

## R430-90-14 and R430-50-14: CHILD HEALTH

### Purpose

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

### General Information

Child Protective Services (DCFS) requires that suspected child abuse be reported by calling the hotline, 1-855-323-3237.

### Licensed Family 90-14:

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

### Residential Certificate 50-14:

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

### Rationale/Explanation

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

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

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Research links corporal punishment with negative effects such as later criminal behavior and learning impairments. Other inappropriate discipline methods such as humiliation or using abusive language may also be emotionally abusive. *CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 2.2.0.6, pgs. 75-76 Standard 2.2.0.9*

### Enforcement

Always Level 1 Noncompliance.

### Licensed Family 90-14 and Residential Certificate 50-14:

(2) All providers shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

### Rationale/Explanation

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. *CFOC, 3<sup>rd</sup> Ed. pgs. 123-124 Standard 3.4.4.1*

*See CFOC, 3<sup>rd</sup> Ed. pgs. 445-448 Appendix M for a list of signs of possible abuse and neglect, and pgs. 449-450 Appendix N for a list of protective factors regarding abuse and neglect.*

### Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-14 and Residential Certificate 50-14:

- (3) The use of alcohol, illegal substances, or sexually explicit material on the premises or in vehicles used to transport children is prohibited any time that a child is in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement. *CFOC, 3<sup>rd</sup> Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

Enforcement

If alcohol or illegal substances are used when children are in care:

Level 1 Noncompliance if:

- a provider or caregiver is intoxicated or impaired and transports a child.
- a provider or caregiver is intoxicated or impaired while a child is in care.

Level 3 Noncompliance if:

- a provider, caregiver or anyone in the home has been drinking or using an illegal substance, but is not intoxicated or impaired.
- another person in the home is intoxicated or impaired.

If sexually explicit materials are used when a child is in care:

Level 2 Noncompliance otherwise.

Level 3 Noncompliance if sexually explicit materials are used in the presence only of children under the age of 2.

Licensed Family 90-14 and Residential Certificate 50-14:

- (4) At any time when a child is in care, the provider shall ensure that tobacco is not used:
- (a) in the home, garage, or any other building used by a child 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 home, garage, or any other building occupied by a child in care; or
  - (d) in any outdoor area where a child in care plays, or within 25 feet of any outdoor area where a child in care plays.

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. *CFOC, 3<sup>rd</sup> Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

This rule is in accordance with the Utah Indoor Clean Air Act, R392-510

Enforcement

Level 1 Noncompliance if alcohol or illegal substances are used or if tobacco is used any place indoors, in a vehicle or within 25 feet of:

- the entrance/exit of the building
- an open window, even if it is screened
- the outdoor play area
- a child

Level 3 Noncompliance if tobacco is used outdoors.

Level 2 Noncompliance otherwise.

### Assessment

E-cigarettes, **electronic cigarettes, and vapor cigarettes** do not contain tobacco but do contain harmful ingredients and will be treated as a tobacco product.

#### Licensed Family 90-14:

- (5) The licensee shall not enroll any child for care without documentation of:
- (a) proof of current immunizations as required by Utah law;
  - (b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or
  - (c) written documentation of an immunization exemption due to personal, medical or religious reasons.
- (6) The licensee shall not provide ongoing care to a child without documentation of:
- (a) proof of current immunizations as required by Utah law; or
  - (b) written documentation of an immunization exemption due to personal, medical or religious reasons.

#### Residential Certificate 50-14:

- (5) The certificate holder shall not enroll any child for care without documentation of:
- (a) proof of current immunizations, as required by Utah law;
  - (b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or
  - (c) written documentation of an immunization exemption due to personal, medical or religious reasons.
- (6) The certificate holder shall not shall not provide ongoing care to a child without documentation of:
- (a) proof of current immunizations as required by Utah law; or
  - (b) written documentation of an immunization exemption due to personal, medical or religious reasons.

### Rationale/Explanation

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

Young children, especially those under five years of age and those in child care facilities, are more likely to acquire pneumococcal disease. 70% of bacteremia caused by invasive pneumococcal disease occurs in children 2 years of age and younger. By the time a child has reached 5 years of age, their body has built up its own resistance to the bacteria, which means that the vaccine is age-related. The number of doses of pneumococcal vaccine that a child must receive depends on the child's age and number of previous doses the child received. In Utah, children who have reached five years of age are not required to have the pneumococcal vaccine to attend school or child care.

### Enforcement

Always Level 3 Noncompliance.

### Assessment

Records must be kept for all enrolled children, including children of the licensee or any employee the provider's children under age 4 and "drop-in" children.

**For child care licensing**, immunization records can either be on the pink state immunization form, the yellow card

from the local health department, print out from USIIS, or any immunization record from a health care provider.

Immunization exemption forms must be from a County Health Department and are not required to be updated annually.

Immunization rule R396-100(6) requires providers to have current immunization records for all of the children and submit an annual report. They also require the records are kept on their pink forms.

#### Licensed Family 90-14:

- (7) The licensee shall not admit any child for care without the following written health information from the parent:
- (a) known allergies;
  - (b) known food sensitivities;
  - (c) acute and chronic medical conditions;
  - (d) instructions for special or non-routine daily health care;
  - (e) current medications; and
  - (f) any other special health instructions for the licensee.

#### Residential Certificate 50-14:

- (7) The certificate holder shall not admit any child for care without the following written health information from the parent:
- (a) known allergies;
  - (b) acute and chronic medical conditions;
  - (c) instructions for special or non-routine daily health care;
  - (d) current medications; and,
  - (e) any other special health instructions for the certificate holder.

#### Rationale/Explanation

Admission of children without this information can leave the provider unprepared to deal with daily and emergency health needs of the child. *CFOC, 3<sup>rd</sup> Ed. pgs. 80-81 Standard 2.3.3.1*

#### Enforcement

Level 3 Noncompliance otherwise.

Level 1 Noncompliance if lack of information on a health assessment resulted in a situation that would require medical attention.

#### Assessment

Parents may list more than one child on an admission form but a separate health assessment is required for each individual child.

The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. As long as the health assessment asks about any medical conditions the child has, this rule is in compliance.

Food sensitivities can result in minor irritations (rashes, loose stools) whereas a true allergy could cause a life-threatening reaction (anaphylaxis, severe asthma attack, hives, etc.).

If the provider's health assessment has a place to document any food or drink restrictions, this rule is in compliance for (b) food sensitivities. The form does not have to use the specific words "food sensitivities."

Licensed Family 90-14 and Residential Certificate 50-14:

- (8) If the parent of a child in care has informed the provider that his or her child has a food allergy or sensitivity, that child shall not be given the food or beverage they are allergic to.

Rationale/Explanation

Food allergy is common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergy are being reported in increasing numbers. *CFOC, 3<sup>d</sup> Ed. pgs. 160-161 Standard 4.2.0.10*

Enforcement

Always Level 1 Noncompliance.

Licensed Family 90-14:

- (8) The licensee shall ensure that each child's parent reviews, updates, and signs or initials the child's health information at least annually.

Residential Certificate 50-14:

- (9) The certificate holder shall ensure that each child's parent reviews, updates, and signs or initials the child's health information at least annually.

Rationale/Explanation

Admission of children without this information can leave the provider unprepared to deal with daily and emergency health needs of the child. *CFOC, 3<sup>d</sup> Ed. pgs. 80-81 Standard 2.3.3.1*

Allergies and health information can change. It is vital for providers to be aware of any changes regarding the health of the children in care. *CFOC, 3<sup>d</sup> Ed. pgs. 80-81 Standard 2.3.3.1*

Enforcement

Always Level 3 Noncompliance.

Assessment

To confirm the parent is updating their health information, the signature or initials must be on the health assessment side of the form.