, or fingerprint lock.
- If a firearm is stored in a vehicle that is not used to transport children, check that the vehicle is locked with a key or keypad.
- If a firearm is stored in a vehicle that is used to transport children, check that the firearm is locked with a key, combination lock, or fingerprint lock within the vehicle.

Noncompliance Level

Level 1 Noncompliance

(13) Weapons such as paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace shall be inaccessible to children.

Rationale / Explanation

The potential for injury to and death of children due to firearms and weapons is apparent. Children have a natural curiosity about firearms and other weapons, and they have seen their use glamorized on television. These items should not be accessible to children in a child care facility. 


Compliance Assessment and Guidance

A weapon is defined as an item for which the intended use can cause harm or death to people or animals. Paintball guns, BB guns, Airsoft guns, stun guns, sling shots, arrows, and mace are some examples of weapons, and must be inaccessible to children in care.

For assessing compliance to this rule, a licensor will:
• Ask if there are weapons on the property.
• If yes, observe where each weapon is stored including outbuildings and vehicles on the property.
• Verify that each weapon is inaccessible to children.
• Refer to the following guidelines:
  - Bows (if arrows are inaccessible) can be accessible.
  - Crossbows (with or without arrows) must be inaccessible.
  - Arrows must be inaccessible.

Noncompliance Level
Level 1 Noncompliance

(14) Alcohol, illegal substances, and sexually explicit material shall be inaccessible, and shall not be used on the premises, during offsite activities, or in center vehicles any time a child is in care.

Rationale / Explanation
Alcohol, illegal substances, and sexually explicit material must be inaccessible to prevent potential ingestion or exposure. The age, defenselessness, and lack of mature judgement of children in care make the prohibition of alcohol, illegal substances, and sexually explicit material an absolute requirement in child care programs. CFOC 3rd ed. Standard 3.4.1.1. pp. 118-119; Standard 9.2.3.15. p. 363.

Compliance Assessment and Guidance
Refer to the following guidelines:
• In addition to making sexually explicit materials inaccessible to children, the facility must be free of any depiction of nudity in a lascivious manner through pictures, posters, or media while children are in care.
• The facility must be free of any illegal substances. Illegal substances are any items that by law are not allowed to be produced, consumed, sold, or present in the facility.
• Alcohol and illegal substances are considered being used when there are open bottles of alcohol or when alcohol or illegal substances are served or consumed in the facility while children are in care.

Noncompliance Level
Level 1 Noncompliance

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

Rationale / Explanation
To prevent dehydration, clean, sanitary drinking water should be readily available in indoor and outdoor areas throughout the day. Children need additional water as physical activity and/or hot temperatures cause their needs to increase. Water needs vary among young children and increase during times in which dehydration is a risk (e.g., hot summer days, during exercise, and in dry days in winter).

Compliance Assessment and Guidance
Refer to the following guidelines in the assessment of this rule:
• The outdoor temperature can be measured by any available electronic means including a cell phone.
• When the outdoor source of drinking water is an outside drinking fountain, the fountain must be in working order.
• Drinking water may come from a hose as long as the hose is attached to a source of culinary water (the same water that is used inside), and not a secondary water source (such as water used to irrigate or water gardens and lawns).
• Water must be accessible to the children in their play area. If a drinking fountain is behind a closed gate, it is not considered available and is a rule violation.

**Noncompliance Level**

**Level 1 Noncompliance if:**
• Children do not have an outdoor source of drinking water and the temperature is 90 degrees or higher.

**Level 2 Noncompliance otherwise.**

**16) Areas accessible to children shall be free of heavy or unstable objects that children could pull down on themselves, such as furniture, unsecured televisions, and standing ladders.**

**Rationale / Explanation**

Children have suffered serious injuries and death due to unstable heavy equipment falling on them. The Consumer Product Safety Commission (CPSC) estimates that:
• Every 30 minutes a child in the U.S. is injured as a result of a TV or furniture tip-over incident.
• Two-thirds of TV and furniture tip-over fatalities involve toddlers.
• A TV can fall with the force of thousands of pounds. That is 10 times more powerful than being hit by a NFL lineman.
• On average, one child dies every two weeks from being crushed by a television set.

Even though televisions are heavy, they are not stable. Older, boxy TVs have most of their weight in front, which makes them easy to topple. New flat-screen TVs have their weight more evenly distributed but are often much larger, and can easily tip if not secured.

CPSC recommends the following to help prevent tip-over accidents:
• Anchor furniture (including entertainment units, TV stands, bookcases, shelving, and bureaus) to the floor or wall using appropriate hardware, such as brackets, screws, or toggle bolts.
• Place televisions on low, sturdy furniture or a base manufactured for that purpose.
• Place televisions on other furniture only if the furniture is anchored to the wall or floor, the TV is pushed as far back on the furniture as possible, and the TV is anchored to the wall or the anchored furniture.
• Keep remote controls, toys, and other items that might attract children off TV stands or furniture.
• Keep TV and/or cable cords out of reach of children.
• Make sure freestanding kitchen ranges and stoves are installed with anti-tip brackets.
• Never leave children alone in rooms where these safety tips have not been followed.

For more information, refer to:
• https://www.anchorit.gov/why-anchor-it/
• https://www.cpsc.gov/content/anchor-for-safety-tv-and-furniture-tip-over-related-deaths-and-injuries-not-slowing-down
Compliance Assessment and Guidance
Refer to the following guidelines in the assessment of accessible rooms and areas for unstable objects:
- Visually check that heavy furniture or other objects that are higher than 3 feet are stable. This includes:
  - Freestanding kitchen ranges and stoves, entertainment units, TV stands, bookcases, shelving, and bureaus that are higher than 3 feet.
  - Vehicles on jack stands or blocks, piles of wood, bales of straw, loose stacked cinder blocks or other solid objects.
- It is not necessary to shake furniture or other heavy objects to determine stability. Furniture or a heavy object that is noticeably unstable will be out of compliance.
  - Unstable furniture means that the furniture is compromised in some way (e.g., missing or loose legs, leaning, etc.). A dresser with more than one fully open drawer will be considered unstable.
  - To be in compliance, unstable furniture or objects that are higher than 3 feet need to be made stable, secured, or anchored.
- It is out of compliance if there is a heavy object (such as a TV) on unstable furniture of any height.

Refer to the following guidelines in the assessment of accessible rooms and areas for television and other equipment screens that are required to be anchored:
- Only assess screens that are larger than 19 inches and accessible to children.
  - Accessible means that the screen and/or attached cords are lower than 36 inches.
  - A 19-inch or smaller screen or TV is not required to be anchored. If necessary to determine the size of the screen, measure the screen diagonally from corner to corner on the inside of the frame. For more information, visit: http://www.wikihow.com/Measure-a-TV
  - If the screen is larger than 19 inches and accessible, it must be securely anchored, mounted, or tied to a stable structure to be in compliance with rule. A television that is built into a stable cabinet or similar piece of furniture is considered anchored.
  - Even if the equipment screen is inaccessible, if the equipment cords are accessible so children could pull the screen down, the screen must be anchored.

Refer to the following guidelines in the assessment of accessible areas for standing ladders:
- Ladders permanently attached to a structure, such as a shed or treehouse, and ladders lying down are not out of compliance.

Noncompliance Level
Level 2 Noncompliance

(17) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.

Rationale / Explanation
Tap water that is too hot is a common cause of scald injuries in children. Children younger than 6 years old are the most frequent victims of non-fatal burns. Water heated to temperatures greater than 120 degrees Fahrenheit takes less than thirty seconds to burn the skin. If the water is heated to 120 degrees Fahrenheit it takes two minutes to burn the skin. That extra two minutes could provide enough time to remove the child from the hot water source and avoid a burn. CFOC 3rd ed. Standard 5.2.1.14. p. 216.

Compliance Assessment and Guidance
Refer to the following guidelines:
- Water temperature must be assessed in one handwashing sink connected to each hot water
heater when there is more than one hot water heater in the building.

- When there is only one hot water heater in the building, the water temperature will be measured at only one handwashing sink used by the children.
- Hot water will be measured by holding a thermometer in the running water until the temperature stops rising.
- In an effort to conserve water, there is no need to continue measuring once the temperature reaches 128 degrees Fahrenheit.
- Water temperature will be measured at each portable sink and each sink with a mixing valve that is used by children.
- If a hot water tank indicates the water temperature on a digital gauge, this measurement will be used as the assessment. In this case, there is no need to assess the water temperature at a handwashing sink connected to the water heater.
- Water faucets with motion detector shut-offs do not ensure compliance with this rule. When assessing the temperature of water from faucets with motion detector shut-offs, the licensor will restart the water flow as often as necessary until the temperature on the thermometer stops rising.
- Due to the variable accuracy of hot water thermometers, this rule is not considered out of compliance unless the temperature measures 123 degrees Fahrenheit or hotter.

**Noncompliance Level**

**Level 2 Noncompliance if:**
- The water temperature is 128 degrees Fahrenheit or higher.

**Level 3 Noncompliance if:**
- The water temperature is between 123 and 127.9 degrees Fahrenheit.

**(18) Highchairs shall have T-shaped safety straps or devices that are used whenever a child is in the chair.**

**Rationale / Explanation**

Highchairs need a T-shaped safety strap or device to prevent children from sliding out of the highchair and falling to the ground, or sliding partway out and becoming entrapped and posing the risk of strangulation. *CFOC 3rd ed. Standard 5.3.1.8. pp. 241-242.*

**Compliance Assessment and Guidance**

Refer to the following guidelines:
- Booster seats are considered a highchair.
- If the chair is on or low to the floor so the child’s feet touch the ground while sitting in the chair, a T-shaped strap or device is not required.

**Noncompliance Level**

**Level 1 Noncompliance if:**
- The highchair does not have a T-shaped safety strap or device and is used by infants or toddlers.

**Level 2 Noncompliance if:**
- The highchair does not have a T-shaped safety strap or device and is used by older children.

**(19) Infant walkers with wheels shall be inaccessible to children.**

**Rationale / Explanation**

Because many injuries, some fatal, have been associated with the use of walkers and because
there is no clear developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used. Walkers are dangerous because they move children around too fast and to hazardous areas such as stairs. The upright position also brings children closer to objects that they can pull down on themselves.  


**Compliance Assessment and Guidance**

These guidelines apply to the assessment of this rule:

- A walker is a piece of equipment that is designed for a child to sit in and use their legs to move from one place to another. A device that has a seat that rotates, but does not have wheels that move the child around the room is not considered an infant walker.
- A walker with wheels used by a child with a disability is not out of compliance.

**Noncompliance Level**

Level 2 Noncompliance

(20) In compliance with the Utah Indoor Clean Air Act, tobacco, e-cigarettes, e-juice, e-liquids, and similar products shall be inaccessible and 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.

**Rationale / Explanation**

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. The age, defenselessness, and lack of mature judgment of children in care make the prohibition of tobacco and tobacco products an absolute requirement.  


This rule is in accordance with the Utah Indoor Clean Air Act, R392-510.

**Compliance Assessment and Guidance**

Tobacco and similar products such as the following must be inaccessible and not used on the premises, in vehicles, or in the presence of any child in care:

- Ashtrays with cigarettes and cigarette butts
- Chewing tobacco
- Cigars
- Cigarettes and cigarette butts
- E-cigarettes and E-liquid (E-juice)
- Pipes
- Vaporizers (not to be mistaken for a humidifier or steam vaporizer)

These products may not contain tobacco, but do contain harmful ingredients and are treated as a tobacco product.

Whenever a child is in care, the provider shall ensure that tobacco is not used:

- In the facility or any other building used by a child in care.
- In any vehicle that is being used to transport a child in care.
- Within 25 feet of any building, entrance, exit, window, or air intake on a building used by a child in care.
• In any outdoor area where a child in care plays, or within 25 feet of any outdoor area where a child in care plays.

**Noncompliance Level**

**Level 1 Noncompliance if:**

• Tobacco or a similar product is used any place indoors, in a vehicle, or within 25 feet of the entrance or exit of the building, a window, the outdoor play area, or a child.

**Level 2 Noncompliance if:**

• Tobacco or a similar product is accessible to any child is in care.
This section addresses the rules and guidance on preparing for and responding to an emergency.

No one expects an emergency – yet emergencies can strike anyone, anytime, and anywhere. The best preparedness is planning how to respond to an emergency before it happens. Few people can think clearly and logically in a crisis, so it is important to prepare in advance when you have time to be thorough.

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

Rationale / Explanation
It is easy for people to panic in an emergency situation. Caregivers must have easy and immediate access to telephone numbers that they may need to use in an emergency. It is also important that caregivers or others present in the facility can give the center’s street address to emergency personnel, such as the police or the fire department. CFOC 3rd ed. Standard 9.4.1.6. pp. 380-381.

Compliance Assessment and Guidance
Refer to these guidelines:
• Posting 911 meets the requirement of posting emergency numbers for ambulance, fire, and police, but not for posting the poison control number and the center’s street address.
• If a classroom telephone is programmed to only dial 911, only the center’s street address needs to be posted near that phone. However, the poison control number has to be posted near other phone in the facility able to make outgoing phone calls.
• If a portable phone or cell phone is used in the facility, emergency numbers must be posted in plain view so that anyone needing the information can easily find it. Emergency numbers can be posted either on the phone, on or near the base, or in a conspicuous place. They cannot be posted behind a closet or cupboard door.
• If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone.

Noncompliance Level
Level 1 Noncompliance if:
• Failure to post required information resulted in emergency personnel not being contacted in an emergency or being unable to respond in a timely manner.

Level 2 Noncompliance if:
• The required emergency information is not posted near a telephone or in a place clearly visible to anyone who may need the information.

Level 3 Noncompliance If:
• Some but not all of the required emergency information is posted.
(2) The provider shall keep first-aid supplies in the center, including at least antiseptic, bandages, and tweezers.

**Rationale / Explanation**

Basic first aid supplies should be available as needed to ensure that children’s minor injuries can be cared for. *CFOC 3<sup>rd</sup> ed. Standard 5.6.0.1. pp. 257-258.*

**Compliance Assessment and Guidance**

To be in compliance:
- First aid supplies must be in a location that is easily available and known to those who may need to use the supplies.
- The provider may keep either a topical antiseptic, such as alcohol wipes, or a topical antibacterial, such as Neosporin, available for use as needed. However, Neosporin and other antibiotic ointments are considered medications and must be made inaccessible to children.

**Noncompliance Level**

Level 3 Noncompliance

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

**Rationale / Explanation**

Conducting regular emergency and evacuation drills is an important safety practice. It helps adults and children understand necessary procedures and respond in a calm way in case of an actual emergency. It is necessary that caregivers practice how to care for and evacuate all children including nonmobile infants and children with physical or intellectual challenges. *CFOC 3<sup>rd</sup> ed. Standard 9.2.4.5. pp. 370-371.*

**Compliance Assessment and Guidance**

The following guidelines apply to this rule:
- The center must hold a fire drill for each full month the center is open.
- An evacuation due to an actual emergency situation counts as one of the monthly fire drills as long as it is documented as required by rule.
- The provider will receive credit for one drill each month even if more than one drill was conducted during the same month.

**Noncompliance Level**

Level 2 Noncompliance

(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 name of the person supervising the drill,
   (d) the total time to complete the evacuation, and
   (e) any problems encountered.

**Rationale / Explanation**

Conducting regular emergency and evacuation drills is an important safety practice. It helps adults and children understand necessary procedures and respond in a calm way in case of an actual emergency. It is necessary that caregivers practice how to care for and evacuate all children including nonmobile infants and children with physical or intellectual challenges. *CFOC 3<sup>rd</sup> ed. Standard 9.2.4.5. pp. 370-371.*
Compliance Assessment and Guidance
The following guidelines apply to this rule:
• An evacuation due to an actual emergency situation counts as one of the monthly fire drills as long as it is documented as required by rule.
• The provider may use any form of documentation as long as it contains all required information and is available for review by CCL.

Noncompliance Level
Level 3 Noncompliance

(5) The provider shall conduct drills for disasters other than fires at least once every 6 months.

Rationale / Explanation
Facilities should consider how to prepare for and respond to different emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, flash floods, or storms) and disasters that could occur in any location including acts of violence, exposure to hazardous agents, missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place. CFOC 3rd ed. Standard 9.2.4.3. p. 366.

Compliance Assessment and Guidance
The following guidelines apply to this rule:
• An evacuation or a lock-down due to an actual emergency situation counts as one of the disaster drills as long as it is documented as required by rule.
• If a center is open six months of the year or less (for example, a ski resort), only one disaster drill is required.
• Disasters other than fires include: earthquakes, floods, prolonged power or water outage, tornados, chemical spills, active shooter, etc.
• The provider may hold a separate fire and disaster drill on the same day, but they may not hold one drill and count it as both a fire drill and a disaster drill.

Noncompliance Level
Level 2 Noncompliance

(6) The provider shall document each disaster drill, including:
(a) the type of disaster, such as earthquake, flood, prolonged power or water outage, or tornado;
(b) the date and time of the drill;
(c) the number of children participating;
(d) the name of the person supervising the drill; and
(e) any problems encountered.

Rationale / Explanation
Facilities should consider how to prepare for and respond to different emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, flash floods, or storms) and disasters that could occur in any location including acts of violence, exposure to hazardous agents, missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place. CFOC 3rd ed. Standard 9.2.4.3. p. 366.
Compliance Assessment and Guidance
The following guideline applies to this rule:
• The provider may use any form of documentation as long as it contains all required information and is available for review by CCL.

Noncompliance Level
Level 3 Noncompliance

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

Rationale / Explanation
Drills should be conducted on different days and at different times so that all staff and children, including part-time staff and children, have opportunities to practice the emergency drills. This also ensures that drills are successful during different daily routines, such as meal times, nap times, etc. CFOC 3rd ed. Standard 9.2.4.5. pp. 370-371.

Compliance Assessment and Guidance
The following guidelines apply to this rule:
• Consider the rule to be in compliance if drills were held on at least two different days of the week and two different times of the day.

Noncompliance Level
Level 3 Noncompliance

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

Rationale / Explanation
Documented drills help providers evaluate practices and implement improvements whenever needed. CCL is responsible to verify that these practices are in place. Documentation is factual information providers can use to demonstrate compliance with the requirements of this rule.

Compliance Assessment and Guidance
The following guidelines apply to this rule:
• To be in compliance, the provider may need to keep records from the previous licensing year to be able to account for at total of 12 months previous to the inspection.

Noncompliance Level
Level 3 Noncompliance

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

Rationale / Explanation
Emergency situations are not conducive to calm and composed thinking. Developing a written plan and reviewing it often provides the opportunity to prepare and to prevent poor decisions made under the stress of an emergency. CFOC 3rd ed. Standard 9.2.4. pp. 364; CFOC 3rd ed. Standard 9.2.4.3. pp. 366-368.

In an emergency situation, it is crucial that there be a clearly designated line of authority, and that the person in charge carries out the emergency plan as written and practiced.
Noncompliance Level
Level 2 Noncompliance

(10) The provider shall give parents a written report of every incident, accident, or injury involving their child:
(a) the caregivers involved, the center director or director designee, and the person picking up the child shall sign the report on the day of occurrence; and
(b) if school-age children sign themselves out of the center, a copy of the report shall be sent to the parent on the day following the occurrence.

Rationale / Explanation
It is important that parents are informed in writing of every incident involving their child. This practice protects both the child and the provider. Without a report, parents may not know to watch their child for possible harm that was not immediately apparent at the time of an accident. For example, a child may seem fine after a fall, but may actually have a concussion. Additionally, documentation of incidents may help the provider recognize injury patterns and possible abuse of a child and can be used to prevent future problems. CFOC 3rd ed. Standard 9.4.1.9. p. 382.

Compliance Assessment and Guidance
Written incident reports are not required if the incident occurred before a child was signed in or after a child was signed out.

The following are examples of incidents that must be documented and reported to parents if they occur while a child is in care:
• Any injury that requires first aid or medical attention
• A bite that breaks the skin and/or a child bites or is bitten frequently
• Falls, burns, broken limbs, tooth loss, other injury
• Blows to the head
• A reportable infectious disease (refer to: health.utah.gov/epi/reporting/Rpt_Disease_List.pdf)
• Reoccurring aggressive behavior or aggressive behavior that results in injury (for example, if children fight and one needs medical treatment a report should be completed for each child)
• Sudden and/or unusual behavior that is not typical for the child
• A child who is neglected, abused, sexually assaulted, or inappropriately touched
• The provider forgets to pick up a child from school or other activity
• Ingestion of non-food substances
• A medication error
• A lost or missing child, and/or a child leaving the premises without a caregiver
• A motor vehicle accident when a child was being transported
• Death

When obtaining the signature of the parent or a person who picks up the child, the following guidelines apply:
• If the person picking up a child refuses to sign or accept the incident report, it will not be found out of compliance if the provider can demonstrate that they have an effective process in place to get same-day signatures on reports and have made a good-faith effort to follow that process.
• Occasionally, the provider may not immediately see the parent to obtain their signature (for example, the parent picks their child up from school rather than from the facility, or due to a serious injury, the parent immediately takes their child for medical treatment). In these cases, the provider has 5 working days to obtain the required signature.
• If the parent refuses to sign the report or does not bring the child back for care, the provider may write on the report “parent refused to sign” and/or “child is no longer enrolled.”
• The director or director designee may sign the incident report as both the caregiver and the director or director designee if filling both roles at the time of the incident.

Noncompliance Level
Level 2 Noncompliance

(11) If a child is injured and the injury appears serious but not life-threatening, the child’s parent shall be contacted immediately.

Rationale / Explanation
It is important that parents are informed of any serious injury to their child so that they can make the necessary decisions about the care and medical treatment their child receives.

Compliance Assessment and Guidance
The following guidelines apply to this rule:
• The provider must first try the most immediate means of contacting the parent.
• The provider may use the electronic means of contact selected by the parent, such as text, email, and instant messaging.
• The provider must contact the parents immediately after the child’s critical needs are met and the other children are in a situation where their safety is not jeopardized.

Noncompliance Level
Level 1 Noncompliance if:
• A parent was not notified of a serious injury.

Level 2 Noncompliance if:
• A parent is not contacted immediately after a serious injury to their child.

(12) 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:
(a) emergency personnel shall be called immediately;
(b) 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.

Rationale / Explanation
A delay in contacting emergency personnel in the case of a life-threatening injury could result in permanent disability or death. This is the reason emergency personnel must be contacted before anyone else when a child has a potentially life-threatening or disabling injury.

Noncompliance Level
Level 1 Noncompliance

(13) 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.
Rationale / Explanation
The purpose of this rule is so that the Department can work with the provider to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. *CFOC 3rd ed. Standard 9.4.1.10. p. 383.*

Compliance Assessment and Guidance
For the purpose of this rule, receiving medical attention means the child is seen by a health care professional or any emergency personnel (police, ambulance, fire department or EMS personnel).

To be in compliance:
- The provider must report an injury that required medical attention by the end of CCL’s next business day of being informed that a child received medical attention. For example, a parent may have taken their child to the doctor after the child left the child care facility, and the provider did not find out until a day or two after the injury occurred.
- The provider may call CCL within 24 hours of a child’s injury that required medical treatment, and then submit a report within 5 business days; or in place of the call, the provider may notify CCL within 24 hours by emailing, faxing, or submitting the accident report through the provider’s Child Care Licensing portal.
- An accident report must be submitted according to rule for all children in care who are injured and need medical attention, including the provider's and caregivers’ children younger than 4 years old.

Noncompliance Level
Level 1 Noncompliance if:
- A fatality is not reported to CCL, or is not reported within the required time frame.

Level 2 Noncompliance if:
- An injury requiring medical attention (not resulting in death) is not reported to CCL.

Level 3 Noncompliance if:
- An injury requiring medical attention is reported, but not within the required time frame.

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

Rationale / Explanation
The health and safety of individual children requires that information regarding each child be kept at the facility and available to staff on a need-to-know basis. Records of children’s injuries can be used to prevent future incidents, and to detect possible child abuse and neglect. Reports may provide necessary information for the child’s parents and health care provider. *CFOC 3rd ed. Standard 9.4.1.11. p. 383-383.*

Compliance Assessment and Guidance
CCL rules required accident reports for serious incidents, accidents, or injuries to be kept for at least 6 weeks. However, other agencies or insurance companies may require documentation to be kept for longer periods of times.

Noncompliance Level
Level 3 Noncompliance
The rules and information in this section are designed to ensure that the child care environment is a healthy one. Keeping the facility clean and sanitary, and washing hands are key factors in preventing and reducing the spread of illness.

Whenever children are together, there is a chance of spreading infection. This is especially true for young children who sneeze, cough, drool, use diapers, and are just learning to use the toilet. They hug, kiss, and touch everything and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. *CFOC 3rd ed. Standard 3.3.0.1. pp. 116-117.*

**Cleaning and Sanitizing**

One of the most important steps in reducing the spread of illness in child care settings is cleaning and sanitizing toys, equipment, counter tops, and other surfaces in the environment. *CFOC 3rd ed. Appendix J. p. 440.*

Cleaning means to physically remove all visible dirt, debris, and substances from areas and items that are accessible to children. Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting.

The following are suggestions for the proper cleaning of a child care facility:

- Follow a cleaning schedule to ensure that the facility is cleaned on a regular basis.
- Clean up food and liquid spills promptly.
- Vacuum or sweep carpets and floors often.
- Remove garbage and rubbish from the premises on a daily basis and as needed. *CFOC 3rd ed. Appendix K. pp. 442-443.*

Some items and surfaces require the additional step of sanitizing after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease. This procedure is appropriate for surfaces that have contact with food, such as dishes, utensils, cutting boards, and highchair trays; for toys that children may place in their mouths; and for pacifiers. *CFOC, 3rd ed. Appendix J. pp. 440-441.*

When used according to manufacturer instructions, approved methods of sanitizing include:

- Using a steam cleaner, dishwasher, and/or washing machine.
- Applying an approved sanitizing solution directly to a surface.

The following are approved sanitizers when used as specified by the manufacturer:

- Any product that comes with manufacturer instructions for use as a sanitizer.
- A homemade or other household product if documentation and sanitizing instructions exist from a reputable source such as a university or government agency. For example, a solution of 5% white distilled vinegar is an effective sanitizer when heated to 150 degrees, sprayed on a surface while still warm, and allowed to sit for 1 minute.
- An essential oil, if the provider has and follows the manufacturer’s instructions for sanitizing.
- A bleach and water solution of ½ tablespoon of chlorine bleach in 1 gallon of water, or a scant ½ teaspoon of chlorine bleach in 1 quart of water. *CFOC, 3rd ed. Appendix J. pp. 440-441.*
If bleach-water is used to sanitize:
• A fresh solution must be made at least every 24 hours. After 24 hours the bleach mixture loses its ability to sanitize. Bleach water may be kept longer than 24 hours if it is tested with a test strip and it registers at least 50 parts per million on the strip.
• The solution must be left on the surface for at least 2 minutes. CFOC, 3rd ed. Appendix J. pp. 440-441.

Bleach-water solution is poisonous and can be dangerous to children. Caregivers must keep children safe from accidental poisoning with these simple tips:
• Clean objects and surfaces when children are not around, or place them out of children's reach while they dry. Do not place a child on a changing table that is still wet.
• Bleach-water and other sanitizers should not be sprayed when children are near enough to inhale the sanitizer.
• Do not allow children to handle a bleach-water solution.
• Store a bleach-water solution in an inaccessible area.
• Be sure to label spray bottles so adults will know what is in them. eXtension Alliance for Better Child Care. “Disinfect Child Care Surfaces with a Bleach and Water Solution.” p. 25414. August 31, 2015.

Not all cleaning chemicals are safe and appropriate for use in a child care setting. The following are cautions to be aware of:
• Products that are “hospital grade” germicides (solutions that kill germs) often are promoted for use in child care. But many of these products are dangerous and potentially even toxic to children. It is important to read product labels carefully.
• Be cautious about commercial or industrial products that advertise themselves as “disinfectants,” or being able to “kill germs.” If an EPA-approved industrial product is used as a sanitizer, the manufacturer’s instructions must be followed exactly.

The provider and caregivers should be aware of the following guidelines:
• Rubbing alcohol is not an approved sanitizer because it does not kill bacterial spores.
• Cracked or porous surfaces, and surfaces repaired with duct tape or similar materials, cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow.
• Peroxide air filtration systems clean the air of many viruses and germs but do not clean and sanitize surfaces. For this reason, air filtration systems are not a substitute for cleaning and sanitizing toys and equipment.
• When the manufacturer of a disinfecting product, such as Quat, lists several times for a solution to be left on a surface for disinfecting, use the shortest time for sanitizing.

(1) The building, furnishings, equipment, and outdoor area shall be kept clean and sanitary including:
(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.

Rationale / Explanation
Few young children practice good hygiene. Messy play is developmentally appropriate in all age groups, and especially among very young children, the same group that is most susceptible to infectious disease. These factors lead to soiling and contamination of equipment, furnishings,
toys, and play materials. To avoid transmission of disease, the building, grounds, and materials must be cleaned and sanitized on a regular basis. CFOC 3rd ed. Standard 5.3.1.4. p. 239.

It is especially important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of foodborne illness have occurred in child care settings. Many of these can be prevented through appropriate sanitation methods. CFOC 3rd ed. Standard 4.9.0.9. p. 193.

The removal of litter, trash, and garbage provides proper sanitation and protection of health, prevents infestations by rodents, insects, and other pests, and prevents odors and injuries. CFOC 3rd ed. Standard 5.2.7.2. p. 225.

The facility should be free of animal feces because it can spread infection and aggravate allergies. Animal waste and litter should be removed immediately from children’s areas and be disposed of in a way where children cannot come in contact with the material, such as in a plastic bag or container with a well-fitted lid, or through the sewage waste system for feces. CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.

Compliance Assessment and Guidance
Refer to the following guidelines:
• There is a difference between messes made as the consequence of an activity done that day and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.

• The following conditions will be considered out of compliance:
  - A slippery spill on a floor
  - Mold growing as a result of a buildup of food or other substance
  - A visible buildup of dirt, soil, grime, etc. that germs could grow in
  - A buildup of cobwebs, bugs, or carpets in need of cleaning, when there is a child with asthma or another known respiratory condition enrolled in the group
  - A buildup of litter, trash, or garbage in the building or on the grounds
  - Dead animals
  - Animal waste in accessible areas of the facility (including animal feces or a build-up of rodent or bird droppings)
  - There is a cleanliness or sanitation violation and there is no other licensing rule that specifically addresses the situation

• The following conditions will not be considered out of compliance:
  - Litter, trash, and garbage is in a covered container and/or inaccessible
  - Animal feces are in a litter box, animal cage, or aquarium
  - Children are in a facility area where the animals are and a caregiver immediately removes the feces if an animal relieves itself

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

Rationale / Explanation
Insects, rodents, and other pests carry disease and may also sting or bite children. Some insects and rodent feces can trigger asthma attacks in children. The purpose of this rule is to reduce

The provider should take safe and effective measures to prevent and eliminate insects, rodents, and other pests:

- Ensure that the environment is clean and sanitary.
- Clean up food spills promptly.
- Eliminate breeding areas.
- Fill in cracks, crevices, and holes in walls.
- Use fly strips to control flying insects if the fly strips are inaccessible to children.
- Repair water damage.
- Remove wasp nests from the premises to prevent wasps from returning to inactive nests.

If physical prevention and intervention methods fail, pesticides should only be used with extreme care. Children must be protected from exposure to these toxic chemicals. These chemicals are only to be applied by individuals who are licensed and certified to do so, and when children are not present. *CFOC 3rd ed. Standard 5.2.8.1. pp. 226-227.*

**Compliance Assessment and Guidance**

It is not out of compliance if:

- Children participate in science activities involving harmless insects.
- Fruit flies, grasshoppers, crickets, and tarantulas are on the premises since they are not a health risk to humans.
- There are spider webs on the premises, unless there is a build up of spider webs and the presence of a poisonous spider is reported or observed in a web. There are three spiders in Utah that are dangerous to humans - black widow, hobo, and brown recluse spiders.

If insects, rodents, or other pests are on the premises, but the provider can show that they have 1) scheduled an exterminator, and 2) taken extra measures to ensure that the environment is as clean as possible, the licensor will:

- Not issue a noncompliant finding at the first assessment.
- Instead, give the provider no more than 30 days from the date of the inspection for the issue to be corrected.
- Conduct a focus inspection to verify that the extermination took place by the scheduled date.
- If the extermination did not take place by the scheduled date or the pests are again on the premises, issue a noncompliant finding at the focus inspection.

**Noncompliance Level**

Level 2 Noncompliance

(3) All toys and materials including those used by infants and toddlers shall be 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.

**Rationale / Explanation**

Contamination of toys and other items used by children plays a role in the transmission of disease in child care environments. All toys can spread disease when children put the toys in their mouths, touch the toys after putting their hands in their mouths during play or eating, or after toileting with inadequate handwashing. For this reason, toys that cannot be cleaned and sanitized should not be used. *CFOC 3rd ed. Standard 3.3.0.2. pp.117-118.*
Suggestions for cleaning and sanitizing toys include:

- Toys that children have placed in their mouths or that are otherwise contaminated by a body fluid should be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried or cleaned in a dishwasher.
- Small toys with hard surfaces can be set aside for cleaning by putting them into a dish pan labeled “soiled toys.” This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to bring the soiled toys to an area for cleaning later in the day.
- Using a mechanical dishwasher is an acceptable labor-saving approach for sanitizing plastic toys as long as the dishwasher can wash and sanitize the surfaces, and dishes and utensils are not washed at the same time.

Compliance Assessment and Guidance
Refer to the following guidelines:

- Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.

Noncompliance Level
Level 2 Noncompliance

(4) Fabric toys and items such as stuffed animals, cloth dolls, pillow covers, and dress-up clothes shall be machine washable and washed weekly, and as needed.

Rationale / Explanation
Contamination of toys and other items used by children plays a role in the transmission of disease in child care environments. All toys can spread disease when children put the toys in their mouths, touch the toys after putting their hands in their mouths during play or eating, or after toileting with inadequate handwashing. For this reason, toys that cannot be cleaned and sanitized should not be used. *CFOC 3rd ed. Standard 3.3.0.2. pp.117-118.*

Many children with allergies may be sensitive to dust mites that live in fabric. Dust mites are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Lice infestation, scabies, and ringworm are other common infectious diseases in child care facilities and may be spread by contact with infected fabric articles. It is important that all fabric articles that are used by the children be machine washable. *CFOC 3rd ed. Standard 5.3.1.4. p. 239; Standard 5.4.5.1. p. 252.*

Suggestions for cleaning and sanitizing toys include:

- Cloth toys and other items made of fabric should be laundered in a washing machine and then dried in a heated dryer. If these fabric articles are laundered when soiled and at least weekly, the facility can achieve cleanliness and sanitation. *CFOC 3rd ed. Standard 3.3.0.2. pp. 117-118; Standard 5.3.1.4. p. 239.*

Compliance Assessment and Guidance
Refer to the following guidelines:

- Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.
- Large stuffed animals meant to be used as pillows need to be machine washable or have removable covers that are machine washable.
- Unless accessible to children, stuffed animals that are used for teaching activities or for decoration are not required to be washed weekly.
Noncompliance Level
Level 3 Noncompliance

(5) **Highchair trays shall be cleaned and sanitized before each use.**

**Rationale / Explanation**
According to the American Academy of Pediatrics and the American Public Health Association, food should not be placed directly on highchair trays, as studies have shown that highchair trays can be loaded with infectious microorganisms. If the highchair tray is made of plastic, is in good repair, and is free from cracks and crevices, it can be made safe if it is washed and sanitized before placing a child in the chair for feeding. Food should not be placed directly on highchair trays made of wood or metal, other than stainless steel, to prevent contamination by infectious microorganisms or toxicity from metals. *CFOC 3rd ed. Standard 4.5.0.2. p. 178.*

**Compliance Assessment and Guidance**
Refer to the following guidelines:
- The highchair tray should be cleaned and sanitized before a child is placed in the chair to eat or play.
- Even when a child is only playing in the highchair and not eating, the tray should be cleaned and sanitized before it is used by another child.

Noncompliance Level
Level 3 Noncompliance

(6) **Water play tables or tubs shall be cleaned and sanitized daily, if used by the children.**

**Rationale / Explanation**
The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. *CFOC 3rd ed. Standard 6.2.4.2. p. 275.*

**Compliance Assessment and Guidance**
This rule applies to water play tables or tubs, not to sensory tables with items, such as rice, beans, or sand in the them.

Noncompliance Level
Level 2 Noncompliance

(7) **Bathroom surfaces including toilets, sinks, faucets, and counters shall be cleaned and sanitized each day.**

**Rationale / Explanation**
A clean and sanitary environment helps to prevent the spread of communicable diseases. This is especially important in bathrooms where fecal material can be easily spread to any surface children touch. It is recommended that all bathroom surfaces be cleaned and disinfected daily. Bathroom surfaces include toilets, sinks, faucets, counters, floors, and walls. *CFOC 3rd ed. Standard 3.3.0.1. pp. 116-117; Appendix K. pp. 442-443.*

**Compliance Assessment and Guidance**
Refer to the following guidelines:
- This rule will be out of compliance if there is mold or mildew on any bathroom surface.
• This rule will be out of compliance if bathroom surfaces are not clean and sanitized at least once a day.
• Since toilet seats that are cracked, broken, or made of foam cannot be properly sanitized, they will be considered out of compliance.

Noncompliance Level
Level 2 Noncompliance

(8) Potty chairs shall be cleaned and sanitized after each use.

Rationale / Explanation
The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. CFOC 3rd ed. Standard 5.4.1.7. pp. 246-247.

Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association discourage their use. If potty chairs are used, it is recommended that they be constructed of plastic or similar nonporous synthetic products. Wooden potty chairs should not be used, even if the surface is coated with a finish. The finished surface of wooden potty chairs is not durable and, therefore, may become difficult to wash and disinfect effectively. CFOC 3rd ed. Standard 5.4.1.7. pp. 246-247.

Compliance Assessment and Guidance
The following guidelines apply to this rule:
• A toilet training seat is only considered a potty chair if it collects and holds urine or feces. Toddler toilet seats that are placed over a regular toilet are not considered to be potty chairs.
• Only the seat of the potty chair needs to be cleaned and sanitized when a child just sits on it, but does not go to the bathroom. The entire potty chair must be cleaned and sanitized if it has collected urine or feces.

Noncompliance Level
Level 2 Noncompliance

(9) Toilet paper shall be accessible to children and kept in a dispenser.

Rationale / Explanation
If toilet paper is not in a dispenser, children may pick it up with hands that may be contaminated with fecal matter that remains on the roll and is transferred to the next child when they pick the roll up. CFOC 3rd ed. Standard 5.6.0.3. pp. 258-259.

Compliance Assessment and Guidance
Refer to the following guidelines:
• Toilet paper is only considered accessible if the child can reach it while sitting on the toilet.
• Toilet paper does not need to be within reach of a child sitting on a potty chair as long as a caregiver is present to hand sheets of toilet paper to the child.
• For young children, providers may hand sheets of toilet paper directly to the child rather than having the toilet paper on a dispenser. If that is the case, a caregiver must always be available to hand out the toilet paper when a young child is toileting.
• As long as children can get toilet paper without holding the toilet paper roll, any type of dispenser may be used.
• Disposable wipes may be used in place of toilet paper as long as they are in a covered
A roll of toilet paper must be placed in the dispenser as soon as a caregiver discovers that the dispenser is out of paper.

It is out of compliance if:

• A toilet has no toilet paper because there are no spare rolls of toilet paper available in the facility.
• The toilet paper is not kept in a dispenser that is accessible to the children.

**Noncompliance Level**
Level 2 Noncompliance

(10) The provider shall post handwashing procedures that are readily visible from each handwashing sink and shall ensure that the procedures are followed.

**Rationale / Explanation**
The purpose of the rule is to promote increased handwashing through visual reminders. Pictures of the steps for proper handwashing remind children who cannot yet read how to wash their hands thoroughly.

**Compliance Assessment and Guidance**
Refer to the following guidelines:

• This rule only applies to sinks that are used for handwashing.
• Any handwashing sign or list of handwashing procedures will be accepted as compliance with this rule.
• If there are several handwashing sinks in the same area, one set of handwashing procedures that is visible from each sink will be enough.

**Noncompliance Level**
Level 3 Noncompliance

(11) Staff and volunteers shall wash their hands thoroughly with liquid 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.

**Rationale / Explanation**
Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Improper handwashing has contributed to many outbreaks of diarrhea and other illnesses among children and caregivers in child care facilities. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*
**Compliance Assessment and Guidance**

Refer to the following guidelines when assessing this rule:

- If there is no visible dirt, grime or body fluid on the hands, a hand sanitizer may be used only in the following situations:
  - When coming in from outdoors.
  - If a snack is handed directly to a distressed child.
  - When a caregiver who is in the bathroom supervising does not touch any child or bathroom surface. However, if the caregiver has given any hands-on help, such as lifting a child on or off the toilet, or turning the water on or off, then the caregiver must wash their hands.

**Noncompliance Level**

Level 2 Noncompliance

**Caregivers shall teach children how to wash their hands thoroughly and shall oversee handwashing whenever possible.**

**Rationale / Explanation**

Children need to be taught how to wash their hands thoroughly and then helped to practice these skills on a regular basis. Training programs may utilize some type of verbal cue such as singing the alphabet or birthday songs during handwashing. Staff training and monitoring of hand hygiene has been shown to reduce transmission of organisms that cause disease. *CFOC 3rd ed. Standard 3.2.2.4. p. 112.*

In facilities that have implemented a hand hygiene training program, the incidents of diarrheal illness have decreased by 50%. Several studies have found that handwashing helped to reduce colds when frequent and proper handwashing practices were part of a child care facility’s curriculum. *CFOC 3rd ed. Standard 3.2.2.1. pp. 110-111.*

The following hand hygiene procedures are suggested in *Caring for Our Children*:

- Use warm water because it is more comfortable and increases the likelihood that children and adults will adequately wash and rinse their hands.
- Run water over the hands to remove soil and before applying soap.
- Use liquid soap rather than bar soap because bar soaps have been shown to be heavily contaminated with bacteria, and children may not have the dexterity to handle a bar of soap.
- Rub hands together to create a soapy lather because the lather loosens soil and brings it to the surface of the skin.
- Rub hands for at least 20 seconds including the back of hands, between fingers, and under fingernails.
- Rinse the soapy lather completely off to remove the soil from the hands.
- Dry hands with a single-use paper or cloth towel and use the towel to turn off the faucet after handwashing to prevent recontamination of clean hands from touching any germs on the faucet. *CFOC 3rd ed. Standard 3.2.2.2. pp. 111-112.*

**Compliance Assessment and Guidance**

CCL does not verify how caregivers teach children how to wash their hands, just that children are instructed to do so.

**Noncompliance Level**

Level 3 Noncompliance
The provider shall ensure that children wash their hands thoroughly with liquid 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.

Rationale / Explanation
According to the Centers for Disease Control and Prevention (CDC), handwashing helps prevent diarrhea and pneumonia, two of the leading causes of death in children around the world. Heavy amounts of diarrhea or intestinal parasites in young children have been linked to delays in development. However, proper handwashing before meals and after going to the toilet can lower exposure to germs. This can lessen illness and chronic inflammation – leading to better nutrition, more energy for growth and development, and better school attendance. In a CDC study, children who were taught about and practiced handwashing as part of their daily routine reached developmental milestones six months earlier and scored better in five areas of development than those children who did not practice regular handwashing. “Improving Child Development: A New CDC Handwashing Study Shows Promising Results.” CDC, 4 May 2015, www.cdc.gov/healthywater/hygiene/programs/child-development.html.

Washing hands before and after eating is especially important for children who eat with their hands. Good handwashing after playing in sandboxes will help prevent the ingestion of parasites that can be present in contaminated sand and soil. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1.

Compliance Assessment and Guidance
Refer to the following guidelines:
• If there is no visible dirt, grime or body fluid on the hands, children age 2 years and older may use a hand sanitizer if it’s use is actively supervised by a caregiver and only in the following situations:
  - If when distressed, a snack is handed directly to them.
  - After being diapered.
• During evacuation drills, if the children go outside and go right back inside they are not required to wash their hands. If the children are allowed to play outside during and after the drills, they are required to wash their hands.
• Caregivers are not required to wash infants hands after bottle feeding or being diapered. If the infants hands get dirty after bottle feedings, a caregiver may wash infant’s hands with soapy washcloths that are washed after each use, hand wipes, or diapering wipes.

Noncompliance Level
Level 2 Noncompliance

(14) Only single-use towels from a covered dispenser or an electric hand dryer may be used to dry hands.

Rationale / Explanation
The transmission of bacteria is more likely to occur from wet skin than from dry skin; therefore, the proper drying of hands is a key part of effective hand hygiene procedures. If hands are only shaken dry after washing, some bacteria are likely to remain. According to the Mayo Clinic, most studies suggest that paper towels can dry hands efficiently, remove bacteria effectively, and cause less contamination of the bathroom environment, and from a hygiene viewpoint, single-use towels are superior to electric air dryers. Huang, C., Ma, W., & Stack, S. (2012). The Hygienic
The use of a cloth towel roller is not recommended in child care facilities because 1) children often use cloth roll dispensers improperly resulting in more than one child using the same section of towel, and 2) incidents of accidental strangulation in these devices have been reported. 

Compliance Assessment and Guidance
Refer to the following guideline:
- This rule only applies to towels for drying hands and not to the types of towels used for other purposes such as cleaning up spills.

Noncompliance Level
Level 3 Noncompliance

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

Rationale / Explanation
Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes may be contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. 

Compliance Assessment and Guidance
Refer to the following guideline:
- If personal hygiene items are shared they must be sanitized before another child uses the shared item.

Noncompliance Level
Level 3 Noncompliance

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

Rationale / Explanation
The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items.

Compliance Assessment and Guidance
Approved methods of identifying each child’s pacifier, bottle, and cup include:
- Using the child’s initials instead of the child’s name.
- Using permanent marker or scratching the child’s name or initials into the plastic of the pacifier, bottle, or cup.
- Attaching a pacifier to a child’s clothing with a clip and short ribbon, and instead of labeling the pacifier, label the clip or ribbon with the child’s name or initials.
- Using color-coded pacifiers, bottles, and cups instead of labeling with the child’s name, if each
child is assigned a different color and there is a chart showing which color is assigned to each child.

Other guidelines that apply to this rule include:
• When a meal is served, if drinking cups are brought to the table for the meal and then removed immediately after the meal to clean and sanitize them, the cups do not need to be labeled with each child's name.
• Pacifiers and baby bottles can be effectively sanitized by submerging them in boiling water for 5 minutes.

Noncompliance Level
Level 2 Noncompliance

(17) A child’s clothing shall be promptly changed if the child has a toileting accident.

Rationale / Explanation
Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas while wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. For these reasons, it is important to change wet or soiled clothing promptly. CFOC 3rd ed. Standard 3.2.1.5. pp. 108-110.

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Compliance Assessment and Guidance
Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:
• The child is changed immediately if spare clothing is available.
• If no spare clothing is available, the child’s parent is called and asked to bring spare clothing, and the child is discreetly separated from other children until their parent can bring spare clothing.

Noncompliance Level
Level 2 Noncompliance

(18) Children's clothing that is wet or soiled from a body fluid shall:
(a) not be rinsed or washed at the center,
(b) be placed in a leakproof container that is labeled with the child's name,
(c) be returned to the parent, and
(d) thrown away with parent consent.

Rationale / Explanation
Disease caused by bacteria, viruses, and parasites are spread through fecal contamination of caregivers' and children’s hands and objects in the environment. Procedures that reduce fecal contamination, such as the minimal handling of soiled clothing and the containment of fecal matter and articles containing fecal matter, control the spread of these diseases. Washing soiled clothing at the child care facility is discouraged because rinsing soiled clothing or putting stool into a toilet increases the likelihood that other surfaces will be contaminated. CFOC 3rd ed. Standard 3.2.1.1. pp. 104-105.

Compliance Assessment and Guidance
Refer to the following guidelines:
• Plastic grocery and other plastic bags may be used to contain wet or soiled clothing as long
as they are leakproof. Grocery or other plastic bags with holes in the bottoms or sides cannot be used because they are not leakproof.

• Containers to store wet or soiled clothing must be inaccessible to children.

• The container does not need to be labeled if put into a child’s labeled diaper bag or cubby as long as the diaper bag or cubby is inaccessible.

• If a provider only cares for children from one family, they are not required to label the leakproof container holding the contaminated clothing, but it must be inaccessible.

• When a child has a toileting accident and the sheets and/or the clothing belong to the provider, the center staff should wash the sheets and/or the clothing. The rule prohibiting washing wet or soiled clothing applies to clothing belonging to the children. Staff may also take the center’s used bedding and clothing home for laundering.

• If the center has access to a washing machine and dryer, then children’s clothing can be washed at the center. Children’s clothing that is wet or soiled must be inaccessible to children.

• If there is a clump of fecal matter, a caregiver can dump it in the toilet before the contaminated clothing is placed in leakproof container.

Noncompliance Level
Level 2 Noncompliance

(19) Staff shall take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or 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.

Rationale / Explanation
Children and adults may unknowingly have a contagious disease such as hepatitis B, HIV, or other infectious agent spread through contact with blood. Other infectious diseases, such as the common cold, influenza, strep throat, and cytomegalovirus (CMV) are spread through contact with saliva, vomit, urine, and feces. Also, some viruses can survive in a dried state for at least a week and perhaps even longer. For this reason, it is important to protect children and adults from exposure to infection by following safe procedures whenever handling and cleaning up body fluids. CFOC 3rd ed. Standard 1.4.5.3. pp. 30-31; Standard 3.2.3.4. pp. 114-116.

For more information about cleaning up body fluids, refer to CFOC 3rd ed. Appendix L. p. 444 and Appendix D. p. 428 for information on using and removing disposable gloves when handling body fluids.

Compliance Assessment and Guidance
Refer to the following guideline:
• All of the cleaning steps do not need to be followed when only droplets of a body fluid are present. However, if any body fluid pools on the floor or ground, the body fluid steps must be followed.
Noncompliance Level
Level 2 Noncompliance

(20) A child who is ill with an infectious disease may not be cared for at the center except when the child shows signs of illness after arriving at the center.

Rationale / Explanation
Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help limit transmission of disease by preventing the development of new cases. CFOC 3rd ed. Standard 3.6.1.1. pp. 131-134.

Compliance Assessment and Guidance
Symptoms that may indicate an infectious disease include:
- A fever of 101 degrees Fahrenheit or higher for infants younger than 4 months of age, or a fever of 102 degrees Fahrenheit or higher for children age 4 months and older
- An unexplained rash
- Irritability
- Lethargy
- A persistent cough
- Vomiting
- Diarrhea
- Infected eyes with discharge

Noncompliance Level
Level 2 Noncompliance

(21) When a child becomes ill while in care:
(a) the provider shall contact the child's parent or, if the parent cannot be reached, an individual listed as the emergency contact to immediately pick up the child; and
(b) if the child is ill with an infectious disease, the child shall be made comfortable in a safe, supervised area that is separated from the other children until the parent arrives.

Rationale / Explanation
When a child becomes ill while in care, the provider should contact the child’s parent as soon as possible. In Caring for Our Children, it is recommended that a child be sent home if they are too sick to participate in activities, require greater care than the provider can offer, or if they pose a risk of infecting others. CFOC 3rd ed. Standard 3.6.1.1. pp. 131-135.

Children who are ill must be separated from other children to prevent them from infecting others. In addition, ill children are often too sick to participate comfortably in regular program activities. CFOC 3rd ed. Standard 3.6.1.4. p. 136.

Compliance Assessment and Guidance
If there is a child at the center who appears to be ill, a licensor will:
- Ask if the parents have been contacted to pick up the child.
- Observe that the child (if ill with an infectious disease) is separated from the other children in a safe, supervised area.

Noncompliance Level
Level 2 Noncompliance
(22) 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.

**Rationale / Explanation**
Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. *CFOC 3rd ed. Standard 9.2.3.3. p. 355.*

**Compliance Assessment and Guidance**
Utah Law requires that certain diseases and conditions must be reported to a local health department or the Utah department of Health. For more information, refer to: http://health.utah.gov/epi/reporting/

Providers can check with their local county health department for specific reporting requirements. Some of the diseases that may be required to be reported to local health departments are listed below. For a complete list, refer to: http://health.utah.gov/epi/reporting/Rpt_Disease_List.pdf.

<table>
<thead>
<tr>
<th>Disease</th>
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<tbody>
<tr>
<td>Chickenpox</td>
<td>HIV and AIDS</td>
<td>Rubella</td>
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<tr>
<td>Diarrheal diseases</td>
<td>Influenza</td>
<td>Sexually transmitted diseases</td>
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<tr>
<td>Diphtheria</td>
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<td>Shigellosis</td>
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<tr>
<td>Giardiasis</td>
<td>Meningococcal infections</td>
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</tr>
<tr>
<td>Hepatitis A, B, and C</td>
<td>Mumps</td>
<td>Whooping Cough</td>
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**Noncompliance Level**  
Level 3 Noncompliance

(23) The provider shall post a notice at the center when any staff member or child has an infectious disease or parasite. The notice shall:
(a) not disclose any personal identifiable information,
(b) be posted in a conspicuous place where it can be seen by all parents,
(c) be posted and dated on the same day that the disease or parasite is discovered, and
(d) remain posted for at least 5 days.

**Rationale / Explanation**
Notifying parents of any infectious disease at the facility allows them to closely observe their child for signs and symptoms of illness. Early identification and treatment of infectious diseases are important in reducing further transmission of the disease. *CFOC 3rd ed. Standard 3.6.4.2. p. 145.*

The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.

**Compliance Assessment and Guidance**
Posting the notice of illness on a computerized sign-in program so that all parents automatically see it when they sign their children in and out meets the requirement of this rule.

**Noncompliance Level**  
Level 2 Noncompliance
To prevent contamination of food, the spread of foodborne illnesses, and other diseases:

(a) individuals who prepare food in the kitchen shall not change diapers or help in toileting children;

(b) caregivers who care for diapered children shall only prepare food for the children in their care, and they shall not prepare food outside of the room used by the diapered children or prepare food for other children and adults in the facility; and

(c) individuals with an infectious disease or showing symptoms such as diarrhea, fever, and vomit shall not prepare or serve foods.

Rationale / Explanation

The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. *CFOC 3rd ed. Standard 4.9.0.2. pp. 188-189.*

Compliance Assessment and Guidance

The following guidelines apply to this rule:

• If necessary, an exception to this rule may be made if a staff member begins cooking immediately upon coming into the center each day, and after cooking begins caregiving duties in a classroom in which they change diapers or assist in toileting children, provided the staff member does not go back to cooking or working in the kitchen at any time during the day after they have assumed these caregiving duties.

• This rule is out of compliance when a staff member who will be preparing food goes into a diapered group of children to assume caregiving duties and diapers children. Caregivers who serve or heat up food for children other than the children in their own classrooms cannot be staff who change diapers or assist in toileting.

Noncompliance Level

Level 2 Noncompliance
One of the basic responsibilities of every caregiver is to provide nourishing food to the children each day. Food is essential in any child care setting to keep infants and children free from hunger. Food provides energy and nutrients needed by infants and children during the critical period of their growth and development. Children also need freely available, clean drinking water.


This section of rules gives information about how to keep food and the serving of food clean, safe, and developmentally appropriate for infants and children in care.

(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.

Rationale / Explanation
Children need to be fed often. To ensure that their daily nutritional needs are met, nourishing food should be offered to children several times over the course of a day. Snacks should be nutritious, as they are often a significant part of a child's daily intake of food. CFOC 3rd ed. Standard 4.2.0.5. p. 156.

Compliance Assessment and Guidance
The following guidelines apply to the assessment of the meal and snack schedule:
- The amount of time between meals will be counted from the ending time of one meal to the starting time of the next meal. If the daily schedule only lists the meal start times, the time between meals will be counted from start time to start time.
- If meal or snack time directly follows nap time, an extra 30 minutes may be allowed at the end of nap time to allow children time to wake up from their nap and get ready for a snack.
- If a center is open until 7:00 p.m., there may be up to but not more than four hours between the afternoon meal or snack and the center's closing time. If the center is open later than 7:00 p.m., a meal or snack must be offered at least every three hours.
- For children who are in late evening or overnight care, meals do not need to be served after children have gone to bed for the night.

Noncompliance Level
Level 2 Noncompliance

(2) When food for children’s meals and/or snacks is supplied by the provider:
(a) the meal service shall meet local health department food service regulations;
(b) the foods that are served shall 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 shall use the CACFP menus, the standard Department-approved menus, or menus approved by a registered dietician. Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years;
(d) the current week’s menu shall be posted for review by parents and the Department; and
(e) providers who are not participating or in good standing with the CACFP shall keep a six-week record of foods served at each meal and snack.
Rationale / Explanation
Outbreaks of foodborne illness have occurred in child care facilities. Young children are particularly susceptible to foodborne illness due to their body size and immature immune systems. Local health department regulations for food safety are based on scientific data that demonstrate the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness. *CFOC 3rd ed. Standard 1.4.5.1. p. 30 and Standard 4.9.0.1. p. 188.*

Nourishing food is the cornerstone for children's health, growth, and development. The amounts and kinds of food that are served at a child care facility must meet children's nutritional requirements. Following the guidance from CACFP (or a registered dietician) for meals and snack patterns ensures that the nutritional needs of children are met based on current scientific knowledge. *CFOC 3rd ed. Standards 4.2.0.1 - 4.2.0.3. pp. 152-154.*

Posting menus in a place that is available to parents helps inform them about proper nutrition, identify possible food allergies or intolerance, and allows parents to plan meals at home that do not duplicate what the child ate while in care that day. *CFOC 3rd ed. Standard 4.2.0.9. pp. 159-160.*

Keeping a six-week record of foods served is to verify that the child care programs that do not participate in CACFP serve foods to children that meet their basic nutritional needs. *CFOC 3rd ed. Standards 4.2.0.1 - 4.2.0.3. pp. 152-154.*

Compliance Assessment and Guidance
The following guidelines apply to this rule:
- According to Utah law R392-100, center child care providers that supply, prepare, and/or serve food to children are required to 1) pass a kitchen inspection by the local county health department; and 2) ensure that all those who serve food to children in care obtain a food handler permit that is kept onsite for review by the local county health department.
- When any food for the children is prepared in the provider's kitchen, a kitchen inspection is required. For example, if a parent brings unprepared food (e.g. a box of macaroni and cheese) for the provider to prepare, the provider must be in compliance with this rule.
- If each parent brings already prepared food for their own child, and it is not prepared at the facility, a kitchen inspection from the local health department is not required. In this case, the facility is not considered to be providing food services.
- Kitchen inspection documentation has to be current before a license is issued and before the license renewal each year.
- This rule does not apply to food that is used only as a curriculum activity and is not part of the meal or snack.
- The provider must display the current week's menu in plain sight.
- If only snacks are served at the facility, a snack menu must still be posted.
- If children receive food from a public school, the provider must have documentation that the school is in good standing with the CACFP.
- Providers are not in compliance when they wait for children in care to arrive and the children help plan the meals and snacks for that day and then post the menu after the fact. When the provider wants children involved in the preparation of the menu, it will need to be done in advance so an entire week’s menu is available for parent review and the plan has to follow approved menus.
If not participating or not in good standing with CACFP:
• The six-week record must be dated so the licensor can determine which foods were served on which dates.
• The provider must maintain a six-week record of snacks even when this is the only food that the provider offers.

Noncompliance Level
Level 3 Noncompliance

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

Rationale / Explanation
Food allergy is a growing public health concern. Nearly 6 million or 8% of children have food allergies with young children affected most. Research suggests that close to half of fatal food allergy reactions are triggered by food consumed outside the home. For more information, refer to Food Allergy Research and Education at www.foodallergy.org.

As a safety and health precaution, the staff should know in advance whether a child has a food sensitivity or allergy. Food sensitivities can result in minor irritations such as rashes or loose stools. A food allergic reaction can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions. Deaths from food allergies are being reported in increasing numbers. For these reasons, vigilant efforts to avoid exposure to the offending foods are necessary.


Compliance Assessment and Guidance
Refer to the following definitions:
• A food allergy is an immune system reaction that affects numerous organs in the body and occurs soon after eating a certain food.
• A food sensitivity or intolerance is generally a less serious condition that does not involve the immune system and is often limited to digestive problems.
• A child’s dislike of a particular food without a negative physical reaction is a food preference, not a food sensitivity or allergy.

Noncompliance Level
Level 1 Noncompliance if:
• A child is served a food that they are allergic or sensitive to.

Level 2 Noncompliance if:
• A person who serves food at the facility does not know which children have a food allergy or sensitivity.

(4) Children’s food shall be 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. Food shall not be placed on a bare table.

Rationale / Explanation
Using clean dishes and utensils prevents the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Food should not be put directly on a
table because 1) even washed and sanitized tables are more likely to be contaminated than dishes, and 2) eating from dishes reduces contamination of the table surface when children put down their partially eaten food. CFOC 3rd ed. Standard 4.5.0.2. p. 178.

Ideally, food should not be placed directly on highchair trays, as studies have shown that highchair trays can be loaded with infectious microorganisms. However, if the highchair tray is made of plastic, is in good repair, and is free from cracks and crevices, it can be made safe if it is washed and sanitized before each use. CFOC 3rd ed. Standard 4.5.0.2. p. 178.

Noncompliance Level
Level 3 Noncompliance

(5) **Food and drink brought in by parents for their child’s use shall be:**
(a) labeled with the child’s name,
(b) refrigerated if needed, and
(c) consumed only by that child.

Rationale / Explanation
The purpose of this rule is to ensure that a child is not accidentally served food intended for another child, and that food brought by parents for their child is kept safe. CFOC 3rd ed. Standard 4.6.0.1. p. 182.

Restricting food sent to the facility to be consumed by the children reduces the risk of food poisoning from unknown procedures used in home preparation, storage, and transport. Foodborne illness and poisoning from food is a common occurrence when food has not been properly refrigerated and covered. The facility must ensure that any food offered to children at the facility or shared with other children is wholesome and safe as well as complying with food and nutrition rules and guidelines that the child care program should observe. CFOC 3rd ed. Standard 4.6.0.1. p. 182.

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:
• The food and drink may be labeled with only the child’s first name unless another child in the facility has that same first name. In this case, the food and drink may be labeled with the child’s first name and last name initial unless another child has the same first name and last initial. If this is the case, the food and drink must be labeled with the child’s full name.
• Instead of being refrigerated, the food and drink may be kept in a lunch container with a cold pack, as long as the cold pack is at least cool to the touch.
• Food that is brought from home may be put in a cubby that is labeled with the child’s first name as long as the food is kept cold as necessary.
• It is the provider’s responsibility to determine by policy if special occasion treats or foods can be brought in by parents to share. Since the provider usually does not know how the parent prepares and stores food, only commercially prepared and packaged treats and foods can be shared.

Noncompliance Level
Level 3 Noncompliance
This section provides rules and information about storing and administering medication to children in care. The intent of these rules is to help providers avoid harm to children caused by an error in administering medication, and to prevent children from accessing and ingesting a medication without adult supervision.

Consider a substance (other than food and water) to be a medication if it is taken into or placed on the body in order to:

- Affect how the body functions,
- Treat or cure a medical condition,
- Relieve pain or symptoms of illness, and/or
- Prevent infection, illness, or disease.

With a few exceptions, CCL considers a substance that meets any of the above criteria to be a medication. In addition to all prescription medications and typical over-the-counter medications, the following are examples of products that are considered to be medications because they affect how the body functions.

- Antibiotic ointment (e.g. Neosporin)
- Baby powder (that contains talc)
- Energy drinks
- Essential oils
- Herbal remedies
- Hydrogen peroxide (more than 3% strength)
- Ipecac syrup
- Relaxation drinks (e.g. Chillax)
- Rubbing alcohol
- Simethicone gas drops or pills
- Teething gels
- Vapor rubs
- Vitamins
- Weight loss liquid drinks (when labeling implies product is used for weight loss)
- Witch hazel

Nonrefrigerated medications shall be stored at least 48 inches above the floor or shall be locked.

Rationale / Explanation
An estimated 71,000 children are seen in emergency departments each year because of unintentional medication poisonings. Over 80% of these visits were because a child found and consumed a medication without adult supervision. Ensuring that medications are inaccessible to children is a key in preventing medication poisoning. CFOC 3rd ed. Standard 3.6.3.1. pp.141-142.

Some medications, such as eye drops or topical ointments, have a localized effect on the body and do not enter the blood stream. Some medications, such as pills, liquids, and some medicine patches, enter the blood stream and act on a specific organ or system of the body. The effects of a medication depend upon various factors – a person’s age, weight, and fluid intake; interactions with food and other substances in the body; and the dosage and strength of the medication.

Compliance Assessment and Guidance
Refer to the following guidelines:
- Medications include employees’ and household members’ medications in accessible purses or backpacks. (A backpack, fanny pack, etc. being worn by an adult is considered inaccessible).
- Medications in first-aid kits must be made inaccessible to children.
(2) Refrigerated medications shall be stored at least 36 inches above the floor or shall be locked, and if liquid, they shall be stored in a separate leakproof container.

Rationale / Explanation
Liquid medication in a refrigerator should be stored in a way that prevents accidental contact with food if the medication were to drip or spill. *CFOC 3rd ed. Standard 3.6.3.2. p. 143.*

Compliance Assessment and Guidance
Refer to the following guidelines:
• All liquid refrigerated medications (even those that do not need to be refrigerated) can be stored in leakproof containers such as a:
  - Plastic container with a lid,
  - Closed ziplock bag, or
  - Refrigerator drawer if all sides of the drawer are taller than its surface and able to contain a spill, there are no openings or cracks in the drawer, and nothing else is stored in the drawer.
It is acceptable if:
• A vial of medication is not in a separate leakproof container if the medication can only be removed with a hypodermic needle.
• A refrigerated medication in pill or tablet form is not stored in a leakproof container.

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

Rationale / Explanation
The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. *CFOC 3rd ed. Standard 3.6.3.3. pp. 143-144.*

Compliance Assessment and Guidance
Refer to the following guidelines:
• The child’s full name can be on the medication, on a bag containing the medication, or on a medication permission form attached to a bag containing the medication.
• Loose pills cannot be stored in a ziplock bag and a liquid medication cannot be mixed with another liquid in a bottle.
• If a medication is in the original container without a child-safety cap (such as eye drops or nasal spray) it must still have the original label and be labeled with the child’s name.
• If a parent supplies an over-the-counter medication for several of their children, the medication needs to be labeled with the last name and all of the children's first names.
• If medications or medical devices such as an EpiPen have the pharmacy label with the child’s full name on them, they do not need to be also in the original box.
The following are suggestions for labeling a small container of medication, such as a small vial:

- Keep the container in the box that has the required information on it.
- Write the name on the bottom of the medication.
- Use a clear address label.
- Attach a label to a twist tie or zip tie and attach the tie around the neck of the medication.
- Keep the vial in a labeled container.

**Noncompliance Level**
Level 1 Noncompliance if:
- A medication has been given to the wrong child due to noncompliance with this rule.

Level 2 Noncompliance otherwise.

(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.

**Rationale / Explanation**
Dispensing medication to children affects their health and errors may have legal consequences for the provider. The purpose of this rule is to protect both the children and the provider by ensuring that medication is never given to a child without parental knowledge and permission. *CFOC 3rd ed. Standard 9.4.2.6. p. 391.*

**Compliance Assessment and Guidance**
Refer to the following guideline:
- If a parent requests that an over-the-counter medication be given to their child on an ongoing basis, there must be a written parental permission form that contains all required information.

**Noncompliance Level**
Level 2 Noncompliance

(5) The medication permission form shall include:
(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.

**Rationale / Explanation**
The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. *CFOC 3rd ed. Standard 3.6.3.3. pp. 143-144.*

**Noncompliance Level**
Level 3 Noncompliance

(6) The instructions for administering the medication shall 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.

**Rationale / Explanation**
Before assuming responsibility for giving any medication to a child, the provider must have clear,
accurate written instructions on how the medication should be administered and information about
the child’s disease or condition. CFOC 3rd ed. Standard 9.4.2.6. p. 391.

A medication’s method of administration means the way the medication is given. Examples are
orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the
mouth or nose).

Compliance Assessment and Guidance
Refer to the following guideline:
• The provider may use two separate forms or combine the medication permission form and the
medication administration form into a single form as long as the combined form has all
required information.

Noncompliance Level
Level 2 Noncompliance

(7) If the provider supplies an over-the-counter medication for children’s use, the medication
shall not be administered to any child without previous parental consent for each instance
it is given. The consent shall be:
(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.

Rationale / Explanation
Over-the-counter medications, such as acetaminophen and ibuprofen, can be just as dangerous
as prescription medications and can result in illness or even death when these products are
misused or unintentional poisoning occurs. For the protection of the children and the provider, no
medication should ever be given to a child without written parental permission. CFOC 3rd ed.
Standard 3.6.3.1. pp. 141-142.

Compliance Assessment and Guidance
Refer to the following guidelines:
• Before applying a topical antibiotic to a child, the provider must obtain prior parental consent.
However, this may be a one-time general consent for the provider to use this medication as
needed (for example, when applying first aid).

Noncompliance Level
Level 1 Noncompliance

(8) The caregiver administering the medication shall:
(a) wash their hands,
(b) check the medication label to confirm the child’s name if the parent supplied the
medication,
(c) check 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) administer the medication.

Rationale / Explanation
Medications can be very dangerous if the wrong type or wrong amount is given to the wrong
person or at the wrong time. Administering medications properly is crucial to the health and
Compliance Assessment and Guidance
Refer to the following guidelines:
• The caregiver administering the medication may use a hand sanitizer instead of washing their hands.
• The caregiver administering the medication may give a medication dosage different than the manufacturer recommends if the parent provides a doctor’s note.
• If the medication does not have a dosage chart, a doctor’s note can be used.
• The caregiver administering the medication may put the medication in a food source such as crushing a pill and putting it in juice or applesauce as instructed by the parent.

Noncompliance Level
Level 1 Noncompliance if any of the following occurs due to noncompliance with this rule:
• Medication is given to the wrong child.
• A child misses a dose of medication.
• A child receives more medication than what is recommended by the health care professional or manufacturer.

Level 2 Noncompliance otherwise

(9) Immediately after administering a medication, the caregiver giving the medication shall record 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.

Compliance Assessment and Guidance
Refer to the following guideline:
• If a provider cares for a child with diabetes who uses an insulin pump, the caregiver must document each time they deliver medication with the pump.

Noncompliance Level
Level 1 Noncompliance if:
• Failure to document the required information resulted in a child being given an extra dose or missing a needed dose of medication.

Level 2 Noncompliance otherwise

(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.

Rationale / Explanation
Occasionally, a child may have a negative reaction to medication that was given. Providers need to avoid additional harm to the child by immediately dealing with an adverse reaction or an error in administration, including by calling emergency personnel if necessary.
CFOC 3rd ed. Standard 3.6.3.3. p. 143.

Noncompliance Level
Level 1 Noncompliance
(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.

**Rationale / Explanation**
The intent of this rule is to prevent miscommunication between the provider and parent that could jeopardize the child’s health. For example, a parent could drop their child off at the facility thinking that their child will receive a needed medication while in care, but in fact the child will not be given the medication.

**Noncompliance Level**
Level 1 Noncompliance if:
- The provider chooses not to administer a medication to a child and fails to inform the parent of their refusal before the medication needs to be given, and the child’s condition is life-threatening without the medication.

Level 2 Noncompliance otherwise

(12) The provider shall keep a six-week record of medication permission and administration forms on-site for review by the Department.

**Rationale / Explanation**
The health and safety of individual children requires that specific information regarding each child be kept at the facility and available to staff on a need-to-know basis. Information about each child's health status and needed medications ensures that caregivers meet the needs of each individual child. On occasion, the child’s primary care provider can use the records as an aid in diagnosing health conditions. *CFOC 3rd ed. Standards 9.4.2.1. pp. 386-387.*

**Noncompliance Level**
Level 3 Noncompliance
This section provides the rules and information about daily activities and schedules. It also discusses the rules that the provider must follow if offsite activities are offered for the children.

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

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

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**Noncompliance Level**
Level 2 Noncompliance

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

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

For information about air quality visit: http://www.airquality.utah.gov
Compliance Assessment and Guidance
Refer to the following guidelines:

• It is not a requirement for children to have outside activities on days when air quality is rated as poor (or red).
• Taking children on walks (including in strollers) is considered outdoor play. However, it may not be the only outdoor activity that is ever offered; children of all ages must have opportunities to be physically active when outdoors.

Noncompliance Level
Level 2 Noncompliance

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

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

Light physical activity generally includes playing board games, puzzles, drawing, painting. Moderate physical activity generally includes yoga, indoor exercise, walking, movement games. Vigorous physical activity generally includes running, climbing, jumping rope, playing sports.

Noncompliance Level
Level 2 Noncompliance

(4) For each preschool and school-age group, 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.

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

Compliance Assessment and Guidance
Refer to the following guidelines:
• The daily schedule(s) may be posted in a central area (such as a parent bulletin board) where all parents will see it as they come and go, or in each room where preschoolers and school-age children are cared for.
• If infants or toddlers are in a group of older children, there must be an activity schedule posted for the older children even though the infants and toddlers follow their own pattern of eating and sleeping as required in rule.
• The schedule must show the times activities occur, not just a general list of activities.
• Words other than those used in rule may be used to describe activities as long as the intent of the rule is maintained. For example, “recess” may be used in place of “outdoor time” and
“quiet time” may be used instead of “nap time.”

- The daily schedule needs to account for the entire time children are in care, from the arrival time of the first child to the departure time of the last child. This includes having a schedule for school-age children who are in care only when their school is not in session.
- A posted daily schedule will also help as a way to demonstrate compliance with daily outside play, offering meals or snacks at least every 3 hours, and scheduling nap or rest times for no more than 2 hours.
- The amount of time between meals will be counted from the ending time of one meal to the starting time of the next meal. If the daily schedule only lists the meal start times, the time between meals will be measured from start time to start time.
- If a snack or meal directly follows a nap time, an extra 30 minutes will be allowed at the end of nap time to allow children time to wake up from their nap and get ready for a snack.
- The schedule for preschool and school-age children does not need to include a nap time, but should have a scheduled time for more quiet or relaxing activities such as reading, listening to soft music, doing homework, or drawing.
- The provider can vary activities and change the scheduled plan as needed to be able to address normal life events.

Noncompliance Level
Level 3 Noncompliance

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

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

Good-quality toys, books, and equipment not only benefit children, they can make child care much easier to manage. A few tips for choosing toys and materials include:
- Choose toys that are durable and safe. Look at labels. Think big – no small parts for younger children.
- Have enough toys and materials to occupy all children in attendance.
- Select toys that can be used in a variety of ways.
- Promote healthy development by providing toys that encourage large-motor, small-motor and thinking skills, as well as social skills and self-awareness.

Compliance Assessment and Guidance
Refer to the following guideline:
- There must be enough materials for each child in the group to be engaged in play with at least one toy or activity.

Noncompliance Level
Level 2 Noncompliance

(6) Except for occasional special events, the children’s primary screen time activity on media such as television, cell phones, tablets, and computers shall:
(a) not be allowed for children 0 to 17 months old;
(b) be 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) be planned to address the needs of children 5 to 12 years old.
Rationale / Explanation
Children’s brains and bodies are going through critical periods of growth and development. Screen time takes children away from more valuable social interactions and physical activities. It can have negative effects on cognitive development and there is a link between TV viewing and increased risk of obesity. Caregivers cannot determine the amount of screen time each child receives at home, so for this reason, the American Academy of Pediatrics (AAP) encourages caregivers to prohibit or strictly limit the screen time children receive while in care. *CFOC 3rd ed. Standard 2.2.0.3. pp. 66-68.*

According to the Mayo Clinic and the AAP, too much or poor quality screen time has been linked to these negative health effects:
- Lack of adequate sleep
- Obesity
- Substance Abuse
- Behavioral problems
- Decreased school performance
- Loss of social skills
- Less time for essential play
- Violence

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

For another excellent resource, go to: https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/screen-time/art-20047952

Compliance Assessment and Guidance
The following guidelines apply to this rule:
- This rule does not pertain to screen time that involves children in physical activity, for example, when children are watching media to exercise, dance, or do yoga.
- This rule does not apply to screen time that is interactive and engages a group of children along with their caregivers, for example, watching an educational video that involves questions and answers or problem-solving with others.
- Children who are younger than 18 months old should never be placed in front of a screen to be entertained or occupied. Screen time should never be the primary activity for children this age.
- In mixed-age groups, older children may participate in screen time activities when children younger than 18 months old are present on condition that the primary activity of the young children is not screen time. For example, an infant may be fed or rocked to sleep, or a young child may be playing with toys in the room where older children participate in a screen activity, as long as watching the screen is not the infant’s or younger child’s primary activity.
- For school-age children, the provider should develop a plan for managing screen time. A simple plan may be allowing a certain amount of screen time for homework and for free play. Experts recommend that school-age children have no more than 1 to 2 hours of screen time per day including screen time at home. However, this rule does not dictate the number of hours school-age children may be allowed to participate in screen time activities while in care.

Noncompliance Level
Level 2 Noncompliance
If swimming activities are offered or if wading pools are used:

(a) the provider shall obtain parental permission before each child in care uses the pool;
(b) caregivers shall 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 shall wear swim diapers whenever they are in the pool;
(d) wading pools shall be emptied and sanitized after use by each group of children;
(e) if the pool is over 4 feet deep, there shall be a lifeguard on duty who is certified by the Red Cross or other approved certification program any time children have access to the pool; and
(f) lifeguards and pool personnel shall not count toward the caregiver-to-child ratio.

Rationale / Explanation

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

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

It is important to minimize the risk of spreading cryptosporidiosis, a diarrheal disease caused by a microscopic parasite. Utah Department of Health rule states that “any child under three years old, any child not toilet trained, and anyone who lacks control of defecation shall wear a water resistant swim diaper and waterproof swimwear. Swim diapers and waterproof swimwear shall have waist and leg openings fitted such that they are in contact with the waist or leg around the entire circumference.” Utah Code R392-302-30(8)(c).

It is recommended that the provider check with their local health department before allowing children to use a wading pool because some health departments prohibit the use of wading pools in child care facilities. Licensing rule requires providers to comply with local laws and rules such as these.

Emptying and sanitizing a wading pool is a practice that controls the growth of bacteria and algae, and minimizes the risk of spreading disease through shared wading pool water. CFOC 3rd ed. Standard 6.3.4.1. p. 282; Standard 6.3.5.4. p. 283.

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

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

**Compliance Assessment and Guidance**

Refer to the following guidelines:

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

**Noncompliance Level**

Level 1 Noncompliance if:
- Children have unsupervised access to a pool or a wading pool with water in it.

Level 2 Noncompliance otherwise

(8) **If offsite activities are offered:**
(a) the provider shall obtain written parental consent before each activity;
(b) the required caregiver-to-child ratio and supervision shall be maintained during the entire activity;
(c) first aid supplies, including at least antiseptic, band-aids, and tweezers shall be available;
(d) children shall wear or carry with them the name and phone number of the center;
(e) children’s names shall not be used on nametags, t-shirts, or in other visible ways; and
(f) there shall be a way for 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.

**Rationale / Explanation**

Providers should notify parents and get their permission before any activity that is out of the ordinary or that may pose additional risk to the children, including before a child participates in an offsite activity. Parents should know where their children will be, how the children will get there, and what they will be doing. Parents have the right to keep their child from participating in an offsite activity, as they deem appropriate. This rule helps protect both the child and the provider by ensuring that children are never taken offsite without parental permission. *CFOC 3rd ed. Standard 9.4.2.3. p. 388.*

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

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

Having the name and phone number of the facility will assist in a lost child being found.
During offsite activities children should not have their names on shirts, badges, or other visible ways. This practice prevents a stranger from calling a child by name to lure them into a dangerous situation. Children are more likely to respond to a stranger who calls them by name.

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

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

**Compliance Assessment and Guidance**

The following guidelines apply to the assessment of this rule:

• Parents may give a general permission on the admission form for their child to be transported on field trips, but this blanket statement does not meet the requirement of this rule.

• In advance of each offsite activity, the provider must inform parents 1) where the children will be going, including any alternative or backup locations, 2) the day and time they will be offsite, and 3) how the children will get there and back. The provider must receive parent's written consent before each activity.

• For reoccurring and regularly scheduled offsite activities, parents may sign one permission form for the activities as long as the parents are given all of the required information as stated above. For example, the provider may get permission to take the children to the library every Tuesday morning at 10:00 a.m.

• For occasional spontaneous walking field trips, prior written parental permission is not required if 1) the children are offsite for no longer than 60 minutes, 2) they are within ½ mile of the facility, and 3) a notice is posted that includes the times they left and will return, where they will be going, and the route they will take to and from that location.

• During offsite activities (including in a car or on a field trip), children must always be under the active supervision of a caregiver or volunteer who has passed a background check and meets the other personnel requirements.

• Parent volunteers may not count in the ratio or have unsupervised contact with any children except their own unless the parent has passed a CCL background check.

• Children need to wear or carry with them the name and phone number of the center even during swimming activities.

• A stroller that is labeled with the center’s name and phone number meets the intent of the rule as long as the children stay in the stroller. If at any time there are children not in the stroller, they would each need to wear a label with the required information.

• Caregivers and children should use soap and running water if available.

• Caregivers must closely supervise the children’s use of hand sanitizer to prevent potential ingestion or accidental contact of the hand sanitizer with eyes, nose and mouth.

• Pre-moistened cleansing towelettes do not effectively clean hands and should not be used as a substitute for handwashing.

For more information on handwashing, see “Section 15: Health and Infection Control.”

**Noncompliance Level**

Level 1 Noncompliance

• For lack of supervision

Level 2 Noncompliance otherwise
(9) On every offsite activity, caregivers shall take the written emergency information and releases for each child in the group. The information shall include:
(a) the child's name,
(b) the parent's name and phone number,
(c) the name and phone number of a person to notify in case of an emergency if the parent cannot be contacted,
(d) the names of people authorized by the parents to pick up the child, and
(e) current emergency medical treatment and emergency medical transportation releases.

Rationale / Explanation
Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside of the regular facility may pose increased risk for injury. In case of an emergency, both caregivers and emergency personnel must have access to children’s emergency information. *CFOC 3rd ed. Standard 9.4.2.2. pp. 387-388.*

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

Noncompliance Level
Level 2 Noncompliance
Although active play is critical for children’s health, the active play areas of a child care facility are associated with frequent and severe injuries. The rules in this section are intended to prevent injuries related to indoor and outdoor play equipment. They are based on standards set by the Consumer Product Safety Commission (CPSC), the American Society for Testing and Materials (ASTM), the American Academy of Pediatrics (AAP), and the American Public Health Association (APHA).

If a facility has stationary play equipment, the provider must ensure compliance to licensing rules or make the play equipment inaccessible to children in care. Play equipment that is accessible to children will be inspected, even if children do not use the equipment.

These rules apply to indoor and outdoor stationary play equipment rather than moveable equipment (e.g. balls, riding toys, sensory table, sand/water toys, push/pull toys, hoops). Stationary play equipment has a base that is meant to keep the equipment fixed in one location when a child uses it. Examples of stationary play equipment include:

- Climbers (including indoor vinyl-covered foam climbers)
- Slides
- Swings (except porch and patio swings)
- Spring rockers
- Inflatable bounce houses
- Raised tunnels and tunnels with handles children use for climbing
- Inner tube jumpers (they are not assessed as trampolines)
- Teeter-totters
- Climbing walls
- A merry-go-round (a revolving piece of equipment for children to ride on)
- A playhouse or tree house that has an attached component such as a slide, swing, or climber unless the component is inaccessible
- A tree, if a component such as a rope, ladder, or swing, is attached to the tree for the children to play on
- Multiple stumps, disks, boulders, or pillars that are installed in the ground and are intended for children to step on from one to the other

The following items are not assessed as stationary play equipment:

- Slides that exit into swimming pools
- Carpeted ramps
- A tunnel that sits on the ground or floor and is used only as a tunnel and has not handles for climbing
- A natural structure unless it has attached play equipment such as a slide or climber
- Stumps or similar objects that are used only for seating
- Portable stumps that children can move around

When measuring play equipment for compliance to rule, licensors will use a wood or metal measuring device and other measuring tools designed for assessing playground equipment.

Refer to “Section 9: Facility” to review the rules and guidelines about play equipment maintenance.
(1) The provider shall ensure that children using play equipment use it safely and in the manner intended by the manufacturer.

Rationale / Explanation
Children like to test their skills and abilities. This is particularly true around play equipment. Constant active supervision is needed in order to ensure that even well-maintained equipment is not used in unsafe ways. Serious injuries can happen if children are left unsupervised and use play equipment inappropriately. *CFOC 3rd ed. Standard 2.2.0.1. pp. 64-66.*

Caregivers should ensure that children are using equipment that is appropriate for their age. *CPSC. Public Playground Safety Handbook. Standard 2.2.6. p. 6.*

The intent of this rule is not to prevent children from healthy risk-taking activities. On the contrary, caregivers can be more confident allowing safe exploration and healthy risk-taking when they can help children learn the difference between activities that will help them develop positive self-esteem and those that may cause injury to themselves and to others.

Compliance Assessment and Guidance
Caregivers must prevent children from engaging in activities such as:
- Going down a slide head first
- Playing or being on parts of the equipment not intended for use, such as:
  - Climbing on or walking across the top of a swing set
  - Climbing up the outside of covered slides or other equipment
  - Playing on the roof of a composite structure
  - Climbing or playing on a tunnel not meant for climbing
  - Climbing or walking on top of protective barriers
- Swinging while standing or while on the stomach, or twisting while swinging
- Using equipment that is inappropriate for their age

Refer to the following guidelines:
- If a caregiver is actively preventing or immediately stopping children from using equipment in an inappropriate or unsafe manner, this rule is not considered out of compliance.
- This rule is out of compliance if children are allowed to use equipment unsafely or if a caregiver does not stop the unsafe practice.

Noncompliance Level
Level 2 Noncompliance

(2) The highest designated play surface on stationary play equipment used by infants or toddlers shall not exceed 3 feet in height.

Rationale / Explanation
Equipment that is sized for larger and more mature children poses challenges that younger, smaller, and less mature children may not be able to handle. *CFOC 3rd ed. Standard 6.2.1.1. p. 269.*

Compliance Assessment and Guidance
Refer to the following guidelines:
- To determine the highest designated play surface, measure from the floor or ground to the equipment's highest designated play surface.
- "Designated Play Surface" means any accessible elevated surface for standing, walking, crawling, sitting or climbing; or an accessible flat surface at least 2 by 2 inches in size and
having an angle less than 30 degrees from horizontal.

- A fully enclosed area on the play equipment, such as an elevated crawling tube, will not be considered the highest designated play surface.

**Noncompliance Level**
Level 2 Noncompliance

(3) **Swings used by infants or toddlers shall have enclosed seats.**

**Rationale / Explanation**
This rule is based on guidelines from CPSC. Enclosed (or bucket) seats are recommended in order to provide support on all sides of an infant or toddler, and because they have a safety restraint system that fits between the legs to prevent the child from falling out. *CPSC. Public Playground Safety Handbook. Standard 5.3.8.3.2. p. 39.*

**Noncompliance Level**
Level 1 Noncompliance

*Use Zones*
As stated in “Section 2: Definitions”, “Use Zone” means the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment, and onto which a child falling from or exiting the equipment could be expected to land.

(4) **Stationary play equipment shall have a surrounding use zone that extends from the outermost edge of the equipment.** With the exception of swings, stationary play equipment that is:

- (a) used by infants or toddlers shall have at least a 3-foot use zone if any designated play surface is higher than 18 inches,
- (b) used by preschoolers shall have at least a 6-foot use zone if any designated play surface is higher than 20 inches, and
- (c) used by school-age children shall have at least a 6-foot use zone if any designated play surface is higher than 30 inches.

**Rationale / Explanation**
The use zones around equipment for infants and toddlers are smaller than those around equipment for preschoolers and school-age children because infants and toddlers do not jump or fall as far as older children do.

**Compliance Assessment and Guidance**
Refer to the following guidelines:

- **Teeter-totters** — To measure the height of a teeter-totter, push one end of the teeter-totter to the ground and then measure from the ground to the top of the teeter-totter seat that is raised to its highest position.
- If a piece of play equipment is stored in a place other than where it is used by children, the caregiver will be required to place the equipment where it is normally used to be assessed for adequate use zone.
- To confirm that the use zone extends the required number of feet, measure from the outermost edge of the play equipment in all directions around and above it.
- **Tunnels** — If a tunnel, including a caterpillar tunnel, is used to climb on, then the tunnel must be in compliance with this rule. If the tunnel is used only as a tunnel to crawl through, then a use zone and cushioning are not required.
• Stumps, disks, or pillars — If they are meant for stepping from one to the other, they are considered one piece of equipment even though they are installed individually. A use zone is required around the group of stumps, disks, or pillars, and not around each individual component.
• Mats that are a component of foam climbers are considered cushioning and part of the use zone.
• A third supporting leg that is used to help stabilize the play equipment and extends beyond the equipment frame is not considered when determining the required use zone.
• Other equipment — Examples of other stationary play equipment that may require a use zone are listed in the introduction of this section.
• If preschoolers or school-age children play on infant/toddler play equipment, the equipment must have a 6-foot use zone.
• A use zone is not required for:
  - Stumps, boulders, disks, or pillars that are only used as seating.
  - Portable stumps that children can move around.
  - Sand diggers.
  - Areas above the roof of a piece of play equipment.
  - The back or side of a piece of equipment that is flush against a wall.
  - An embankment slide does not require a use zone or cushioning except at the bottom of the slide chute. This use zone must be at least as wide as the slide chute.
  - Tetherball poles do not need a use zone or cushioning.

Noncompliance Level
Level 2 Noncompliance

(5) The use zone in the front and rear of a single-axis, enclosed swing shall extend at least twice the distance of the swing pivot point to the swing seat.

Rationale / Explanation
A single-axis swing (sometimes called a to-fro swing) is intended to only swing back and forth and generally has a seat suspended by at least two chains or ropes, each being connected to a separate pivot on an overhead structure. CPSC. Public Playground Safety Handbook. Standard 5.3.8. p. 37.

Noncompliance Level
Level 2 Noncompliance

(6) The use zone in the front and rear of a single-axis swing shall extend at least twice the distance of the swing pivot point to the ground.

Noncompliance Level
Level 2 Noncompliance

(7) The use zone for a multi-axis swing, such as a tire swing, shall extend:
(a) at least the measurement of the suspending rope or chain plus 3 feet, if the swing is used by infants or toddlers; or
(b) at least the measurement of the suspending rope or chain plus 6 feet, if the swing is used by preschoolers or school-age children.
**Rationale / Explanation**
A multi-axis swing consists of a seat (generally a tire or disk) that is suspended from a single pivot that permits it to swing in any direction.

**Compliance Assessment and Guidance**
Refer to the following guideline:
- Measure the use zone of a multi-axis swing from the edges of the swing seat in all directions to determine compliance with this rule.

**Noncompliance Level**
Level 2 Noncompliance

(8) **The use zone for a merry-go-round shall extend:**
   (a) at least 3 feet in all directions from its outermost edge if the merry-go-round is used by infants or toddlers, or
   (b) at least 6 feet in all directions from its outermost edge if the merry-go-round is used by preschoolers or school-age children.

**Noncompliance Level**
Level 2 Noncompliance

(9) **The use zone for a spring rocker shall extend:**
   (a) at least 3 feet from the outermost edge of the rocker when at rest; or
   (b) at least 6 feet from the outermost edge of the rocker when at rest if the seat is higher than 20 inches, and the rocker is used by preschoolers or school-age children.

**Noncompliance Level**
Level 2 Noncompliance

(10) **The following use zones shall not overlap the use zone of any other piece of play equipment:**
    (a) the use zone in front of a slide;
    (b) the use zone in the front and rear of any single-axis swing, including a single-axis enclosed swing;
    (c) the use zone of a multi-axis swing; and
    (d) the use zone of a merry-go-round if the platform diameter measures 20 inches or more.

**Rationale / Explanation**
The use zones of some equipment may not overlap due to the added movement of the equipment and/or the children in those areas, making collision and impact injuries more likely to occur if there is inadequate clearance.

**Noncompliance Level**
Level 2 Noncompliance
(11) Unless prohibited in R381-100-19(10), the use zones of play equipment may overlap when:
   (a) the equipment is used by infants or toddlers, and there is at least 3 feet between the pieces of equipment; or
   (b) the equipment is used by preschoolers or school-age children and there is at least 6 feet between the pieces of equipment if the designated play surface is 30 inches or lower, or there is at least 9 feet between the pieces of equipment if the designated play surface is higher than 30 inches.

**Noncompliance Level**
Level 2 Noncompliance

**Cushioning**
Cushioning is material that is placed under and in the use zones of stationary play equipment in order to cushion a child’s fall from the equipment. There are two main types of cushioning for playgrounds: unitary and loose-fill materials.

Acceptable cushioning materials include the following:
- Any material tested to ASTM F1292 standards
- Sand (as long as it is not packed)
- Gravel
- Shredded rubber mulch such as recycled shredded tires
- Shredded wood products, such as wood mulch or chips
- Unitary cushioning material such as mats or playground tiles that meet ASTM standards

(12) Stationary play equipment without moving parts children sit or stand on shall not be placed on concrete, asphalt, dirt, a bare floor, or any other hard surface, but may be placed on grass or other cushioning, if the highest designated play surface measures between:
   (a) 6 to 18 inches if used by infants or toddlers,
   (b) 6 to 20 inches if used by preschoolers, and
   (c) 6 to 30 inches if used by school-age children.

**Rationale / Explanation**
Improper cushioning material under playground equipment is the leading cause of playground-related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, or packed dirt or sand are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. *CFOC 3rd ed. Standard 6.2.3.1. pp. 273-274.*

**Compliance Assessment and Guidance**
Refer to the following guidelines:
- A fully enclosed area on the play equipment, such as an elevated crawling tube, is not considered the highest designated play surface.
- Packed sand is considered a hard surface. It is considered packed if it does not displace when walking on it.
- Frozen cushioning is also considered a hard surface.

**Noncompliance Level**
Level 2 Noncompliance
(13) Protective cushioning shall cover the entire surface of each required use zone and its depth or thickness shall be determined by the highest designated play surface of the equipment.

Rationale / Explanation
Head-impact and other injuries present a significant danger to children. Falls onto a shock-absorbing surface are less likely to cause serious injury because the surface is yielding, so the force of impact is reduced. Cushioning under and surrounding play equipment should receive careful attention. CFOC 3rd ed. Standard 6.2.3.1. pp.273-274.

Compliance Assessment and Guidance
Refer to the following guidelines:
• When there are various cushioning materials used in the same use zone, the material that requires the greatest depth will be assessed.
• A fully enclosed area on the play equipment, such as an elevated crawling tube, is not considered the highest designated play surface.
• If grass or weeds have grown into loose-fill cushioning in a use zone or the cushioning is no longer soft enough to displace, this rule is out of compliance.
• An embankment slide does not require cushioning except at the bottom of the slide chute where it extends at least as wide as the slide chute.
• Pillows are allowed to be in the use zone of stationary play equipment, but may not be a substitute for approved cushioning.

Noncompliance Level
Level 2 Noncompliance

(14) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material shall meet the CPSC guidelines in Table 14.
(a) the provider shall ensure that the cushioning is periodically checked for compaction and loosened to the depth listed in Table 14 if compacted; and
(b) if the material cannot be loosened due to extreme weather conditions, the provider shall not allow children to play on the equipment until the material can be loosened to the required depth.
### TABLE 14

Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires

<table>
<thead>
<tr>
<th>Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point</th>
<th>Fine Sand</th>
<th>Course Sand</th>
<th>Fine Gravel</th>
<th>Medium Gravel</th>
<th>Shredded Tires</th>
</tr>
</thead>
<tbody>
<tr>
<td>4’ high or less</td>
<td>6”</td>
<td>6”</td>
<td>6”</td>
<td>6”</td>
<td>6”</td>
</tr>
<tr>
<td>Over 4’ up to 5’</td>
<td>6”</td>
<td>6”</td>
<td>6”</td>
<td>6”</td>
<td>6”</td>
</tr>
<tr>
<td>Over 5’ up to 6’</td>
<td>6”</td>
<td>9”</td>
<td>6”</td>
<td>9”</td>
<td>6”</td>
</tr>
<tr>
<td>Over 6’ up to 7’</td>
<td>9”</td>
<td>Not Allowed</td>
<td>9”</td>
<td>Not Allowed</td>
<td>6”</td>
</tr>
<tr>
<td>Over 7’ up to 8’</td>
<td>9”</td>
<td>Not Allowed</td>
<td>9”</td>
<td>Not Allowed</td>
<td>6”</td>
</tr>
<tr>
<td>Over 8’ up to 9’</td>
<td>9”</td>
<td>Not Allowed</td>
<td>9”</td>
<td>Not Allowed</td>
<td>6”</td>
</tr>
<tr>
<td>Over 9’ up to 10’</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
<td>9”</td>
<td>Not Allowed</td>
<td>6”</td>
</tr>
<tr>
<td>Over 10’ up to 11’</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
<td>6”</td>
</tr>
<tr>
<td>Over 11’ up to 12’</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
<td>6”</td>
</tr>
</tbody>
</table>

**Rationale / Explanation**

Field and laboratory test methods are used to determine the depth of cushioning that is required to prevent life-threatening head injuries due to falls from various equipment heights. Providers must ensure that protective cushioning meets these ASTM standards.

Cushioning that is compacted means that it is packed and hard causing it to lose its shock-absorbing properties. Loose-fill materials will compress at least 25% over time due to use and weathering. Loose-fill cushioning requires frequent maintenance to ensure that surfacing levels never drop below the minimum depth requirement. Areas under swings and at slide exits are more likely to displace so special attention must be paid to the cushioning in these areas.


**Compliance Assessment and Guidance**

Refer to the following guidelines:

- The height from the floor or ground to the highest designated play surface, highest swing pivot point, or highest climbing bar will determine the required depth of cushioning for each cushioning type.
- The depth of cushioning for each use zone will be measured according to the following guidelines.
  - Dig to the bottom of the cushioning in three spots.
  - Place the bottom edge of a metal ruler at the bottom of the hole, and refill the hole with the cushioning.
  - Do not take measurements directly under an at-rest swing seat, or directly at the bottom of the slide shoot where children exit.
Document the depth of the cushioning at each of the three spots.

- If the cushioning was low at any of the three spots, average the three measurements to determine if the cushioning needs to be redistributed or if additional cushioning needs to be added.
- If each of the three areas of cushioning are the required depth, it is in compliance.

- It is out of compliance if a cushioning product is used that is not allowed due to the height of the equipment (refer to Table 14).
- The cushioning is not compacted if the shovel slides easily into it when digging to assess its depth.
- Cushioning material that is frozen due to cold weather is considered a hard surface. If the material cannot be loosened due to weather conditions, children are not to use the play equipment until the material can be loosened. The equipment does not need to be inaccessible. However, it is out of compliance if the children use the equipment while the cushioning is frozen.
- Documentation from the manufacturer will be needed if the provider uses less than the required cushioning to follow manufacturing recommendations.
- Refer to Table 14 above to determine the required depth of the cushioning.

**Noncompliance Level**
Level 2 Noncompliance

(15) If shredded wood products are used as protective cushioning:

(a) the provider shall keep on-site for review by the Department documentation from the manufacturer that the wood product meets ASTM Specification F1292,
(b) there shall be adequate drainage under the material, and
(c) the depth of the shredded wood shall meet the CPSC guidelines in Table 15.

<table>
<thead>
<tr>
<th>Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point</th>
<th>Engineered Wood Fibers</th>
<th>Wood Chips</th>
<th>Double Shredded Bark Mulch</th>
</tr>
</thead>
<tbody>
<tr>
<td>4' high or less</td>
<td>6&quot;</td>
<td>6&quot;</td>
<td>6&quot;</td>
</tr>
<tr>
<td>Over 4' up to 5'</td>
<td>6&quot;</td>
<td>6&quot;</td>
<td>6&quot;</td>
</tr>
<tr>
<td>Over 5' up to 6'</td>
<td>6&quot;</td>
<td>6&quot;</td>
<td>6&quot;</td>
</tr>
<tr>
<td>Over 6' up to 7'</td>
<td>9&quot;</td>
<td>6&quot;</td>
<td>9&quot;</td>
</tr>
<tr>
<td>Over 7' up to 8'</td>
<td>9&quot;</td>
<td>9&quot;</td>
<td>9&quot;</td>
</tr>
<tr>
<td>Over 8' up to 9'</td>
<td>9&quot;</td>
<td>9&quot;</td>
<td>9&quot;</td>
</tr>
<tr>
<td>Over 9' up to 10'</td>
<td>9&quot;</td>
<td>9&quot;</td>
<td>9&quot;</td>
</tr>
<tr>
<td>Over 10' up to 11'</td>
<td>9&quot;</td>
<td>9&quot;</td>
<td>9&quot;</td>
</tr>
<tr>
<td>Over 11'</td>
<td>9&quot;</td>
<td>Not Allowed</td>
<td>Not Allowed</td>
</tr>
</tbody>
</table>
Rationale / Explanation
A review of documentation helps CCL determine compliance to licensing rule.

Inadequate drainage under wood cushioning material can result in trapped water freezing, which makes the material unable to absorb the impact from falls. It can also lead to the growth of bacteria, mold, and the breeding of mosquitos.

Compliance Assessment and Guidance
Refer to the following guidelines:

- If the depth of the wood cushioning is 9 inches or deeper, ASTM documentation will not be required.
- Gardening bark mulch does not have the cushioning properties required by ASTM Specification F 1292, and cannot be used as playground cushioning material.
- Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.

To determine the required depth of wood-product cushioning:

- Measure from the floor or ground to the highest designated play surface, highest swing pivot point, or highest climbing bar.
- Refer to Table 15 above to determine the required depth of the cushioning.
- Measure the depth of cushioning according to the following guidelines.
  - Dig to the bottom of the cushioning in three spots.
  - Place the bottom edge of a metal ruler at the bottom of the hole, and refill the hole with the cushioning.
  - Do not take measurements directly under an at-rest swing seat, or directly at the bottom of the slide shoot where children exit.
  - Document the depth of the cushioning at each of the three spots.
  - If the cushioning was low at any of the three spots, average the three measurements to determine if the cushioning needs to be redistributed or if additional cushioning needs to be added.
  - If each of the three areas of cushioning are the required depth, it is in compliance.

Noncompliance Level
Level 2 Noncompliance

Level 3 Noncompliance for documentation issues

If a unitary cushioning is used, the provider shall ensure that the material meets the standard established in ASTM Specification F1292. The provider shall maintain on-site for review by the Department documentation from the manufacturer that the material meets these specifications.

Rationale / Explanation
Unitary cushioning is a manufactured material used for protective surfacing that may be rubber tiles, mats, or an energy-absorbing material that may be poured in place on-site and solidifies forming a unitary shock-absorbing surface. Unitary cushioning materials that meet ASTM standards have been tested for their shock-absorbing properties.

A review of documentation helps CCL determine compliance to licensing rule.
Compliance Assessment and Guidance
There are several different types of ASTM-compliant cushioning that can be used under indoor and outdoor play equipment. These include certain mats, carpeting, playground tiles, rubber matting, and other unitary cushioning materials. For examples of ASTM-compliant cushioning materials, see:

- http://www.safelandings.com
- http://www.surfaceplay.com

Refer to the following guideline:
ASTM documentation after the first inspection is only required if the cushioning has been changed or replaced or for verification during a complaint investigation.

Noncompliance Level
Level 3 Noncompliance

(17) If a unitary cushioning is used, the provider shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.

Rationale / Explanation
Appropriate cushioning must cover the entire use zone and be properly installed to lessen the risk of serious injuries from falling or slipping.

Compliance Assessment and Guidance
Refer to the following guidelines:

- This rule is out of compliance if the unitary cushioning material is set on top of the ground and not secured in place so that it could become displaced when used by children or could be easily picked up and moved by children.
- Rubber mats or tiles are not required to be glued down when any of the following conditions are met:
  - The tiles are interlocking and with no gaps between the tiles that are greater than 1 inch wide.
  - There is a border around the play area that holds the mats or tiles in place so they cannot be dislodged by children running or jumping on them.
  - If tiles are used under equipment that is allowed to be placed on grass due to its low height. Refer to 100-19(12).

Noncompliance Level
Level 2 Noncompliance

Protective Barriers
"Protective Barrier" means a structure such as bars, lattice, or a panel that is around an elevated platform and is intended to prevent accidental or deliberate movement through or access to something.

(18) A play equipment platform that is more than:
  (a) 18 inches above the floor or ground and used by infants or toddlers shall have a protective barrier that is at least 24 inches high,
  (b) 30 inches above the floor or ground and used by preschoolers shall have a protective barrier that is at least 29 inches high,
  (c) 48 inches above the floor or ground and used by school-age children shall have a protective barrier that is at least 38 inches high.
Rationale / Explanation
The purpose of this rule is to prevent children from falling from a platform, or from slipping through a barrier and becoming entrapped.

Noncompliance Level
Level 2 Noncompliance

(19) There shall be no gap greater than 3-1/2 inches in or under a required protective barrier on a play equipment platform.

Rationale / Explanation
The purpose of this rule is to prevent children from falling from a platform, or from slipping through a barrier and becoming entrapped.

Noncompliance Level
Level 2 Noncompliance

(20) Stationary play equipment shall be stable and securely anchored.

Rationale / Explanation
All pieces of stationary play equipment should be installed as directed by the manufacturer’s instructions, and meet ASTM and CPSC standards. The equipment should be able to withstand maximum active use that might cause it to overturn, tip, slide, or move in any way. If active play equipment is installed indoors, the same requirements for installation and use apply as in the outdoor setting. CFOC 3rd ed. Standard 6.2.1.4. p. 270.

Compliance Assessment and Guidance
Refer to the following guideline:
• Shake a piece of equipment such as a swing set or a climbing wall to determine if it is stable and securely anchored. If a post or side of the equipment comes off or out of the ground, the equipment is not secure. A child does not need to be using the equipment to assess this. However, if during its use the piece of equipment comes off the ground, such as the poles of a swing while a child uses it, then the equipment is out of compliance.

Noncompliance Level
Level 2 Noncompliance

(21) There shall be no trampolines on the premises that are accessible to any child in care.

Rationale / Explanation
Trampolines pose serious safety hazards. CPSC estimates that each year there are almost 100,000 hospital emergency room visits for trampoline-related injuries. Both the American Academy of Pediatrics and the American Academy of Orthopedic Surgeons recommend the prohibition of trampolines in a child care program. CPSC also supports this position. CFOC 3rd ed. Standard 6.2.4.4. p.276.

Licensing rule is based on AAP-recommended safety precautions and applies to any trampoline on the premises, including mini, exercise, and in-the-ground trampolines. The hazards that may result in injuries and deaths are from:
• Falling or jumping off the trampoline
• Falling on the trampoline springs or frame
• Colliding with another person on the trampoline
• Landing improperly while jumping or doing stunts on the trampoline

**Noncompliance Level**
Level 1 Noncompliance

(22) **There shall be no entrapment hazards on or within the use zone of any piece of stationary play equipment.**

**Rationale / Explanation**
According to CPSC, an opening that is greater than 3½ by 6½ inches and smaller than 9¼ inches is considered an entrapment hazard because it would allow a child’s body to fit through, but not the child’s head. Children often attempt to slide through openings feet first. In order to prevent entrapment and strangulation, openings in pieces of play equipment should be designed so they are too large for a child’s head to get stuck in or too small for a child’s body to fit into.


**Compliance Assessment and Guidance**
This rule only applies to entrapment hazards where a child's feet cannot touch the floor, ground, or designated play surface (with the exception of ladders). On play equipment ladders, there shall be no entrapment hazards where a child’s feet cannot touch the floor or ground.

Refer to the following guidelines:
• A child’s feet could not touch the ground if:
  - For infants or toddlers: the bottom of the opening is higher than 23½ inches above the ground.
  - For preschoolers: the bottom of the opening is higher than 25½ inches above the ground.
  - For school-age children: the bottom of the opening is higher than 33 inches above the ground.
• If the stationary play equipment is used by children of different age groups, the measurements will be for the youngest age group allowed to use the equipment.
• If the opening is at a height where a child’s feet could not touch the ground, a licensor will use the torso and head probes to determine if an opening is an entrapment hazard:
  - When the torso probe passes freely and straight through an opening, then they will use the head probe.
  - If the head probe also passes through the opening, it is not an entrapment hazard.
  - If the head probe cannot pass through the opening, it is an entrapment hazard.
• Entrapment hazards directly under a platform and higher than 48 inches from any surface a child could climb on will not be assessed as an entrapment hazard.

(23) **There shall be no strangulation hazards on or within the use zone of any piece of stationary play equipment.**

**Rationale / Explanation**
A strangulation hazard is something on which a child’s clothes or drawstrings could become caught, or something in which a child could become entangled.
Strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats, and other clothing get caught in gaps in the equipment. The area on top of a slide is one potential trouble spot. *CFOC 3rd ed. Appendix EE. p. 485.*

**Compliance Assessment and Guidance**
Strangulation hazards are typically caused by 1) hardware or small equipment components that protrude out from a surface, 2) hardware that forms a hook or leaves a gap or space between components, and 3) hanging ropes, cords, wire, or chains that are long enough to encircle a child’s neck.

Refer to the following guidelines:
- The use zone surrounds the equipment including the use zone above the equipment. This means that there cannot be tree branches or another object that creates a strangulation hazard in the use zone above the equipment.

**Protrusions**
Strangulation hazards caused by protrusions include:
- Bolt ends that extend more than two threads beyond the face of the nut unless the bolt end is facing straight down.
- A bolt, screw, or other protrusion which increases in size or diameter as it moves away from the surface (e.g. a bolt with a large bolt head that is not flush with the surface).
- A bolt, screw, or other protrusion angled upward from a horizontal plane that fails the protrusion gauge test.
- Loose handholds on climbing walls.

To assess protruding elements on pieces of playground equipment a licensor will use gauges designed for inspecting playground equipment.

**Gaps or Openings**
Strangulation hazards caused by hardware gaps or space between components include:
- A hardware connector, such as an S- or C-hook, that has a gap or opening greater than .04 of an inch (the edge of a dime) and the opening does not face downward.

To assess gaps on play equipment:
- Inspect all connectors such as S- and C-hooks, no matter where they are located on a piece of equipment, except those that are:
  - At the top of a free standing swing higher than 8 feet.
  - At the top of a swing with a crossbar that is higher than 8 feet.
- Use a dime or the wire hook tool to measure the width of the gap or space.
  - When the dime or tool does not fit in the gap, it is not a strangulation hazard.
  - When the dime or wire tool fits into the gap and the gap angles upward, it is a strangulation hazard.
- CCL does not assess gaps at the top of slide chutes.
Hanging Ropes, Cords, Chains

Strangulation hazards caused by ropes, cords, chains, etc. include:
- Hanging ropes, cords, wires, or chains that are 12 inches or longer and can make a loop 5 inches in diameter, except ropes, cords, wires, or chains with swings or tetherballs attached to the bottoms of them.
- Ropes, cords, twine, etc. that hang into the use zone of a piece of playground equipment and are attached to something solid.
- Ropes that are not anchored securely at both ends, and/or are capable of forming a loop or a noose.

To assess ropes, cords, chains, twine, etc. for possible strangulation hazards:
- Measure the rope, cord, or chain to determine if it is 12 inches or longer.
- Determine if it can make a loop that is 5 inches in diameter.
  - When the rope is not 12 inches or longer and cannot make a 5-inch loop, it is not a strangulation hazard.
  - When the rope is 12 inches or longer and can make a 5-inch loop, it is a strangulation hazard if attached to a solid structure or other object.

The following equipment components are not out of compliance:
- Protrusion or strangulation hazards on the underside of platforms that are 48 inches or higher.
- Protrusions on the top crossbar of free standing swings when the top of the swing is higher than 8 feet tall and there is not a horizontal bar between the support poles, nor is the swing attached to any other component or platform.
- Protruding parts that are molded as a part of the design for dramatic play, such as the eyepiece of a telescope or the ear of an animal (as long as the part is in good repair and no parts are missing).
- Handholds and foot bars that are designed for that purpose, such as those found on spring rockers.
- A bolt end or other protruding hardware in recessed areas unless it extends past the recessed area.
- Ropes or cords suspending a tetherball or swing.

Noncompliance Level
Level 1 Noncompliance

(24) There shall be no crush, shearing, or sharp edge hazards on or within the use zone of any piece of stationary play equipment.

Rationale / Explanation
A crush hazard is created when parts of play equipment move together in such a way that they could crush a child's fingers, toes, or other body parts. A crush hazard could result in contusion, laceration, abrasion, amputation, or fracture. All pieces of play equipment should be designed so moving parts are shielded or enclosed. CFOC 3rd ed. Standard 6.2.1.7. p. 271.

A shearing hazard is created when parts of play equipment move against each other in such a way that they could sever a child's fingers or other body parts. Anything that could crush or shear limbs should not be accessible to children on a playground. CPSC Standard 3.1. p. 14.

A sharp edge hazard is created when there is a sharp point or edge on a piece of play equipment that could cut or puncture a child's skin. CFOC 3rd ed. Standard 6.2.1.8. p. 271.
Compliance Assessment and Guidance
Refer to the following guidelines:

- The use zone surrounds the equipment including above the equipment. This means there cannot be hard or inflexible tree branches or any other object that creates a crush, shearing, or sharp edge hazard in the use zone above the equipment.

- For crushing hazards, it is out of compliance if:
  - A disc swing hanging from a tree or frame touches the trunk of the tree or the frame when stretched to its full length.
  - Two moving parts on a piece of equipment come together is such a way that they could crush a child’s fingers, toes, or other body part.

- For shearing hazards, it is out of compliance if:
  - There are two pieces of equipment or two parts of a piece of equipment that move against each other in such a way that they could sever a child’s fingers, toes, or other body parts.

- For sharp edge hazards, it is out of compliance if:
  - There is a sharp point or edge in the use zone or on a play surface of a piece of equipment that could cut or puncture a child’s skin. This includes any play surface that the children usually come in contact with, for example, a platform, an equipment part commonly touched by the children, the hand rail on a slide, the slide surface, etc.

- A molded plastic steering wheel that is part of a piece of play equipment will not be assessed as a crush hazard.

- It is not out of compliance when the movement between two pieces of equipment or two parts of a piece of equipment is minimal and would be unlikely to cause contusions, lacerations, abrasions, amputations, or fractures during use.

Noncompliance Level
Level 1 Noncompliance

(25) 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.

Rationale / Explanation
Tripping is one of the hazards listed by CPSC to be most commonly associated with injury.

Compliance Assessment and Guidance
Refer to the following guidelines:

- In addition to those listed in rule, consider the following to be tripping hazards:
  - Weed barrier that is pulled up.
  - An object such as a tire used to cushion an equipment footing unless the object is flush to the ground.
  - The leash or rope of a tethered animal if it can reach into the use zone of a piece of play equipment.
  - Metal rods that are in the use zone of outdoor play equipment.
  - Equipment frames or supports (that are not directly under a platform).

The following are not considered tripping hazards:

- Mats that are placed under equipment as cushioning.
- Poles on a tent-type sandbox or canopy unless the poles are in the use zone of another piece of equipment.
• A moveable object that is left in the use zone of stationary play equipment when the equipment is not being used.
• If a caregiver is actively preventing children from leaving moveable objects (e.g. tricycles, toys, and other hard objects) in a use zone, or is quickly removing the objects from the use zone, this rule is **not** out of compliance.

**Noncompliance Level**
Level 2 Noncompliance
The rules and information in this section apply when a provider walks, transports, and/or uses public transportation to accompany a child in care from one place to another.

When the provider arranges and is responsible for a child to be taken to or from the facility for any reason, the provider must be in compliance with licensing rules. For example, if the provider asks a parent to be an additional driver on a field trip, then all applicable licensing rules are in effect for the parent (such as passing a background check) as well as for the vehicle the parent is driving.

However, when a parent arranges and is responsible for their own child to be taken to or from the facility, then licensing rules do not apply while the child is under the responsibility of someone other than the provider. For example, if parents arrange to carpool their children to and from school without the provider’s involvement, then licensing rules do not apply during carpooling.

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.

   **Rationale / Explanation**
   When a child is being transported the potential risk of injury increases. For a child’s health and safety, it is important that the child's parents understand and give permission for when, why, and how their child will be transported.

   **Noncompliance Level**
   Level 2 Noncompliance

(2) Each 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) contain first aid supplies, including at least antiseptic, band-aids, and tweezers.

   **Rationale / Explanation**
   Motor vehicle crashes are one of the leading causes of death of children in the United States, and 43% of children who died were improperly restrained or not restrained at all. By wearing seat belts and properly buckling children into age- and size-appropriate car seats and booster seats, people can reduce the risk of serious injury and death in a crash by almost half. **CFOC 3rd ed. Standard 6.5.2.2. pp. 289-291.**

   Not all vehicles are designed to safely transport children. A current vehicle registration ensures that children are transported in a safe vehicle that meets all legal requirements for the operation of a vehicle in Utah. **CFOC 3rd ed. Standard 9.2.5.1. pp. 373-374.**

   For the health and safety of the children, the provider must ensure that children are transported in
a safe and clean vehicle. Regular cleaning of both the inside and outside of the vehicle helps to ensure that the vehicle is kept free of visible accumulation of soil and litter. *CFOC 3rd ed. Standards 9.2.5.1.-9.2.5.2. pp. 373-374.*

The facility should maintain first aid and emergency supplies in each location where children are cared for, including in vehicles when children are being transported. Caregivers must have adequate first aid supplies to be able to respond to the needs of children in case of injury. *CFOC 3rd ed. Standard 5.6.0.1. pp. 257-258.*

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- The rule does not require that the vehicle windows be rolled up.
- "Safety restraints" refers to seat belts, car seats, and booster seats. They must be used individually, and as required by Utah law.
- Current registration and safety inspection can be demonstrated with the sticker on the license plate or a current registration certificate.
- This rule applies to each vehicle that is used to transport children in care.
- Vehicle windows should be clean enough that a driver has adequate visibility to drive safely.
- The vehicle's interior can show signs of normal use and does not have to be entirely free of all debris. This rule applies to situations in which a buildup of dirt or debris could endanger children's health or safety. For example, a pile of debris could cause a child to trip, or rotting food could provide a place where disease-causing bacteria can grow.

**Noncompliance Level**

Level 2 Noncompliance

(3) The safety restraints in each vehicle that transports children shall:

(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.

**Rationale / Explanation**

For a safety restraint to be effective in preventing injury or death in a vehicle accident, the restraint must be age and size appropriate, installed according to manufacturers instructions, and in working condition. Child restraint laws vary by state. For up-to-date information on Utah’s laws, check with the Insurance Institute for Highway Safety at www.ihs.org.

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- Safety restraints (seat belts, car seats, and booster seats) must be securely installed during transportation.
- Safety restraints are in safe condition and working order when they are not broken, frayed, or torn, and their locks work properly.

**Noncompliance Level**

Level 2 Noncompliance
(4) The driver of each vehicle who is transporting children shall:
   (a) be at least 18 years old;
   (b) have and carry 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) ensure that each child being transported is in an individual safety restraint that is used according to Utah law;
   (e) ensure that the inside vehicle temperature is between 60-85 degrees Fahrenheit;
   (f) never leave a child in the vehicle unattended by an adult;
   (g) ensure that children stay seated while the vehicle is moving;
   (h) never leave the keys in the ignition when not in the driver's seat; and
   (i) ensure that the vehicle is locked during transport.

Rationale / Explanation
Driving children is a significant responsibility. Having a driver who is at least 18 years old and has a current, valid driver's license helps ensure that who transports children is competent. *CFOC 3rd ed. Standard 6.5.1.2. pp 288-289.*

In Utah, a person who drives a vehicle designed to carry 16 or more passengers including the driver, is required to have a commercial driver's license (CDL). See Utah Code 53-3-412.

In the event of an accident or a missing child, both caregivers and emergency response personnel need access to the children's emergency and contact information. *CFOC 3rd ed. Standard 5.6.0.1. pp. 257-258.*

Statistics show that seat belts save lives. Victims that are not properly restrained account for more than one-half of all fatal car accidents. Also, children are likely to be buckled 92% of the time when adults in the car use seat belts, as opposed to 72% of the time when adults are not using them. *CFOC 3rd ed. Standard 6.5.2.2. pp. 289-291.*

"Safety restraints" refers to seat belts, car seats, and booster seats.

Utah Code 41-6a-1803 states the following regarding the use of child restraints:
(1)(a) The operator of a motor vehicle operated on a highway shall:
   (i) wear a properly adjusted and fastened safety belt;
   (ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
   (iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

Some children have problems with temperature variations and children's bodies are less able to regulate their internal temperature than those of adults. Children overheat three to five times faster than adults. Also, children are more prone to hypothermia as a result of their bodies' smaller surface area, smaller amounts of subcutaneous fat, and an undeveloped ability to shiver. *CFOC 3rd ed. Standard 6.5.2.4. pp. 291-292.*

The American Academy of Pediatrics and the American Public Health Association recommend:
• The inside temperature of the vehicle should be maintained at a temperature comfortable to children.
• When the vehicle's interior temperature exceeds 82 degrees Fahrenheit and opening the windows does not reduce the temperature, the vehicle should be air conditioned.
Temperatures in hot cars can reach dangerous levels within 15 minutes.

- When the interior temperature drops below 65 degrees Fahrenheit and when children are feeling uncomfortably cold, the interior should be heated. *CFOC 3rd ed. Standard 6.5.2.4. pp. 291-292.*

Parents have an expectation that their children will be supervised when in the provider’s care. This includes supervising children during transport. Confinement in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. *CFOC 3rd ed. Standard 1.1.1.4. pp. 6-7; Standard 2.2.0.1. pp. 64-66; Standard 6.5.1.1. pp. 287-288.*

Children who are not seated may be injured by falling or being thrown when a vehicle moves, such as in a sudden stop or start. Additionally, children who are out of their seats may distract the driver and cause an increased risk of an accident. *CFOC 3rd ed. Standard 6.5.2.3. p. 291.*

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- The driver must have a paper copy of children's contact and emergency information. The information may not be stored in an electronic device. In the event of an accident, emergency responders may not be able to access information stored electronically.
- When loading and unloading children into a vehicle, the driver may not leave one child unattended in a vehicle while going inside the facility to take or get another child.
- When children are in a vehicle, the driver may walk around the vehicle to attend to children (e.g. buckling belts) as long as the vehicle is not running and the keys are not in the ignition.
- (i) Does not apply to buses that will not go into drive gear if the bus door is locked.

**Noncompliance Level**

Level 1 Noncompliance for supervision

Level 2 Noncompliance otherwise

(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.

**Rationale / Explanation**

Parents expect that their children will be safe including when offsite. The provider must ensure compliance with all applicable transportation rules when walking or using public transportation to take a child to and from another location. This includes such activities as going to and from school, taking a walk around the neighborhood, and using public transportation.

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- The caregiver must have a paper copy of the children's contact and emergency information. The information may not be stored electronically because in the event of an accident,
emergency responders may not be able to access needed information.

• When some children are on an offsite activity and at the same time there are some children at the facility, the provider must maintain the caregiver-to-child ratio and supervision for each group.

• “Releases” refers to current emergency medical treatment and emergency transportation releases with the parent's signature. These releases are required as part of the child admission and health assessment information.

• A copy of the child’s written emergency contact information and releases meets the requirement for (d).

Noncompliance Level
Level 1 Noncompliance for supervision

Level 2 Noncompliance otherwise
This section consists of the rules and supporting information dealing with animals that are in a child care setting. The rules apply if any animals are regularly allowed on the premises whether or not the animals belong to the provider.

Bringing animals and children together has both risks and benefits. Animals teach children about how to be gentle and responsible. Nevertheless, animals can pose serious health and safety risks. CFOC 3rd ed. Standard 3.4.2.1 pp. 119-121.

(1) The provider shall inform parents of the kinds of animals allowed at the facility.

Rationale / Explanation
The purpose of this rule is to ensure that parents are aware of any animals that their child may come in contact with at the child care facility. This is important because the risk of injury, infection, and aggravation from allergies due to contact between children and animals is significant. CFOC 3rd ed. Standard 3.4.2.1 pp. 119-121; Standard 9.2.1.3. pp. 349-350.

The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that only the following domestic animals have contact with children: cats; dogs; animals such as cows, horses, sheep, goats; rabbits; fish; and rodents such as mice, rats, hamsters, gerbils, and guinea pigs. CFOC 3rd ed. Standard 3.4.2.1 pp. 119-121.

Compliance Assessment and Guidance
Refer to the following guidelines:
• Animals that are allowed in the facility include fish, amphibians, reptiles, birds, etc.
• The provider must inform parents of animals that are on the premises on a regular basis even when the animal does not reside at the facility. For example, if the provider chooses to feed a stray animal or takes care of any animal at the facility, the provider must notify parents of the animal’s presence.

Noncompliance Level
Level 3 Noncompliance

(2) There shall be 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.

Rationale / Explanation
The purpose of this rule is to prevent injury to children by an aggressive animal. Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated such aggressive behavior in the past, should not be permitted on the grounds of the child care facility. CFOC 3rd ed. Standard 3.4.2.1.-3.4.2.2. pp. 121-122.
Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:

- Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated aggressive behavior in the past, should not be at a child care facility.
- Contact between animals and children should be supervised by a caregiver who is close enough to remove the child immediately if the animal shows signs of distress (e.g., growling, baring teeth, tail down, ears back) or the child shows signs of treating the animal inappropriately.
- Although some wild animals may be legal to own, many are naturally aggressive and are prohibited at the child care facility. These include tigers, wolves, pirana, chimpanzees, some types of monkeys, bears, and several kinds of snakes.
- Boa constrictors, anacondas, and most pythons are examples of naturally aggressive snakes and are very dangerous. They may not be on the premises. Ball pythons are not generally aggressive and may be on the premises if the provider has documentation confirming that the snake is a ball python.
- Chickens, pigeons, cats, dogs, and ferrets are examples of animals that are not naturally aggressive.
- Animals that have bitten anyone or have a history of aggressive behavior include any animal whether or not they are kept in a cage, and whether or not they are vaccinated.

Noncompliance Level
Level 1 Noncompliance

(3) Animals at the facility shall be clean and free of obvious disease or health problems that could adversely affect children.

Rationale / Explanation
Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with unclean or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. CFC 3rd ed. Standard 3.4.2.3. pp. 121-122.

Noncompliance Level
Level 3 Noncompliance

(4) There shall be no animal or animal equipment in food preparation or eating areas.

Rationale / Explanation
The presence of animals or their equipment in food preparation or eating areas increases the risk of contamination of food eaten by the children and staff. CFC 3rd ed. Standard 4.8.0.1. pp. 185-186.

Compliance Assessment and Guidance
The following guidelines apply to the assessment of this rule:

- This rule does not prohibit fish bowls or tanks in food preparation or eating areas. However, these habitats need to be well maintained because fish and their aquariums may carry germs.
- Animals and their equipment, such as food and water bowls, cat litter boxes, or dog beds, cannot be within 36 inches of food preparation or eating areas. To determine this, take a direct measurement from the outermost edge of the food preparation or eating area to the outermost part of the animal equipment. All kitchen counters are considered to be food preparation areas.
Noncompliance Level
Level 3 Noncompliance

(5) Children younger than 5 years of age shall not assist with the cleaning of animals or animal cages, pens, or equipment.

Animals, including pets, can be a source of illness for people. In Caring for Our Children, it is advised that children not handle or clean up any form of animal waste (feces, urine, blood, etc). This is especially true for younger children who may wash their hands less thoroughly and tend to put their hands in their mouths. CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.

Noncompliance Level
Level 3 Noncompliance

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

Rationale / Explanation
The purpose of this rule is to prevent the spread of disease to children from animal food or any form of animal waste. CFOC 3rd ed. Standard 3.4.2.3. pp. 121-122.

The AAP and APHA suggest that caregivers instruct children on safe procedures to follow when cleaning animals or their equipment including:

• Use disposable gloves when cleaning animal equipment.
• Do not let children clean aquariums because contaminated water can splash into eyes and mouths.
• Do not dispose of used fish tank water in sinks used for food preparation or getting drinking water.
• Remove all animal waste and litter immediately from children’s areas.
• Disinfect areas where equipment is cleaned after the cleaning activity is finished. CFOC 3rd ed. Standard 3.4.2.3. p. 122.

Noncompliance Level
Level 3 Noncompliance

(7) Children and staff shall wash their hands immediately after playing with or touching reptiles and amphibians.

Rationale / Explanation
Contact with animals and animal waste should occur in a way that minimizes staff and children’s risk of injury, infection and aggravation of allergy. Hand hygiene is the most important way to reduce the spread of infection. Unwashed or improperly washed hands are primary carriers of germs which may lead to infections. CFOC 3rd ed. Standard 3.4.2.3. p. 122

Reptiles and amphibians are species known to carry salmonella. CFOC 3rd ed. Standard 3.4.2.2. p. 121

Noncompliance Level
Level 2 Noncompliance
(8) Dogs, cats, and ferrets that are housed at the facility shall have current rabies vaccinations.

Rationale / Explanation
Diseases prevalent in wildlife, such as rabies and distemper, can infect unvaccinated pets. Vaccinations prevent diseases that can be passed not only from animal to animal but also from animal to human. For more information, refer to the American Veterinary Medical Association at: https://www.avma.org/public/PetCare/Pages/vaccinations.aspx

Compliance Assessment and Guidance
Refer to the following guidelines:
• This rule applies to dogs, cats, and ferrets that are repeatedly (more than one time) on the premises whether or not they belong to the provider. For example, if the provider takes care of an animal at the facility or chooses to feed a stray animal, that animal must have current rabies vaccinations.

Noncompliance Level
Level 2 Noncompliance

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

Rationale / Explanation
Vaccination records help the provider track and keep their animal’s vaccinations current as well as provide proof that they are in compliance with licensing rule.

Compliance Assessment and Guidance
Refer to the following guidelines:
• An animal’s veterinary tag is acceptable documentation as long as it has enough information to show that the animal’s vaccination is current.
• The provider does not need immunization records for animals that are brought in for show and tell.

Noncompliance Level
Level 3 Noncompliance
This section explains the rules regarding children’s rest and sleep in a child care program. The section also explains the rules that apply to sleeping equipment used by children in care. This includes sleeping equipment that is used during child care hours by the provider’s and caregivers’ own children younger than 4 years old.

**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.**

**Rationale / Explanation**

Studies suggest that sleep is essential for the optimal health and growth of children. The Centers for Disease Control and Prevention (CDC) makes the following recommendations.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recommended Hours of Sleep per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>14-17 hours per 24 hours</td>
</tr>
<tr>
<td>Infant</td>
<td>12-16 hours per 24 hours (including naps)</td>
</tr>
<tr>
<td>Toddler</td>
<td>11-14 hours per 24 hours (including naps)</td>
</tr>
<tr>
<td>Preschool</td>
<td>10-13 hours per 24 hours (including naps)</td>
</tr>
<tr>
<td>School-Age</td>
<td>9-12 hours per 24 hours</td>
</tr>
</tbody>
</table>

Most preschool children benefit from scheduled rest periods in the form of a quiet time or actual napping. School-age children should have scheduled times for resting and relaxing activities, such as reading or playing a quiet board game. Children who are overly tired can exhibit health and behavior problems. Conditions conducive to rest and sleep include a quiet place, a regular time for rest, and a consistent caregiver. *CFOC 3rd ed. Standard 3.1.4.4. pp. 100-101.*

According to the CDC, children who do not get enough sleep are more likely to:

- Be overweight
- Not get enough physical activity
- Suffer from depressive symptoms
- Engage in unhealthy risk behaviors such as drinking alcohol
- Perform poorly in school

Taken from: [https://www.cdc.gov/sleep/pdf/publicationsmediaproducts/p0806-school-sleep.pdf](https://www.cdc.gov/sleep/pdf/publicationsmediaproducts/p0806-school-sleep.pdf)

**Noncompliance Level**

Level 3 Noncompliance

(2) **Nap or rest times shall not be scheduled for more than 2 hours daily.**

**Rationale / Explanation**

Nap or rest times are crucial for the well being of every child. However, there must be other
activities offered to children to support their physical, social, emotional, cognitive, and language development.

**Compliance Assessment and Guidance**

Refer to the following guideline:

- Nap or rest times may not be scheduled for more than two hours so that children are not forced to stay still or remain in a quiet time when they are no longer tired or in need of rest. However, children who are tired may sleep more than the two-hour rest time.

**Noncompliance Level**

Level 3 Noncompliance

**Sleeping Equipment**

The following guidelines apply to the assessment of sleeping equipment:

- Sleeping equipment includes cots, mats, cribs, bassinets, cradles, porta-cribs, playpens, play yards, and beds.
- Sleeping equipment that will not be inspected includes:
  - Equipment where an infant or child is sleeping at the time of the inspection unless the equipment can be assessed without waking the child, for example, observing if the equipment blocks an exit or that the crib and surrounding area are free of strings, cords, ropes, or other entanglement or strangulation hazards.
  - Cribs and sleeping equipment that are identified as never being used by children in care.
  - Cribs that are used only for evacuation in the case of an emergency and are never used by children for any other purpose.
- A crib that has been converted into a toddler bed will not be inspected as a crib unless it is used to sleep infants. If it is converted back to a crib, it may not be used to sleep any child in care without passing a CCL inspection.

**Rationale / Explanation**

Infectious diseases, such as the common cold, can be spread if children share sleeping equipment. Providing separate sleeping equipment and bedding for each child can prevent the spread of these diseases. Providing separate sleeping equipment also prevents young children from injuring one another or spreading disease by breathing directly into each other's faces during rest time. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

**Noncompliance Level**

Level 2 Noncompliance

**Sleeping equipment shall be kept in good repair, including mats and mattresses that shall have smooth, waterproof surfaces.**

**Rationale / Explanation**

The purpose of this rule is to prevent injury to children from broken equipment. Staff should inspect sleeping equipment often to ensure that hardware is tightened and that there are not any safety hazards. *CFOC 3rd ed. Standard 5.4.5.2. p. 253.*

Mats and mattresses need waterproof surfaces without tears and cracks so they can be

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- Examples of sleeping equipment in disrepair include an unstable crib, a crib with missing slats or a broken railing, or a porta-crib with a hole greater than 2½ inches in diameter in any of the mesh sides.
- To ensure they are in good repair with smooth, waterproof surfaces, sleeping mats or crib mattresses should not have cracks or tears on the side a child sleeps on. One side of a mat or mattress can be repaired with duct tape as long as children do not sleep on the taped side and the mats or mattresses are not stored on top of each other.

**Noncompliance Level**

Level 2 Noncompliance

(5) Each crib shall:

(a) have a tight-fitting mattress;
(b) have slats spaced no more than 2-3/8 inches apart;
(c) 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;
(d) not have strings, cords, ropes, or other entanglement hazards on the crib or within reach of the child; and
(e) meet CPSC standards.

**Rationale / Explanation**

An infant or young child can suffocate if its head or body becomes wedged between the mattress and a crib side. Crib mattresses should fit snugly and be made specifically for the size crib in which they are placed. *CFOC 3rd ed. Standard 5.4.5.1.* p. 252; *Standard 5.4.5.2.* p. 253.

Children have strangled because their head or neck became caught in a gap between the slats. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well documented. *CFOC 3rd ed. Standard 5.4.5.2.* pp. 253-254.

Children can be injured if the top of the crib or other piece of sleeping equipment is not high enough to prevent infants and children from falling out. *CFOC 3rd ed. Standard 5.4.5.2.* pp. 253-254.

Caregivers should never use strings to hang any object, such as a mobile, toy or diaper bag, on or near sleeping equipment. Infant monitors and their cords, and other electrical cords should never be placed near or in sleeping equipment. Cribs and other sleeping equipment should be placed away from window blinds and draperies if the cords are within reach. These items present a potential hazard if they can be reached and/or pulled down by an infant or young child. Objects that dangle from cords or strings can wrap around a child’s neck causing strangulation. *CFOC 3rd ed. Standard 5.4.5.1.* p. 252; *Standard 6.4.1.3.* p. 285.

More infants die every year in incidents involving cribs than with any other nursery product. Standards have been developed to define crib safety, and providers should make sure that cribs used in the facility meet these standards to protect children and prevent injuries or death. Significant changes to the ATSM and CPSC standards for cribs took effect as of June 28, 2011. For information about these standards, refer to:
Compliance Assessment and Guidance
Refer to the following guidelines:

- To determine if a crib has a tight-fitting mattress
  - Move the mattress to one corner of the crib and as close as possible to the head or foot of the crib
  - If this creates a gap between the mattress and any side of the crib, place a choke tube vertically at the widest point of each gap (if a choke tube is not available, you could use the width of two adult fingers together). If the tube fits entirely between the crib side and the mattress, the mattress is not tight fitting.
- A firm material such as wood may be added to a crib frame to create a tight-fitting mattress, as long as the material is flush with the top of the mattress.
- It is not in compliance if any item such as a blanket, eggshell mattress, or foam is wedged in between the mattress and the crib frame.
- It is out of compliance if:
  - One end of a mattress is propped up making the distance between that end of the mattress and the top of the crib railing less than 20 inches.
  - A hinged crib side is folded down and not in the up position resulting in a measurement that is less than 20 inches from the mattress to the top of the crib side. It is out of compliance even if a caregiver is next to the crib.
- No strings, cords, ropes, or other entanglement or strangulation hazards must be on or in the crib, or within 36 inches of any part of the crib.
- It is out of compliance if any strings or cords are longer than 8 inches and are in or on the sleeping equipment, or within 36 inches from the surface of the sleeping equipment. This includes pacifier cords, mobiles hanging over a crib, and electrical cords that might be on furniture or the floor next to the crib.
- A crib that has been previously approved by CCL for compliance with CPSC crib standards does not need to be inspected again unless the crib has been replaced or repaired.
- To determine CPSC compliance:
  - Look at the manufacturing date on the crib or the registration form that may have been supplied when the crib was purchased.
  - The manufacturing date can be found usually on the board that holds the mattress or on the lower part of the crib frame.
  - A purchase receipt is not adequate documentation.
  - Confirm that the label or form shows the crib was manufactured on or after June 28, 2011.
- If a provider believes the crib meets federal standards but does not have a manufacturing date or registration form, the provider may:
  - Contact the manufacturer or retailer and ask for documentation that the crib is in compliance with 16 CFR Part 1219 or 16 CFR Part 1220.
  - Submit the documentation to CCL before using the crib to sleep children in care.

Noncompliance Level
Level 2 Noncompliance

(6) When in use, sleeping equipment such as cribs, cots, and mats shall be placed at least 2 feet apart.

Rationale / Explanation
The American Academy of Pediatrics and the American Public Health Association recommend at least three feet of space between children’s sleeping equipment. This will reduce the spread of
infectious diseases by children breathing in one another's faces during sleep. Adequate spacing between sleeping equipment is also necessary to facilitate evacuation of sleeping children in case of an emergency. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- If there is not enough room to place the sleeping equipment 2 feet apart, some sides of the equipment may be placed one foot apart if:
  - There is at least a 2-foot-wide, clear pathway from each piece of sleeping equipment to the exit, and
  - Children are positioned in a way that maintains at least a 2-foot distance between their faces. This may be accomplished by positioning the children head to toe.
- The following diagrams illustrate a few possible arrangements of sleep equipment.

- Cribs may be spaced end to end if the end of the crib is solid (wood, plexiglass, etc.), so children do not breath on each other. Porta-cribs may be placed side by side with a barrier between each crib if the ends are the same height as the sides. In this case, 2 feet will not be required between the cribs since the provider has access to the child and the barrier is preventing children from breathing on each other.

**Noncompliance Level**

Level 2 Noncompliance

(7) **Sleeping equipment shall not block exits.**

**Rationale / Explanation**

The purpose of this rule is to prevent resting children from getting stepped on by people exiting or entering the room, and to allow a quick and easy exit from the building in the event of an emergency. *CFOC 3rd ed. Standard 5.1.4.3. p. 207.*

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- Sleeping equipment can be placed in front of a door or opening to a room, as long as there is at least one other doorway from the room that is not blocked and could be used in an emergency.
- Sleeping equipment may not block exits even when it is low and can be stepped over.
• Sleeping equipment must be far enough away from a door that if the door were to open inward, there would be enough clearance for the door to fully open (or swing 180 degrees).

**Noncompliance Level**
Level 2 Noncompliance

(8) During nap time, a sheet and blanket or acceptable alternative shall be made available to each child 12 months or older. These items shall be:
(a) clearly assigned to one child,
(b) stored separately from other children’s bedding, and
(c) laundered as needed, but at least once a week, and before use by another child.

**Rationale / Explanation**
For the health and comfort of the children, no child should sleep on a bare, uncovered surface. An appropriate covering, such as a sheet and blanket, should be offered to each child 12 months or older for use at nap time. Each child’s bedding and any special sleep item should be stored separately from those of other children. Bedding should be laundered as needed, at least weekly, and before use by another child. *CFOC 3rd ed. Standard 5.4.5.1. p. 252.*

Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if children share sleeping equipment. Providing separate sleeping equipment and bedding for each child can prevent the spread of these diseases. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

Using cleanable, waterproof, nonabsorbent rest equipment enables the staff to wash and sanitize the sleeping surfaces. Clean linens should be provided for each child on a regular basis and as needed. Beds and bedding should be washed between uses if used by different children. *CFOC 3rd ed. Standard 5.4.5.1. pp. 251-253.*

**Compliance Assessment and Guidance**
Refer to the following guidelines:
• A sheet and blanket or acceptable alternative must be made available to the children. However, children do not need to cover themselves (including their heads) with these items or use them if the children choose not to.
• Swaddling a child with a blanket will be considered an acceptable alternative to a sheet and blanket.
• A sleeping bag will be considered an acceptable alternative to a sheet and blanket.
• Bedding can be stored in bins, cubbies, or bags that are individually labeled with the child’s name.
• Bedding in a cubby labeled with the child’s name can be considered assigned to one child.
• Mats or cots can be clearly assigned to one child by labeling with each child’s name, by identifying each child’s mat or cot with a number or color code, or by labeling the container where the mats or cots are stored.

**Noncompliance Level**
Level 3 Noncompliance
(9) Sleeping equipment that is clearly assigned to and used by an individual child shall be cleaned and sanitized as needed and at least weekly.

Noncompliance Level
Level 2 Noncompliance

(10) Sleeping equipment that is not clearly assigned to and used by an individual child shall be cleaned and sanitized before each use.

Noncompliance Level
Level 2 Noncompliance

(11) The provider shall store sleeping equipment so that:
(a) the surfaces children sleep on do not touch each other, or
(b) the provider shall clean and sanitize sleeping equipment before each use.

Rationale / Explanation
From time to time, children drool, spit up, or spread other body fluids on their sleeping surfaces. Infectious diseases can spread if sleeping surfaces come in contact with each other. Storing sleeping equipment and bedding separately can prevent the spread of these diseases.

Noncompliance Level
Level 2 Noncompliance
This section gives the rules and information about diapering children in a child care setting. Diapering rules are designed to protect the health and safety of the children and apply to all diapered children regardless of their ages, including the provider's and caregivers' children.

The rules pertain to how often diapered children are changed, the procedures for changing diapers, and the supplies that are used. Diapering rules, as applicable, cover disposable training pants, hybrid diapers, and cloth diapers.

A licensor will observe a diaper change during a CCL inspection to make sure the rules in this section are followed. A different diaper change observation will be required if the provider has requested verification of quality indicators for the Office of Child Care Quality System.

When observing the diaper change, the licensor will stand back and out of the child’s line of vision in order to help maintain the child’s privacy and comfort level while being changed.

When no diapered children are present or awake during the announced inspection, the licensor will:

• Document that a diaper change was not observed.
• Observe a diaper change at the next announced inspection.

If the provider accepts children who wear diapers:

(1) The provider shall post diapering procedures at each diapering station and ensure that they are followed.

Rationale / Explanation
The purpose of this rule is to ensure that all caregivers are aware of and follow correct diaper changing procedures in order to prevent the spread of bacteria. CFOC 3rd ed. Standard 3.2.1.4. pp. 106-107

Although they are not all required by CCL, the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend the following diapering procedures.

① Before bringing the child to the diaper changing area, wash your hands and gather all needed supplies including – a clean diaper, clean clothes (if needed), baby wipes removed from the container, disposable gloves (if needed), and diaper cream on a tissue or paper towel.

② Carry the child to the changing table, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.

③ Unfasten the soiled diaper but leave it under the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from front to back, using a fresh wipe each time. Put the used wipes into the soiled diaper or directly into a plastic-lined, hands-free covered container.

④ Fold the soiled diaper inward and put the soiled diaper into the designated container. If reusable cloth diapers are used, put the soiled diaper and its contents (without rinsing) into a plastic bag or the designated container.

⑤ If gloves were used, remove them and put them into the designated container.

⑥ Use a disposable wipe to clean your hands and another wipe to clean the child's hands. Put
the used wipes into the designated container.

① Slide a clean diaper under the child and use the tissue or paper towel to apply any necessary diaper cream. Dispose of the tissue or paper towel in the designated container, then fasten the diaper.

② Wash the child's hands and return the child to the group.

③ Clean and then sanitize the diaper changing surface.

④ Wash your hands.

**Compliance Assessment and Guidance**

Refer to the following guideline:

- Changing a child's clothing due to a toileting accident is not the same as diapering a child, so diapering procedures do not need to be posted in areas where diapering does not occur.

**Noncompliance Level**

Level 3

(2) 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.

**Rationale / Explanation**

The American Academy of Pediatrics and the American Public Health Association recommend that children's diapers are visually checked at least every two hours, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The frequency and severity of diaper rash is lessened when diapers are changed more often. *CFOC 3rd ed. Standard 3.2.1.3. pp. 105-106.*

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- Rule defines how often diapers are checked, but not how they are checked.
- Caregivers do not have to wake a sleeping child to check a diaper.
- The 2-hour time for checking diapers begins when the child arrives at the facility.

**Noncompliance Level**

Level 2

(3) Caregivers shall change children’s diapers at a diapering station. Diapers shall not be changed on surfaces used for any other purpose.

**Rationale / Explanation**

Changing diapers on surfaces used for other purposes, such as the floor or a counter, increases the likelihood of contamination of those areas. *CFOC 3rd ed. Standard 5.4.2.4. p. 249.*

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- Children who have outgrown being changed on a diapering table may be changed on a mat or other smooth, waterproof surface that is placed on the floor next to the diapering station. The diapering surface must be thoroughly cleaned and sanitized after each diaper change.
- Children who are potty training may be changed in a bathroom as long as other applicable diapering rules are observed, such as handwashing and the disposal of the diapers or
pull-ups.
• If a child who is potty training has a toileting accident, the child may be changed on a mat or other smooth, waterproof surface that is placed on the bathroom floor. The mat must be thoroughly cleaned and sanitized after the change and it may not be stored behind the toilet.
• A caregiver may change a diaper while the child is standing if all diapering rules are followed.

Noncompliance Level
Level 2

(4) The diapering surface shall be smooth, waterproof, and in good repair.

Rationale / Explanation
The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and sanitized in order to prevent the spread of disease. It is difficult, if not impossible, to sanitize porous surfaces or surfaces with cracks or tears. Even a small crack somewhere on the diapering surface could allow bacteria to grow. CFOC 3rd ed. Standard 5.4.2.4. p. 249.

Compliance Assessment and Guidance
Refer to the following guidelines:
• In good repair means that there are no tears, cracks, or holes making the surface difficult to sanitize.
• A diapering pad that is repaired with items such as plastic or duct tape, or vinyl glue (if the glue is waterproof when dry) is acceptable as long as the repair is on the underside of the pad and not on the side where a child is changed.
• It is not out of compliance if there is a small crack on the frame of a changing table or other surrounding surface as long as the crack is not on the surface where the child is changed.
• Changing a child on an unused diaper does not meet the requirement of this rule.

Noncompliance Level
Level 2

(5) Each diapering station shall be equipped with railings to prevent a child from falling when being diapered.

Rationale / Explanation
Diapering stations should be equipped with railings or barriers to prevent falls. Safety straps on changing tables trap soil and they are not easily disinfected. Therefore, diaper changing tables should have railings instead of using the safety straps. CFOC 3rd ed. Standard 5.4.2.5. p.250.

Compliance Assessment and Guidance
Refer to the following guidelines:
• The railings should prevent a child from rolling or falling off the changing table (i.e. the railings should not be flush with the diapering mat).
• The diapering station may have molded edges or contoured changing mats instead of railings as long as they are high enough above the mat to prevent a child from rolling or falling off the changing table.

Noncompliance Level
Level 2
(6) **Caregivers shall not leave children unattended on the diapering surface.**

**Rationale / Explanation**
Data from the Consumer Product Safety Commission (CPSC) shows that falls are a serious hazard associated with diaper changing tables. Caregivers should never leave a child unattended on a diapering surface. *CFOC 3rd ed. Standard 5.4.2.5. p.250.*

**Compliance Assessment and Guidance**
Refer to the following guideline:
- A provider is considered attending the child if they are facing the child and not more than an arm’s length away from the child.

**Noncompliance Level**
Level 1

(7) **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.**

**Rationale / Explanation**
Many infectious diseases can be prevented through appropriate cleaning and sanitizing procedures. Many sanitizers leave residue that can cause skin irritation or other symptoms so caregivers should always follow the manufacturer’s instructions when cleaning and sanitizing. *CFOC 3rd ed. Standard 5.4.2.6. p. 250.*

**Compliance Assessment and Guidance**
Refer to the following guidelines:
- A caregiver must clean any visible body fluid from the diapering surface and then sanitize the entire diapering surface according to the instructions on the sanitizing product being used.
- A stop watch (or clock, phone, iPad, etc.) can be used to verify that the sanitizer remains visibly wet on the surface for the amount of time listed on the product label. To be in compliance, the time must be within 5 seconds of the manufacturer’s required time. If the product is not left on the surface for the required amount of time, the surface will not be sanitized.
- The surface under the pad does not have to be cleaned and sanitized unless it is visibly dirty.
- Cleaning and sanitizing instructions described in “Section 15: Health and Infection Control” must be followed.
- Any product that comes with manufacturer instructions for use as a sanitizer may be used.
- Disinfecting Wipes (not hand wipes) can effectively sanitize a surface if the surface remains wet for the time designated by the manufacturer.
- Even when there is only one child who uses the diapering surface, the surface still must be cleaned and sanitized after each use to prevent bacteria and germs from growing on the surface or spreading to another surface.
- A caregiver should never diaper a child on a surface that is still wet from being cleaned and sanitized. The surface may air dry or, after the sanitizer has remained on the surface for the required amount of time, it may be wiped dry.
- Hand sanitizers may not be used to sanitize diapering surfaces.

**Noncompliance Level**
Level 2
(8) Caregivers shall wash their hands after each diaper change.

**Rationale / Explanation**
Many types of infectious germs may be contained in human waste (urine and feces). Touching a contaminated object or surface may spread illness. Handwashing helps prevent the spread of disease-causing agents. *CFOC 3rd ed. Standard 3.2.3.4. p. 115.*

**Noncompliance Level**
Level 2

(9) 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.

**Rationale / Explanation**
When waste containers are plastic-lined and enclosed or are removed from areas occupied by children, odors are contained and children are prevented from coming into contact with body fluids. *CFOC 3rd ed. Standard 5.2.7.4. p. 226.*

**Compliance Assessment and Guidance**
Refer to the following guidelines:
• Flip top or swinging lids on diaper containers are acceptable.
• Diapers may be placed in any container, for example a plastic bag, as long as the container is inaccessible to children.
• Providers may diaper several children, one right after the other, and then properly dispose of all the diapers at the same time. However, handwashing must be done after each diaper change.
• Hybrid diapers such as, gDiapers (www.gdiapers.com), are part disposable and part reusable. Caregivers should not flush the insert, but treat it the same as a disposable diaper and properly discard it as described in this rule. The outside cover of the hybrid diaper should be treated as a cloth diaper.

**Noncompliance Level**
Level 2

(10) Indoor containers where wet and soiled diapers are placed shall be cleaned and sanitized each day.

**Rationale / Explanation**
The diaper container should be cleaned daily to keep it free from a build-up of soil. This standard prevents noxious odors and the spread of disease. *CFOC 3rd ed. Standard 5.2.7.5. p. 226.*

**Compliance Assessment and Guidance**
Refer to the following guidelines:
• The inside of the container needs to be cleaned and sanitized as well as the outside parts that a caregiver touches when they dispose of a used diaper.
• If a provider uses a diaper genie according to the manufacturer's instructions, the inside of the container does not need to be cleaned and sanitized daily.
(11) If cloth diapers are used:
(a) they shall 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.

Rationale / Explanation
Containing and minimizing the handling of wet and soiled diapers so they do not contaminate
other surfaces is essential in preventing the spread of infectious disease. Rinsing a cloth diaper or
putting stool into a toilet in the child care facility increases the likelihood that other surfaces will be
contaminated.  


Compliance Assessment and Guidance
Refer to the following guideline:
• Caregiver may dump the content of a soiled diaper in the toilet before placing the diaper in the
  leakproof container.

Noncompliance Level
Level 2
This section provides the rules and information about caring for children ages birth through 23 months. The rules apply to all infants and toddlers in care including the provider’s and employees’ own children.

A child who is younger than 12 months of age is considered an infant. On the child’s first birthday and until their 2nd birthday, the child is considered a toddler.

If the provider cares for infants or toddlers:

(1) Each awake infant and toddler shall receive positive physical and verbal interaction with a caregiver at least once every 20 minutes.

Rationale / Explanation
Hugging, holding, and cuddling infants and toddlers are expressions of wholesome love that should be encouraged for the child’s healthy emotional development. Consistent and continuous talking with, listening to, and interacting with infants and toddlers impacts all areas of their development. CFOC 3rd ed. Standard 2.1.2.1, 2.1.2.2. pp. 57-58.

Compliance Assessment and Guidance
Refer to the following guideline:
• Positive physical and verbal interactions can happen more often than every 20 minutes.

Noncompliance Level
Level 2

(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 less than 6 months of age.

Rationale / Explanation
Infants’ and young children’s participation in physical activity is critical to their overall health, development of motor skills, social skills, and maintenance of healthy weight. Tummy time builds infants’ physical strength and prepares them for scooting on their stomachs and crawling. CFOC 3rd ed. Standard 3.1.2.1. pp. 90-91.

In Caring for Our Children it is recommended that caregivers follow these guidelines when providing tummy time for infants:
• Ensure that the infant is awake and alert.
• Place the infant on the floor or other low, solid surface.
• Play and interact with the infant during each tummy time session.
• Never leave the infant unattended.
• End tummy time if the infant shows signs of discomfort or fussiness.
• If the infant becomes drowsy or falls asleep, immediately place the infant on their back in the appropriate sleep equipment. CFOC 3rd ed. Standard 3.1.3.1. pp. 90-91.
Compliance Assessment and Guidance
Refer to the following guideline:
• It is not required for the caregiver to be on their tummy on the ground, but to provide each young infant with daily opportunities for closely supervised tummy time.

Noncompliance Level
Level 2

(3) Infant and toddler areas shall not be used to pass through or access other indoor and outdoor areas.

Rationale / Explanation
Infants need quiet, calm environments, away from the stimulation of older children. Separation of infants and toddlers from older children and non-caregiving adults is also important for disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, contact with older children should be restricted, in order to limit infants’ exposure to respiratory tract viruses and bacteria. CFOC 3rd ed. Standard 2.1.2.4 p. 59.

Additionally, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the facility. CFOC 3rd ed. Standard 2.1.2.4 p. 59.

Compliance Assessment and Guidance
Refer to the following guideline:
• This rule does not apply to infants and toddlers passing through other infant or toddler areas.
• This rule does not apply if the area is used as an emergency exit by others during an emergency evacuation.

Noncompliance Level
Level 2

(4) Infants and toddlers shall play in the same enclosed outdoor space with older children only when there are 8 or fewer children in the group.

Rationale / Explanation
Infants and toddlers are smaller than older children, are relatively new at basic motor skills such as crawling, walking, climbing, and running, and have slower reaction times. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run into, being knocked down, being pushed, shoved, and sat on. CFOC 3rd ed. Standard 2.1.2.4. p. 59.

Compliance Assessment and Guidance
Refer to the following guideline:
• If there is a separate, enclosed outdoor play area for infants and toddlers, they may be outside at the same time as other groups of children. There must be 40 square feet of space per child and the required number of staff in both areas.

Noncompliance Level
Level 1
(5) 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.

Rationale / Explanation
Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when young children’s immediate needs are not met, they experience stress causing an increase of cortisol in their brains. Cortisol impairs brain function, and negatively impacts the child’s metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain: New Insights into Early Development by Rima Shore (NY: Families and Work Institute, 1997); CFOC 3rd ed. Standard 2.1.2.1. p. 57.

Compliance Assessment and Guidance
Refer to the following guideline:

• “Promptly” responding to infants and toddlers who are in emotional distress means responding immediately or as soon as possible if the caregiver is diapering, feeding, or administering first aid to another child. While attending to another child in this way, a caregiver who is not able to immediately respond to a child's needs should still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.

Noncompliance Level
Level 2

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

Rationale / Explanation
Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. Opportunities to be an active learner are vitally important for the child’s cognitive, physical, and social development. CFOC 3rd ed. Standard 2.1.2.3. p. 58.

From infancy, play provides important physical, mental, emotional, and social benefits in development. NAEYC Developmentally Appropriate Practice p. 14 (2009).

Compliance Assessment and Guidance
Refer to the following guideline:

• There must be enough toys for each infant and toddler in the group to be engaged in play with at least one toy, even if some of the toys are removed to be cleaned.

Noncompliance Level
Level 2

(7) Mobile infants and toddlers shall have freedom of movement in a safe area.

Rationale / Explanation
Infants and toddlers need freedom to move so they can learn to crawl, stand, walk, and climb. They need the opportunity to develop their basic motor skills in an area free of hazards and with adequate space. CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.
Compliance Assessment and Guidance
Refer to the following guideline:
• “Freedom of movement” means that infants and toddlers are not restrained from moving, crawling, walking, roaming, and exploring in a developmentally appropriate way.

Noncompliance Level
Level 2

(8) An awake infant or toddler shall not be 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.

Rationale / Explanation
Restrictive infant equipment such as swings, stationary activity centers, infant seats, playpens, and bouncers should only be used for short periods of time. Keeping an infant or toddler confined in a piece of equipment or a small gated-off area prevents them from necessary active movement and social interactions. CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.

Compliance Assessment and Guidance
Refer to the following guideline:
• In addition to children not being confined for more than 30 minutes in a piece of equipment, infants and toddlers may not be in a gated-off play yard or similar area with a barrier for more than 30 minutes at a time unless there is at least 35 square feet per child.

Noncompliance Level
Level 2

(9) Only one infant or toddler shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.

Rationale / Explanation
The purpose of this rule is to prevent infants and toddlers from accidentally injuring one another.

Compliance Assessment and Guidance
Refer to the following guidelines:
• This rule is not out of compliance when:
  - A caregiver uses a crib to evacuate multiple children for an emergency drill or an actual emergency evacuation.
  - A crib is used to transport children within the facility, as long as the children are not left in the crib together after they have been transported.
  - More than one infant or toddler is in a wagon that is intended to hold more than one child.
• This rule is out of compliance if:
  - An evacuation crib is used to take multiple children on a walk.
  - There is more than one infant or toddler in a crib or other sleep equipment unless they are twins and their parent or health professional has provided written instructions for them to share the sleep equipment at the same time.

Noncompliance Level
Level 2
(10) **Infants and toddlers shall not have access to objects made of styrofoam.**

**Rationale / Explanation**
Foam objects can break into pieces that can become choking hazards for young children. *CFOC 3rd ed. Standard 4.5.0.2 p. 178.*

By styrofoam, we refer to the white colored expandable polystyrene foam. This type of foam can be easily broken into pieces because it is made with circular individual beads of foam.

**Compliance Assessment and Guidance**
Examples of styrofoam products that must be inaccessible to infants and toddlers include:
- Packing peanuts and other similar packing materials
- Food and drink holders such as picnic cups and plates
- Egg cartons (if made of styrofoam)
- Some arts and crafts shapes such as cones and blocks (if made of styrofoam)

Refer to the following guidelines:
- Swimming noodles are not made of styrofoam and do not need to be inaccessible to the children.
- Styrofoam inside a bike helmet is only a hazard when it is deteriorated to the point that it is crumbly and/or cracked.
- Infants and toddlers may use styrofoam objects only when they are involved in a carefully supervised activity. This means a caregiver is withing arms reach from the children providing constant, active supervision and does not leave until the materials are made inaccessible.

**Noncompliance Level**
Level 2

(11) **Each infant and toddler shall be allowed to eat and sleep on their own schedule.**

**Rationale / Explanation**
Feeding infants on demand meets their nutritional and emotional needs. Children’s ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. *CFOC 3rd ed. Standard 4.3.1.2 pp. 164-165.*

For infants and toddlers, favorable conditions for sleep and rest include being dry, well fed, and comfortable. Infants may need one or two (or sometimes more naps) during the time they are in child care. Studies suggest that sleep is essential for optimal health and growth for infants and young children. *CFOC 3rd ed. Standard 3.1.4.4 pp. 100-101.*

When children are under stress because their immediate physical needs are not met, the cortisol in their bodies increases. Children who have chronically high levels of cortisol have been shown to experience more developmental delays than other children. *Rethinking the Brain: New Insights into Early Development* by Rima Shore (NY: Families and Work Institute, 1997)

**Compliance Assessment and Guidance**
Refer to the following guideline:
- Older toddlers may begin to be eased into group schedules for eating and napping. However, any toddler who is tired must be allowed to rest and any toddler who is hungry must be given something to eat.
Noncompliance Level
Level 2

(12) Baby food, formula, or breast milk that is brought from home for an individual child's use shall be:
(a) labeled with the child's name;
(b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;
(c) kept refrigerated if needed; and
(d) discarded within 24 hours of preparation or opening, except for unprepared powdered formula or dry food.

Rationale / Explanation
Labeling food and drink with the child’s name ensures that the child is not accidently fed the wrong food that could cause an unhealthy reaction due to such causes as an allergy or inability to digest a certain food. CFOC 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174.

Keeping baby food, formula, and breast milk refrigerated, if needed, and discarding the food within 24 hours of preparation ensures that a child does not become ill from eating spoiled food. CFOC 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174.

Compliance Assessment and Guidance

Labeled with the child’s name, and the date and time of preparation
• Powdered formula and dry baby food, such as cereal, that is brought from home should be labeled with the child’s name. It does not have to be labeled with the date and time the container is opened.
• If a parent brings their child to the center with an already prepared bottle, the caregiver should document the time of preparation as the time the bottle arrived at the center.
• Bottles labeled by the parents will be assessed with information the parents wrote on the bottle. If a caregiver relabels the bottle with the date and time it came to the center, it will be assessed with the caregiver’s information.
• Frozen breast milk is considered prepared once it has completely thawed. At that point, a caregiver must put the date and time of preparation on the bottle of breast milk.
• If a caregiver prepares a bottle and immediately feeds it to a child, the bottle does not have to be labeled. However, if any formula or breast milk remains in the bottle and is not immediately discarded, the bottle has to be labeled with the child's name and date and time of preparation.
• Breast milk for a caregiver's own child does not need to be labeled with the time of preparation.

Kept refrigerated if needed
• Fresh breast milk that is refrigerated immediately may be stored in the refrigerator for up to 72 hours (3 days) after collection.
• Fresh breast milk that is frozen immediately may be stored in the freezer for up to 2 weeks.
• Breast milk that was frozen and is taken from the freezer to thaw may be stored in the refrigerator (at 40 F) for up to 24 hours before feeding to a child or discarding.

Discarded within 24 hours of preparation or opening
• This rule does not apply to containers (pint, quart, half gallon, or gallon) of milk that are purchased from the store nor to solid adult food.
• Preparation of food includes mixing a powder with a liquid, opening a jar of food, or removing frozen breast milk from the freezer to thaw.
• Breast milk that is frozen immediately after collection is not considered "prepared" or "opened" until it is moved to the refrigerator to thaw. It must be discarded within 24 hours after it has completely thawed.

**Noncompliance Level**
Level 2

(13) **If an infant is unable to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.**

**Rationale / Explanation**
Propping bottles can cause choking and aspirating, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. *CFOC 3rd ed. Standard 4.3.1.8. pp. 170-171.*

**Compliance Assessment and Guidance**
Refer to the following guideline:
• As long as the caregiver holds the infant while bottle feeding, a device to hold the bottle (such as a Beebo) may be used.

**Noncompliance Level**
Level 2

(14) **The caregiver shall swirl and test warm bottles for temperature before feeding to children.**

**Rationale / Explanation**
The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that if infant bottles are to be warmed, they should be placed under warm running tap water or placed in a container of water that is no warmer than 120 degrees for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for too long provide an ideal medium for bacteria to grow and overheating may reduce the milk’s nutritional value. Microwaves should not be used to warm bottles. *CFOC 3rd ed. Standard 4.3.1.9. pp. 171-172.*

Gently swirling warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle swirling is important, because excessive shaking of human milk may damage the nutrient quality of the milk that is valuable to infants. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

**Noncompliance Level**
Level 3

(15) **Formula and milk, including breast milk, shall be discarded after feeding or within 2 hours of starting a feeding.**

**Rationale / Explanation**
The purpose of this rule is to prevent children from drinking spoiled milk or formula, and to prevent the spread of disease. Within a short period of time, bacteria introduced by the child’s saliva can make the formula or milk unsuitable and unsafe for consumption. *CFOC 3rd ed. Standard 4.3.1.3. pp. 165-166; Standard 4.3.1.5. pp. 167-168; Standard 4.3.1.8. pp. 170-171.*
Noncompliance Level
Level 2

(16) Caregivers shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter, and shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.

Rationale / Explanation
These guidelines are recommended by the AAP and the APHA to prevent choking in infants and toddlers. Almost 90% of fatal choking occurs in children younger than four years of age, and food is the most common cause. On average, a child will die every 5 days in the United States from choking on food. Infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. Therefore, food needs to be made safe by cutting it to appropriate size. CFOC 3rd ed. Standard 4.5.0.10 pp. 181-182.

High-risk foods are those most often implicated in choking incidents. Food that is round, hard, small, thick and sticky, smooth, compressible or dense, or slippery is considered high risk and should not be offered to young children. These foods include:
- Hard, gooey, or sticky candy including gum
- Nuts and seeds including peanuts
- Popcorn

Compliance Assessment and Guidance
Food that does not quickly dissolve or crumble in the mouth without chewing needs to be cut into small pieces. Examples of solid foods that must be cut include:
- Cheese (except shredded)
- Fruit including bananas, grapes, and other fruit chunks
- Marshmallows
- Meat including hot dogs, meat chunks, and meatballs
- Vegetables including carrots, beans, other vegetable chunks, and tater tots

Noncompliance Level
Level 2

(17) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. An infant shall not be 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.

Rationale / Explanation
Injuries, such as falls or entrapment, and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in equipment not designed for sleep. Sleeping in a seated position can restrict breathing and decrease oxygen in an infant’s blood. Sleeping should occur in equipment specifically manufactured for this activity. CFOC 3rd ed. Standard 2.2.0.2. p.66.

Cradles and bassinets are not immune to the hazards that may cause SIDS. Ninety percent of SIDS cases occur during the first six months of a baby’s life, which is prime bassinet time. CPSC guidelines stipulate: 1) a sturdy bottom and wide base; 2) smooth surfaces without protruding hardware; 3) legs with locks to prevent folding while in use; 4) a firm, snugly fitting mattress; and 5) adherence to the manufacturer’s guidelines regarding maximum weight and size of the infant. Pike, Jodi & Moon, Rachel. (2008). Bassinet Use and Sudden Unexpected Death in Infancy. Journal of Pediatrics. pp. 509-512.
Compliance Assessment and Guidance
Refer to the following guidelines:

- Cribs, bassinets, cradles, porta-cribs, playpens, and play yards are approved to sleep infants as long as they meet sleep equipment rules in “Section 22: Rest and Sleep”.
- The following equipment is not approved to sleep infants:
  - A mat, cot, pillow, bouncer, swing, or car seat
  - Any size bed
  - A crib that has been converted into a toddler bed
  - A couch or chair even if the caregiver is sitting next to the infant
  - A Boppy pillow even if it is placed on or in a bed, crib, cradle, bassinet, playpen, or play yard (Improper use of this product could result in serious injury or death.)
  - A bassinet or cradle if the infant is able to push up on hands and knees, pull up, or sit unassisted
- Parent’s written permission can be in paper or electronic format.
- Before a caregiver sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the provider must obtain written documentation from the manufacturer stating that the equipment is approved for sleeping infants. The documentation must be available for review by licensing staff.
- Infants may not sleep on blankets inside on the floor or on the ground in the outdoor area. Caregivers may take approved equipment outside to use for sleeping the infant.
- If an infant is asleep in a car seat when arriving at the facility, a caregiver must immediately (within 5 minutes) move the infant to appropriate sleeping equipment.
- If an infant falls asleep in a piece of equipment not designed for sleeping, a caregiver must immediately (within 5 minutes) move the infant to appropriate sleeping equipment.
- A caregiver may hold an infant while the infant sleeps.

Noncompliance Level
Level 1

(18) Infants shall be placed on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.

Rationale / Explanation
Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). However, deaths in child care facilities attributable to SIDS continue to occur at an alarming rate, with many of these deaths associated with infants sleeping in a prone position (on their stomachs). CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.

For more information about safe sleep practices for infants, visit: https://www.nichd.nih.gov/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf

Noncompliance Level
Level 1

(19) Soft toys, loose blankets, or other objects shall not be placed in cribs while in use by sleeping infants.

Rationale / Explanation
The purpose of this rule is to ensure that those who care for infants are informed about and follow safe sleep practices.
Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used (see Standard 3.1.4.2 for more detail information on swaddling). *CFOC 3rd ed. Standard 3.1.4.1. pp. 96.*

The AAP and the APHA state that blankets, pillows, quilts, comforters, stuffed toys, and other soft items be removed from cribs and other sleeping equipment to reduce the risk of SIDS or suffocation death. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, are good alternatives to blankets. *CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.*

For more information about safe sleep practices, visit the American Academy of Pediatrics website at www.aap.org

**Compliance Assessment and Guidance**

Refer to the following guidelines:

- This rule only applies to infants who are asleep.
- If the infant uses a special comfort object to help them go to sleep, it is not out of compliance if the caregiver removes the object as soon as the infant falls asleep.
- Soft objects do not include pacifiers. However, objects attached to the pacifier (ribbons and toys) must be removed as soon as the infant falls asleep to prevent suffocation or choking. This does not include small cords (less than 8 inches long) attached to the pacifier.
- Loose blankets will include any blanket not being used to swaddle the infant as well as any additional blankets withing 36 inches from the sleeping surface of the crib.
- A blanket is considered loose if it is not on the infant’s body (not necessarily tucked or perfectly swaddled), is around the head or neck of the infant, or is loose anywhere else in the sleeping surface of the crib.
- If a blanket is used to cover the mattress and it is tucked in, it is not a loose blanket.
- There are many options for warmth other than blankets. Infants can be placed in a sleepsack, a swaddler, swaddled in a blanket, placed in warm pajamas, etc.
- Providers also have the option of not using any covering, but keeping the room at a safe and comfortable temperature.

**Noncompliance Level**

Level 2

(20) **Caregivers shall document each infant’s eating and sleeping patterns each day. The record shall:**

(a) be completed within an hour of each feeding or nap, and

(b) include the infant’s name, the food and beverages eaten, and the times the infant slept.

**Rationale / Explanation**

The purpose of this rule is to ensure that parents are informed about their children’s daily eating and sleeping patterns. The daily record can also help to ensure that children’s basic physical needs for food and rest are met, including during caregiver shift changes. *CFOC 3rd ed. Standard 9.4.2.7. pp. 391-392.*

**Compliance Assessment and Guidance**

Refer to the following guideline:

- Unless more information is required to verify compliance, only infant’s records from the previous day will be reviewed by CCL during a regular inspection.
Noncompliance Level
Level 3

(21) Within an hour of each infant or toddler's diaper change, caregivers shall record:
(a) the infant or toddler's name,
(b) the time of the diaper change, and
(c) whether the diaper was dry, wet, soiled, or both.

Rationale / Explanation
The purpose of this rule is to ensure that children’s diapers are changed as needed, including during caregiver shift changes. It also allows parents to know when their children’s diapers were changed, and can alert both parents and caregivers to any changes in the child’s bowel movement pattern. CFOC 3rd ed. Standard 3.2.1.3. pp. 105-106.

Compliance Assessment and Guidance
Refer to the following guideline:
• Unless more information is required to verify compliance, only infant’s records from the previous day will be reviewed by CCL during a regular inspection.

Noncompliance Level
Level 3

(22) The provider shall maintain on-site for review by the Department a six-week record of:
(a) the eating and sleeping patterns for each infant; and
(b) the diaper changes for each infant and toddler.

Rationale / Explanation
Because infants are nonverbal, knowing when there is a change in an infant’s pattern of eating, sleeping, and bowel movements can alert parents and caregivers to potential health problems. On occasion, the child’s primary care provider can use the records as an aid in diagnosing health conditions. CFOC 3rd ed. Standard 9.4.2.7. pp. 391-392.

Compliance Assessment and Guidance
Refer to the following guideline:
• Records can be kept on paper or electronic format as long as they are available on-site for review by CCL and contain all required information.
APPENDIX A (Centers)
RECORDS, REPORTS, NOTIFICATIONS, & POSTED ITEMS

This document is not rule. Instead, it is a tool to help as a quick reference to some of the Child Care Licensing (CCL) rules. This document will be updated as needed, but at least once a year. For complete access to the rules and their interpretation, please go to [https://childcarelicensing.utah.gov/Rules.html](https://childcarelicensing.utah.gov/Rules.html).

For CCL, all records must be kept on-site for at least six weeks or longer depending upon the action or event that is documented. Children’s and personnel records must be current and kept on-site while the individual is involved with the program, and for six weeks after the individual leaves the program. The business license and other facility records, such as fire inspection reports, must be current and kept on-site for at least 6 weeks after their expiration dates. At least 12 months of fire and disaster drills must be kept on-site for review by CCL. Other agencies, such as the local health department, the food program, or the IRS, may require that records be kept for a longer period of time.

<table>
<thead>
<tr>
<th>Records</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission &amp; Health Assessment for each child including emergency medical treatment &amp; emergency transportation releases</td>
<td>• Obtain from parent before admission into program&lt;br&gt;• Update annually&lt;br&gt;• Keep on-site for CCL review</td>
</tr>
<tr>
<td>Current immunization records for each infant, toddler &amp; preschooler</td>
<td>• Obtain before child’s admission into program&lt;br&gt;• Must be current&lt;br&gt;• Keep on-site for CCL review</td>
</tr>
<tr>
<td>Preservice training documentation</td>
<td>Keep on-site for CCL review</td>
</tr>
<tr>
<td>Annual training documentation</td>
<td>Keep on-site for CCL review</td>
</tr>
<tr>
<td>Personnel Records&lt;br&gt;• Date of initial employment or association&lt;br&gt;• First aid and CPR certification&lt;br&gt;• Days and hours worked</td>
<td>• Keep on-site for CCL review&lt;br&gt;• Days and hours worked kept for 6 weeks</td>
</tr>
<tr>
<td>Background check form &amp; fees for new covered individuals&lt;br&gt;Background check form &amp; fees for renewal</td>
<td>• Submit to CCL&lt;br&gt;• Individual must pass CCL background check before involvement with child care&lt;br&gt;Submit to CCL at least 2 weeks before end of renewal month on background check card</td>
</tr>
<tr>
<td>Children’s daily attendance including sign-in and sign-out records</td>
<td>• Document daily&lt;br&gt;Keep 6-week record on-site for CCL review</td>
</tr>
<tr>
<td>Fire &amp; disaster drills</td>
<td>• Documentation contains all required information&lt;br&gt;12-month record kept on-site for CCL review</td>
</tr>
<tr>
<td>Meal &amp; snack menus if not on CACFP</td>
<td>• Current approval&lt;br&gt;Keep 6-week record on-site for CCL review</td>
</tr>
<tr>
<td>Medication permission &amp; instructions</td>
<td>Must be filled out and signed by child’s parent before administering medication</td>
</tr>
</tbody>
</table>
## Records Continued

<table>
<thead>
<tr>
<th>Rule</th>
<th>Record</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-17(9)(a)-(c), (12)</td>
<td>Medication administration record</td>
<td>• Complete immediately after administering medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep 6-week record on-site for CCL review</td>
</tr>
<tr>
<td>100-18(7)(a)-(f)-(8)(a)-(f)</td>
<td>Parental permission for swimming &amp; offsite activities</td>
<td>Obtain before each activity</td>
</tr>
<tr>
<td>100-18(9)(a)-(e)</td>
<td>Written emergency information and releases</td>
<td>Must be with caregiver for each child on offsite activity</td>
</tr>
<tr>
<td>100-19(15)(a)-(c)-(16)</td>
<td>ASTM documentation for cushioning</td>
<td>Keep on-site for CCL review</td>
</tr>
<tr>
<td>100-20(1)(a)-(b)</td>
<td>Transportation permission form</td>
<td>• Signed by parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep on-site for CCL review</td>
</tr>
<tr>
<td>100-20(4)(a)-(i)</td>
<td>Current driver’s license for each driver</td>
<td>• Valid for the type of vehicle being driven</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Carried with the driver</td>
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<tr>
<td>100-20(4)(a)-(i)-(5)(a)-(d)</td>
<td>Children’s emergency contact information</td>
<td>Driver/caregiver must have for each child being transported</td>
</tr>
<tr>
<td>100-21(8)-(9)</td>
<td>Animal vaccination records</td>
<td>• Must be current</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep onsite for CCL review</td>
</tr>
<tr>
<td>100-24(17)</td>
<td>Sleep equipment permission</td>
<td>• Obtain written permission from parent before child sleeps in unsafe sleep equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Available for CCL review</td>
</tr>
<tr>
<td>100-24(18)</td>
<td>Alternate sleep position documentation</td>
<td></td>
</tr>
<tr>
<td>100-24(20)(a)-(b), (22)(a)-(b)</td>
<td>Infants’ eating &amp; sleeping patterns</td>
<td>• Document within 1 hour of feeding or nap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Include name, food/beverages eaten, &amp; time child slept</td>
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<td></td>
<td>• Keep 6-week record on-site for CCL review</td>
</tr>
<tr>
<td>100-24(21)(a)-(c), (22)(a)-(b)</td>
<td>Infants’ &amp; toddlers’ diaper changes</td>
<td>• Document within 1 hour of diaper change</td>
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<tr>
<td></td>
<td></td>
<td>• Include time and diaper status</td>
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<tr>
<td></td>
<td></td>
<td>• Keep 6-week record on-site for CCL review</td>
</tr>
</tbody>
</table>

## Reports

<table>
<thead>
<tr>
<th>Rule</th>
<th>Report</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-6(9)(a)-(e)</td>
<td>Health &amp; Safety Plan</td>
<td>• Complete on CCL’s form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Submit to CCL in license application period &amp; after any change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reviewed and updated as needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Signed and dated annually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Available during business hours to parents, staff, and CCL</td>
</tr>
<tr>
<td>100-6(16)</td>
<td>Annual immunization report</td>
<td>• Submit report to Immunization Program annually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Usually Oct 1-Nov 30</td>
</tr>
<tr>
<td>100-14(10)(a)-(b), (14)</td>
<td>Incident, accident or injury involving a child</td>
<td>• Give written report to parent on day of occurrence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep 6-week record on-site for CCL review</td>
</tr>
<tr>
<td>Rule</td>
<td>Notification</td>
<td>Requirement</td>
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</tr>
<tr>
<td>100-6(8)</td>
<td>Telephone number &amp; contact information change</td>
<td>Notify CCL &amp; parents within 48 hours of change</td>
</tr>
<tr>
<td>100-6(10)(a)-(b)</td>
<td>Liability Insurance</td>
<td>Inform parents in writing if no liability insurance</td>
</tr>
<tr>
<td>100-8(20)</td>
<td>Arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding</td>
<td>Notify CCL within 48 hours of becoming aware of occurrence</td>
</tr>
</tbody>
</table>
| 100-9(6)         | Lead-based paint testing                                                     | • Contact local health department within 5 working days of discovery  
|                  |                                                                             | • Follow instructions for remediation                                       |
| 100-12(2)        | Behavioral expectations for children & how misbehavior will be handled       | Inform children, parents & those who interact with children                 |
| 100-12(6)        | Child abuse, neglect, or exploitation                                         | Notify CPS or law enforcement immediately upon witnessing or suspicion       |
| 100-14(11)       | Serious, but not life-threatening injury involving a child                   | Contact parent of child immediately                                         |
| 100-14(12)(a)-(c) | Life-threatening injury or injury that poses threat of loss of vision, hearing, or limb involving a child | • Contact emergency personnel immediately  
|                  |                                                                             | • Contact parent after emergency personnel  
|                  |                                                                             | • Contact emergency contacts if parents cannot be reached                   |
| 100-14(13)(a)-(b)| Child received medical attention for injury while in care or for fatality    | • Notify CCL within next business day  
|                  |                                                                             | • Submit written report within 5 business days                              |
| 100-15(21)(a)-(b)| Child becomes ill while in care                                             | • Contact parent immediately  
|                  |                                                                             | • Contact emergency contacts if parents cannot be reached                   |
| 100-15(22)       | Child or employee with infectious or unusual disease or serious illness      | Notify local health department on day of discovery                           |
| 100-17(10)       | Child’s adverse reaction to medication or error in administration           | • Notify emergency personnel immediately if reaction is life threatening  
|                  |                                                                             | • Report to parent immediately upon recognizing reaction or error or after notifying emergency personnel |
| 100-17(11)       | Provider’s refusal to administer medication                                  | Notify parent before medication needs to be given to child                  |
| 100-21(1)        | Animals permitted at facility                                                | Inform parents of the kinds of animals allowed                              |
### Posted Items

<table>
<thead>
<tr>
<th>Rule</th>
<th>Posted Item</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-6(6)</td>
<td>Child Care License</td>
<td>Post original in visible location</td>
</tr>
<tr>
<td>100-6(7)</td>
<td>Parent Guide</td>
<td>Post during business hours for parents’ review</td>
</tr>
<tr>
<td>100-14(1)</td>
<td>Emergency numbers with facility address</td>
<td>Post near each telephone or in clearly visible area</td>
</tr>
<tr>
<td>100-15(10)</td>
<td>Handwashing procedures</td>
<td>Post where readily visible from each handwashing sink</td>
</tr>
</tbody>
</table>
| 100-15(23)(a)-(d)     | Staff member or child has infectious disease or parasite | • Post notice with date on day of discovery  
|                       |                                                       | • Post in conspicuous place                       |
|                       |                                                       | • Remain posted for at least 5 days              |
| 100-16(2)(a)-(e)      | Meal & snack menus                                    | Post current week’s menu for review by parents and CCL |
| 100-18(4)(a)-(b)      | Daily schedule of activities                          | Post for preschool and school-age children        |
| 100-23(1)             | Diapering procedures                                  | Posted at each diapering station                 |
APPENDIX B (Centers)
RECORD REQUIREMENTS

This document is not rule. Instead, it is a tool to help as a quick reference to some of the Child Care Licensing (CCL) rules. This document will be updated as needed, but at least once a year. For complete access to the rules and their interpretation, please go to [https://childcarelicensing.utah.gov/Rules.html](https://childcarelicensing.utah.gov/Rules.html).

For Child Care Licensing, all records must be kept on-site for at least six weeks or longer depending upon the action or event that is documented. Children’s and personnel records must be current and kept on-site while the individual is involved with the program, and for six weeks after the individual leaves the program. The business license and other facility records, such as fire inspection reports, must be current and kept on-site for at least 6 weeks after their expiration dates. Other agencies, such as the local health department, the food program, or the IRS, may require that records be kept for a longer period of time.

### Children’s Records

<table>
<thead>
<tr>
<th>Rule</th>
<th>Record</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| 100-6(11)-(13)(a)-(b) | Admission & Health Assessment for each child including emergency medical treatment & emergency transportation releases | • Obtain from parent before admission into program  
• Update annually  
• Keep on-site for CCL review |
| 100-6(14)(a)-(d)-(15) | Immunization records for each infant, toddler & preschooler | • Obtain before child’s admission into program  
• Must be current  
• Keep on-site for CCL review |
| 100-11(6)(a)-(f), (8) | Children’s daily attendance including sign-in and sign-out records | • Document daily  
• Keep 6-week record on-site for CCL review |
| 100-14(10)(a)-(b), (14) | Incident, accident or injury involving child | • Give written report to parent on day of occurrence  
• Keep 6-week record on-site for CCL review |
| 100-14(13)(a)-(b) | Child received medical attention for injury while in care or for fatality | • Notify CCL within next business day  
• Submit written report within 5 business days |
| 100-17(4)-(7)(a)-(b) | Medication permission & instructions | Must be filled out and signed by child’s parent before administering medication |
| 100-17(9)(a)-(c), (12) | Medication administration record | • Complete immediately after administering medication  
• Keep 6-week record on-site for CCL review |
| 100-18(7)(a)-(f)-(8)(a)-(f) | Parental permission for swimming & offsite activities | Obtain before each activity |
| 100-18(9)(a)-(e) | Written emergency information and releases | Must be with caregiver for each child on offsite activity |
| 100-20(1)(a)-(b) | Transportation permission form | • Signed by parent  
• Keep on-site for CCL review |
| 100-20(4)(a)-(i)-(5)(a)-(d) | Children’s emergency contact information | Driver/caregiver must have for each child being transported |
## Children’s Records Continued

<table>
<thead>
<tr>
<th>Rule</th>
<th>Record</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-24(17)</td>
<td>Sleep equipment permission</td>
<td>• Obtain written permission from parent before child sleeps in unsafe sleep equipment  &lt;br&gt; • Available for CCL review</td>
</tr>
<tr>
<td>100-24(18)</td>
<td>Alternate sleep position documentation</td>
<td>From health care provider</td>
</tr>
<tr>
<td>100-24(20),(22)</td>
<td>Infants’ eating &amp; sleeping patterns</td>
<td>• Document within 1 hour of feeding or nap  &lt;br&gt; • Include name, food/beverages eaten, &amp; time child slept  &lt;br&gt; • Keep 6-week record on-site for CCL review</td>
</tr>
<tr>
<td>100-24(21),(22)</td>
<td>Infants’ &amp; toddlers’ diaper changes</td>
<td>• Document within 1 hour of diaper change  &lt;br&gt; • Include time and diaper status  &lt;br&gt; • Keep 6-week record on-site for CCL review</td>
</tr>
</tbody>
</table>

## Personnel Records

<table>
<thead>
<tr>
<th>Rule</th>
<th>Record</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-7(19)(a)-(i)-(20)(a)-(c)</td>
<td>Preservice training documentation</td>
<td>Keep on-site for CCL review</td>
</tr>
<tr>
<td>100-7(21)(a)-(h)-(24)(a)-(e)</td>
<td>Annual training documentation</td>
<td>Keep on-site for CCL review</td>
</tr>
<tr>
<td>100-7(28)(a)-(c)</td>
<td>Personnel Records  &lt;br&gt; • Date of initial employment or association  &lt;br&gt; • First aid and CPR certification  &lt;br&gt; • Days and hours worked</td>
<td>Keep on-site for CCL review  &lt;br&gt; Days and hours worked kept for 6 weeks</td>
</tr>
<tr>
<td>100-8(1)(a)-(d)-(6)(a)-(c)</td>
<td>Background check form &amp; fees for new covered individuals  &lt;br&gt; Fingerprints &amp; fees as required per rule</td>
<td>Submit to CCL  &lt;br&gt; Individual must pass CCL background check before involvement with child care</td>
</tr>
<tr>
<td>100-8(7)-(8)(a)-(c)</td>
<td>Background check form &amp; fees for renewal</td>
<td>Submit to CCL at least 2 weeks before end of renewal month on background check card</td>
</tr>
<tr>
<td>100-20(4)(a)-(i)</td>
<td>Current driver's license for each driver</td>
<td>• Valid for the type of vehicle being driven  &lt;br&gt; • Carried with the driver</td>
</tr>
</tbody>
</table>
## Facility Records

<table>
<thead>
<tr>
<th>Rule</th>
<th>Record</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| 100-6(9)(a)-(e) | Health & Safety Plan | • Complete on CCL’s form  
• Submit to CCL in license application period & after any change  
• Reviewed and updated as needed  
• Signed and dated annually  
• Available during business hours to parents, staff, and CCL |
| 100-14(3)-(8) | Fire & disaster drills | • Documentation contains all required information  
• 12-month record kept on-site for CCL review |
| 100-16(2)(a)-(e) | Meal & snack menus if not on CACFP | • Current Approval  
• Keep 6-week record on-site for CCL review |
| 100-19(15)(a)-(c)-(16) | ASTM documentation for cushioning | Keep on-site for CCL review |
| 100-21(8)-(9) | Animal vaccination records | • Must be current  
• Keep onsite for CCL review |