

## R430-90-7 and R430-50-7: PERSONNEL

### Purpose

This section provides rules and information about all individuals who work or volunteer at a child care facility.

### General Information

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

### Licensed Family 90-7:

- (1) The licensee and all substitutes and caregivers must:
  - (a) be at least 18 years of age; and
  - (b) have knowledge of and comply with all applicable laws and rules.

### Residential Certificate 50-7:

- (1) The certificate holder and all substitutes must:
  - (a) be at least 18 years of age; and
  - (b) have knowledge of and comply with all applicable laws and rules.

### Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. *CFOC, 3<sup>rd</sup> Ed. pg. 13 Standard 1.3.2.3.*

### Enforcement

For 1(a):

Level 1 Noncompliance if the substitute and/or caregiver is younger than 16 years of age. Level

2 Noncompliance if the substitute and/or caregiver is 16 or 17 years of age.

For 1(b):

The Noncompliance Level depends on the Noncompliance Level of the rule with which the Licensee/Certificate Holder failed to comply.

### Licensed Family 90-7:

- (2) All assistant caregivers shall:
  - (a) be at least 16 years of age;
  - (b) work under the immediate supervision of a provider who is at least 18 years of age; and
  - (c) have knowledge of and comply with all applicable laws and rules.

### Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that assistant caregivers be at least 18 years of age, and that volunteers and students be at least 16 years of age, but never be left alone with children or counted in the ratios. *CFOC, 3<sup>rd</sup> Ed. pg. 13 Standard 1.3.2.3.*

Eighteen is the age of legal consent. 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 on this research, see:

- <http://www.nimh.nih.gov/Publicat/teenbrain.cfm>
- <http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/>

### Enforcement

For 2(a) & (b):

Always Level 2 Noncompliance.

For 2(c):

The Noncompliance Level depends on the Noncompliance Level of the rule with which the assistant caregiver failed to comply.

### Assessment

Immediate supervision means the assistant caregiver is never left alone on the premises or does not take a child in care off the premises. Assistant caregivers must be supervised by someone 18 or older at all times.

### Licensed Family 90-7:

(3) Assistant caregivers may be included in provider to child ratios, but only if there is also another provider present in the home who is 18 years of age or older.

### Enforcement

Always Level 2 Noncompliance.

### Licensed Family 90-7:

(4) Assistant caregivers shall meet the training requirements of this rule.

### Enforcement

See the Noncompliance Levels for the training rules.

### Licensed Family 90-7:

(5) The licensee may make arrangements for a substitute who is at least 18 years old and who is capable of providing care, supervising children, and handling emergencies in the absence of the licensee.

### Residential Certificate 50-7:

(2) The certificate holder may make arrangements for a substitute who is at least 18 years old and who is capable of providing care, supervising children, and handling emergencies in the absence of the certificate holder.

### Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. *CFOC, 3<sup>rd</sup> Ed. pg. 13 Standard 1.3.2.3.*

### Enforcement

Level 1 Noncompliance if the substitute is younger than 16 years of age.

Level 2 Noncompliance if the substitute is 16 or 17 years of age.

Otherwise, the Noncompliance Level depends on the Noncompliance Level of the rule with which the substitute failed to comply.

### Assessment

Since licenses and certificates are for both the licensee/certificate holder and the home, any time there is a non-related child in care, there must be compliance to all rules. That means when a licensee/certificate holder's child is being paid, directly or indirectly, for baby-sitting, there must be compliance with all rules and the person providing the care must be at least 18 years old.

Licensed Family 90-7:

- (6) Substitutes who care for children an average of 10 hours per week or more shall meet the training, first aid and CPR requirements of this rule.

Residential Certificate 50-7:

- (3) Substitutes who care for children an average of 10 hours per week or more shall meet the first aid and CPR requirements of this rule.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. *CFOC 3<sup>rd</sup> Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6*

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

Accurate and complete training records are needed to track staff training and monitor compliance with this rule. *CFOC 3<sup>rd</sup> Ed. pg. 393 Standard 9.4.3.3.*

Enforcement

For First Aid & CPR Training:

Level 2 Noncompliance for no CPR certification.

Level 3 Noncompliance for no first aid certification.

Assessment

Infant CPR certification is not required if the Licensee/Certificate Holder does not care for infants or toddlers.

To determine if a substitute works an average of 10 hours per week or more, the substitute's hours will be averaged over a three month period.

Licensed Family 90-7:

- (7) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the licensee may assign an emergency substitute who has not had a criminal background screening to care for the children. A licensee may use an emergency substitute for up to 24 hours for each emergency event.

Residential Certificate 50-7:

- (4) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the certificate holder may assign an emergency substitute who has not had a criminal background screening to care for the children. The certificate holder may use an emergency substitute for up to 24 hours for each emergency event.

### 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 a caregiver. *CFOC 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1.*

### Enforcement

Always Level 2 Noncompliance.

### Licensed Family 90-7:

- (7) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the licensee may assign an emergency substitute who has not had a criminal background screening to care for the children. A licensee may use an emergency substitute for up to 24 hours for each emergency event.
- (a) The emergency substitute shall be at least 18 years of age.

### Residential Certificate 50-7:

- (4) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the certificate holder may assign an emergency substitute who has not had a criminal background screening to care for the children. The certificate holder may use an emergency substitute for up to 24 hours for each emergency event.
- (a) The emergency substitute shall be at least 18 years of age.

### Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that caregivers have the maturity necessary to meet the responsibilities of independently caring for a group of children. *CFOC, 3<sup>rd</sup> Ed. pg. 13 Standard 1.3.2.3.*

### Enforcement

Level 1 Noncompliance if the emergency substitute is younger than 16 years of age.

Level 2 Noncompliance if the emergency substitute is 16 or 17 years of age.

### Licensed Family 90-7:

- (7) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the licensee may assign an emergency substitute who has not had a criminal background screening to care for the children. A licensee may use an emergency substitute for up to 24 hours for each emergency event.
- (b) The emergency substitute is not required to meet the training, first aid and CPR requirements of this rule.
- (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the licensee that he or she is not disqualified under this subsection.
- (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.
- (e) The licensee shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

### Residential Certificate 50-7:

- (4) In an unforeseeable emergency, such as a medical emergency requiring immediate care at a hospital or at an urgent care center or a lost child, the certificate holder may assign an emergency substitute who has not had a criminal background screening to care for the children. The certificate holder may use an emergency substitute for up to 24 hours for each emergency event.

- (b) The emergency substitute is not required to meet the training, first aid and CPR requirements of this rule.
- (c) The emergency substitute cannot be a person who has been convicted of a felony or misdemeanor or has been investigated for abuse or neglect by any federal, state, or local government agency. The emergency substitute must provide a signed, written declaration to the certificate holder that he or she is not disqualified under this subsection.
- (d) During the term of the emergency, the emergency substitute may be counted as a provider for the purpose of maintaining the required provider to child ratios.
- (e) The certificate holder shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care.

Rationale / Explanation

The purpose of this rule is to ensure that individuals who have a criminal history do not work with or have unsupervised access to children in child care programs regulated by Child Care Licensing, as outlined in Utah Code 26-39-107.

Emergency substitutes are used to ensure that child to staff ratios are maintained at all times. CFCO 3<sup>rd</sup> Ed. pg. 32 Standard 1.5.0.1.

The purpose of this rule is to ensure that individuals who have not passed a background screening have minimal unsupervised contact with the children in care.

Enforcement

Level 2 Noncompliance if the person has a criminal record.

Level 3 Noncompliance if the person does not have a criminal record but did not provide a written declaration.

Licensed Family 90-7:

(8) Any new caregiver, and volunteers who count in the caregiver to child ratio, shall receive at least 2.5 hours of pre-service training prior to assuming caregiving duties. Pre-service training shall be documented in the individual's file and shall include the following topics:

- (a) specific job responsibilities;
- (b) the Department-approved licensee's written policies and procedures;
- (c) the Department-approved licensee's emergency and disaster plan;
- (d) the current child care licensing rules found in Sections R430-90-11 through 24;
- (e) introduction and orientation to the children in care;
- (f) a review of the information in the health assessment for each child in care;
- (g) signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
- (h) recognizing the signs of homelessness and available assistance;
- (i) preventing shaken baby syndrome and abusive head trauma, and coping with crying babies; and
- (j) prevention of sudden infant death syndrome and use of safe sleeping practices.

Residential Certificate 50-7:

(5) Any new non-emergency substitute or volunteer shall receive at least 2.5 hours of pre-service training prior to assuming caregiving duties. Pre-service training shall be documented in the individual's file and shall include the following topics:

- (a) the Department-approved certificate holder's written policies and procedures;
- (b) the Department-approved certificate holder's emergency and disaster plan;
- (c) the current child care licensing rules found in Sections R430-50-11 through 24;
- (d) a review of the information in the health assessment for each child in care;
- (e) signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting

- requirements for witnessing or suspicion of abuse, neglect, and exploitation;
- (f) recognizing the signs of homelessness and available assistance
- (g) preventing shaken baby syndrome, abusive head trauma, and coping with crying babies; and
- (h) prevention of sudden infant death syndrome and use of safe sleeping practices.

### Rationale / Explanation

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

### Enforcement

#### For Orientation Training:

Level 2 Noncompliance if a substitute does not have orientation training in:

- the Licensee's/ Certificate Holder's emergency and disaster plan.
- the child care licensing rules for:
  - supervision and ratios – Section 11
  - injury prevention – Section 12
  - parent notification and child security – Section 13
  - child health – Section 14
  - medications – Section 17
  - child discipline – Section 19
  - infant and toddler care – Section 24
- a review of the information in the health assessment for each child in care.
- procedures for releasing children to authorized individuals only.
- signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation.
- obtaining assistance in emergencies.
- SIDS, coping with crying babies, and Shaken Baby Syndrome, if the Licensee/Certificate Holder cares for infants or toddlers.

Level 3 Noncompliance if a substitute does not have orientation training in:

- the child care licensing/certificate rules for:
  - child nutrition – Section 15
  - infection control – Section 16
  - napping – Section 18
  - activities – Section 20
  - animals – Section 22
  - diapering – Section 23
- proper clean up of body fluids.
- job description and duties.
- the Licensee's written policies and procedures (for licensed providers only).

### Assessment

If the person is never left alone with children until all of the required orientation training is completed, Licensees/Certificate Holders have up to 5 working days after a new caregiver starts working with children to complete the required orientation training.

In order to meet the requirement for training in Sections 11-24 of the Licensing Rules, the training must cover the rules, not just be on the topic of the rule section.

Anyone who provides care to children, including driving them back and forth to school or other activities, is required to complete orientation training.

Program guests, such as someone to put on a puppet show or to offer dance lessons to children, need orientation training if they are left unsupervised with the children.

Licensed Family 90-7:

- (9) Substitutes who care for children an average of 10 hours per week or more, the licensee, and all caregivers shall complete a minimum of 20 hours of child care training each year, based on the license date. A minimum of 10 hours of the required annual training shall be face-to-face instruction.
- (a) Documentation of annual training shall be kept in each individual's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
  - (b) All caregivers and non-emergency substitutes who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the relicensure date.
  - (c) Annual training hours shall include the following topics at least once every two years:
    - (i) a review of all of the current child care licensing rules found in Sections R430-90-11 through 24;
    - (ii) a review of the Department-approved licensee's written policies and procedures and emergency and disaster plan, including any updates;
    - (iii) signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
    - (iv) principles of child growth and development, including development of the brain;
    - (v) recognizing the signs of homelessness and available assistance;
    - (vi) positive guidance;
    - (i) preventing shaken baby syndrome and abusive head trauma, and coping with crying babies; and
    - (ii) prevention of sudden infant death syndrome and use of safe sleeping practices.

Residential Certificate 50-7:

- (6) The certificate holder shall complete a minimum of 10 hours of child care training each year, based on the certificate date. A minimum of 5 hours of the required annual training shall be face-to-face instruction.
- (a) Documentation of annual training shall be kept on file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
  - (b) Annual training hours shall include the following topics at least once every two years:
    - (i) a review of all of the current child care certificate rules found in Sections R430-50-11 through 24;
    - (ii) a review of the Department-approved certificate holder's written policies and procedures and emergency and disaster plan, including any updates;
    - (iii) signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
    - (iv) principles of child growth and development, including development of the brain;
    - (v) recognizing the signs and symptoms of homelessness and available assistance;
    - (vi) positive guidance;
    - (vii) preventing shaken baby syndrome and abusive head trauma, and coping with crying babies; and
    - (ii) prevention of sudden infant death syndrome and use of safe sleeping practices.

### Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that all caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive.

Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. *CFOC 3<sup>rd</sup> Ed. pg. 14-16 Standards 1.3.2.4, 1.3.2.5, 1.3.2.6, pgs 26-27 Standard 1.4.4.1, pg. 30 Standard 1.4.5.2, pgs. 81-82 Standard 2.4.1.1, pgs. 123-124 Standard 3.4.4.1, pg. 351 Standard 9.2.1.6*

Accurate and complete training records are needed to track staff training and monitor compliance with this rule. *CFOC 3<sup>rd</sup> Ed. pg. 393 Standard 9.4.3.3.*

### Enforcement

Always Level 3 Noncompliance.

### Assessment

A household member who meets minimum age requirements and who volunteers for less than 10 hours a week is not required to complete annual training.

To count as face to face training, there must be a certificate or other documentation from the agency delivering the training for training from outside sources, such as CCR&R or outside workshops or conferences. If there is no certificate or other documentation, the training can count towards the required training hours but not as face-to-face training. Any documentation format is acceptable as long as it includes the required information.

If a staff member changes from a position that does not require training to a position of one that does require training, the training hours may be averaged from the date of the new position.

A semester hour of credit from a college or university is equal to 15 clock hours. A quarter hour of credit from a post-secondary school is equal to 10 clock hours.

Individuals who only transport children to and from school, and do not have any other caregiving duties, do not need to complete annual training.

Reality TV and talk shows are **not** considered child care training.

Training hours are calculated from the license start date to license end date. The annual training is not required to be completed at the Annual Inspection. However, a license is not renewed until training hours have been completed.

Time spent researching and planning curriculum can be counted for non-face to face training hours. Time spent preparing (making copies, cutting, etc.) and presenting curriculum to the children does not count towards training hours.

A caregiver who is on a leave of absence from the facility, for instance on maternity leave, is still required to complete all required training hours and topics.

Drivers are not required to complete annual training when all they do is transport children, even if they count in ratios during transportation.

The following trainings and classes do not count towards training hours for Child Care Licensing:

- stress management
- yoga.
- technical assistance from Child Care Licensing staff
- language classes.
- origami training
- dances classes for children
- adult anger management classes

In order to meet the requirement for training in Sections 11-24 of the Licensing Rules, the training must cover the actual rules, not just be on the topic of the rule section.

Caregivers who begin working partway through the licensing year must have completed an average of 1 hour and 40 minutes of training for each full month of employment. Time spent in orientation training during a new employee's first year of employment can count toward his/her hours of required annual training for the first year. Half of the employee's required hours must be face to face. The table below may be used to calculate the required number of training hours.

<b>Annual Training Hours Required for Employees Hired Part-Way Through the Center's License Year</b>		
<b>When Hired</b>	<b>Required Hours Needed at Re-licensure</b>	<b>Required Face to Face Hours</b>
1 Month before Re-licensure	1 hour 40 Minutes	50 minutes
2 Months before Re-licensure	3 hours 20 minutes	1 hour 40 minutes
3 Months before Re-licensure	5 hours	2 hours 30 minutes
4 Months before Re-licensure	6 hours 40 minutes	3 hours 20 minutes
5 Months before Re-licensure	8 hours 20 minutes	4 hours 10 minutes
6 Months before Re-licensure	10 hours	5 hours
7 Months before Re-licensure	11 hours 40 minutes	5 hours 50 minutes
8 Months before Re-licensure	13 hours 20 minutes	6 hours 40 minutes
9 Months before Re-licensure	15 hours	7 hours 30 minutes
10 Months before Re-licensure	16 hours 40 minutes	8 hours 20 minutes
11 Months before Re-licensure	18 hours 20 minutes	9 hours 10 minutes
12 Months before Re-licensure	20 hours	10 hours