

430. Health, Health Systems Improvement, Child Care Licensing.

R430-100. Child Care Centers.

R430-100-1. Authority and Purpose.

This rule is promulgated pursuant to Title 26, Chapter 39. It establishes standards for the operation and maintenance of child care centers and requirements to protect the health and safety of children in child care centers.

R430-100-2. Definitions.

- (1) "Accredited College" means a college accredited by an agency recognized by the United States Department of Education as a valid accrediting agency.
- (2) "ASTM" means American Society for Testing and Materials.
- (3) "Body fluids" means blood, urine, feces, vomit, mucous, saliva, and breast milk.
- (4) "Caregiver" means an employee or volunteer who provides direct care to children.
- (5) "CPSC" means the Consumer Product Safety Commission.
- (6) "Department" means the Utah Department of Health.
- (7) "Designated Play Surface" means a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and is at least 2" by 2" in size.
- (8) "Direct Supervision" for infants, toddlers, and preschoolers means the caregiver can see and hear all of the children in his or her assigned group, and is near enough to intervene when necessary. "Direct Supervision" for school age children means the caregiver must be able to hear school age children and must be near enough to intervene when necessary.
- (9) "Emotional Abuse" means behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, profane language, and inappropriate physical restraint.
- (10) "Group" means the children assigned to one or two caregivers, occupying an individual classroom or an area defined by furniture or another partition within a room.
- (11) "Health Care Provider" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.
- (12) "Inaccessible to Children" means either locked, such as in a locked room, cupboard or drawer, or with a child safety lock, or in a location that a child can not get to.
- (13) "Infant" means a child aged birth through 11 months of age.
- (14) "Infectious Disease" means an illness that is capable of being spread from one person to another.
- (15) "Licensee" means the legally responsible person or persons holding a valid Department of Health

child care license.

- (16) "Over-the-Counter Medication" means medication that can be purchased without a written prescription from a health care provider. This includes herbal remedies.
- (17) "Parent" means the parent or legal guardian of a child in care.
- (18) "Person" means an individual or a business entity.
- (19) "Physical Abuse" means causing nonaccidental physical harm to a child.
- (20) "Play Equipment Platform" means a flat surface on a piece of stationary play equipment intended for more than one user to stand on, and upon which the users can move freely.
- (21) "Preschooler" means a child aged 2 through 4, and 5 year olds who have not yet started kindergarten.
- (22) "Protective Barrier" means an enclosing structure such as bars, lattice, or a solid panel, around an elevated play equipment platform that is intended to prevent a child from either accidentally or deliberately passing through the barrier.
- (23) "Protective cushioning" means cushioning material that meets American Society for Testing and Materials Specification F 1292. For example, sand, pea gravel, engineered wood fibers, shredded tires, or unitary cushioning material, such as rubber mats or poured rubber-like material.
- (24) "Provider" means the licensee or a staff member to whom the licensee has delegated a duty under this rule.
- (25) "Sanitize" means to remove soil and small amounts of certain bacteria from a surface or object with a chemical agent.
- (26) "School Age" means kindergarten and older age children.
- (27) "Sexual Abuse" means abuse as defined in Utah Code, Section 76-5-404.1.(1)(2).
- (28) "Sexually Explicit Material" means any depiction of sexually explicit conduct, as defined in Utah Code, Section 76-5a-2(8).
- (29) "Sleeping Equipment" means a cot, mat, crib, bassinet, porta-crib, or play pen.
- (30) "Stationary Play Equipment" means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when children use it. Stationary play equipment does not include:
 - (a) a sandbox;
 - (b) a stationary circular tricycle;
 - (c) a sensory table; or
 - (d) a playhouse, if the playhouse has no play equipment, such as a slide, swing, ladder, or climber

attached to it.

- (31) "Toddler" means a child aged 12 months but less than 24 months.
- (32) "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.
- (33) "Volunteer" means a person who provides care to a child but does not receive direct or indirect compensation for doing so.

R430-100-3. License Required.

A person or persons must be licensed as a child care center under this rule if:

- (1) they provide care in the absence of the child's parent;
- (2) they provide care in a place other than the provider's home or the child's home;
- (3) they provide care for five or more children, for four or more hours per day;
- (4) they provide care for each individual child for less than 24 hours per day;
- (5) the program is open to children on an ongoing basis for four or more weeks in a year; and
- (6) they provide care for direct or indirect compensation.

R430-100-4. Facility.

- (1) The licensee shall ensure that any building or playground structure constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the licensee shall contact the local health department and follow all required procedures for the removal of the lead based paint.
- (2) There shall be one working toilet and one working sink for every fifteen children in the center, excluding diapered children.
- (3) School age children shall have privacy when using the bathroom.
- (4) For buildings constructed after 1 July 1997 there shall be a working hand washing sink in each classroom.
- (5) Each area where infants or toddlers are cared for shall meet one of the following criteria:

- (a) There shall be two working sinks in the room. One sink shall be used exclusively for the preparation of food and bottles and hand washing prior to food preparation, and the other sink shall be used exclusively for hand washing after diapering and non-food activities.
 - (b) There shall be one working sink in the room which is used exclusively for hand washing, 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.
- (6) Infant and toddler areas shall not be used as access to other areas or rooms.
 - (7) All rooms and occupied areas in the building shall be ventilated by windows that open and have screens or by mechanical ventilation.
 - (8) The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.
 - (9) The provider shall maintain adequate light intensity for the safety of children and the type of activity being conducted by keeping lighting equipment in good working condition.
 - (10) Windows, glass doors, and glass mirrors within 36 inches from the floor or ground shall be made of safety glass, or have a protective guard.
 - (11) There shall be at least 35 square feet of indoor space for each child, including the licensee's and employees' children who are not counted in the caregiver to child ratios.
 - (12) 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.
 - (13) Bathrooms, closets, staff lockers, hallways, corridors, lobbies, kitchens, or staff offices are not included when calculating indoor space for children's use.

R430-100-5. Cleaning and Maintenance.

- (1) The provider shall maintain a clean and sanitary environment.
- (2) The provider shall clean and sanitize bathroom surfaces daily, including toilets, sinks, faucets, and counters.
- (3) The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other vermin.
- (4) The provider shall maintain ceilings, walls, floor coverings, draperies, blinds, furniture, fixtures, and equipment in good repair to prevent injury to children.

- (5) The provider shall maintain entrances, exits, steps and outside walkways in a safe condition, and free of ice, snow, and other hazards.

R430-100-6. Outdoor Environment.

- (1) There shall be an outdoor play area for children that is safely accessible to children.
- (2) The outdoor play area shall have at least 40 square feet of space for each child using the playground at the same time as other children.
- (3) The outdoor play area shall accommodate at least 33 percent of the licensed capacity at one time or shall be at least 1600 square feet.
- (4) The outdoor play area shall be enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high. When children play outdoors, they must play in the enclosed play area except during off-site activities described in Section R430-100-20(5).
- (5) There shall be no gaps in fences greater than 5 inches at any point, nor shall gaps between the bottom of the fence and the ground be more than 5 inches.
- (7) When in use, the outdoor play area shall be free of trash, animal excrement, harmful plants, objects, or substances, and standing water.
- (6) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter anywhere in the outdoor play area where children's feet cannot touch the ground.
- (7) When in use, the outdoor play area shall be free of trash, animal excrement, harmful plants, objects, or substances, and standing water.
- (8) The outdoor play area shall have a shaded area to protect children from excessive sun and heat.
- (9) An outdoor source of drinking water, such as a drinking fountain, individually labeled water bottles, or a pitcher of water and individual cups that are taken outside, shall be available to children whenever the outside temperature is 75 degrees or higher.
- (10) All outdoor play equipment and areas shall comply with the following safety standards by the dates specified in Table 4.
 - (a) All stationary play equipment used by infants and toddlers shall meet the following requirements:
 - (i) There shall be no designated play surface that exceeds 3 feet in height.
 - (ii) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 18 inches, it shall have use zones that meet the following criteria:
 - (A) The use zone shall extend a minimum of 3 feet in all directions from the perimeter of each piece of equipment.

- (B) Use zones may overlap if two pieces of equipment are positioned adjacent to one another, with a minimum of 3 feet between the perimeters of the two pieces of equipment.
 - (C) The use zone in front of a slide may not overlap the use zone of any other piece of equipment.
 - (iii) The use zone in the front and rear of all swings shall extend a minimum distance of twice the height from the swing seat to the pivot point of the swing, and shall not overlap the use zone of any other piece of equipment.
 - (iv) The use zone for the sides of a single-axis swing shall extend a minimum of 3 feet from the perimeter of the structure, and may overlap the use zone of a separate adjacent piece of equipment.
 - (v) The use zone of a multi-axis swing shall extend a minimum distance of 3 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.
 - (vi) The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.
 - (vii) The use zone for spring rockers shall extend a minimum of 3 feet from the at-rest perimeter of the equipment.
 - (viii) Swings shall have enclosed seats.
- (b) All stationary play equipment used by preschoolers or school age children shall meet the following requirements for use zones:
- (i) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 20 inches, it shall have use zones that meet the following criteria:
 - (A) The use zone shall extend a minimum of 6 feet in all directions from the perimeter of each piece of equipment.
 - (B) The use zones of two pieces of equipment that are positioned adjacent to one another may overlap if the designated play surfaces of each structure are no more than 30 inches above the protective surfacing underneath the equipment. In such cases, there shall be a minimum of 6 feet between the adjacent pieces of equipment.
 - (C) There shall be a minimum use zone of 9 feet between adjacent pieces of equipment if the designated play surface of one or both pieces of equipment is more than 30 inches above the protective surfacing underneath the equipment.
 - (ii) The use zone in the front and rear of a single-axis swing shall extend a minimum distance of twice the height of the pivot point of the swing, and may not overlap the use zone of any other piece of equipment.
 - (iii) The use zone for the sides of a single-axis swing shall extend a minimum of 6 feet from the perimeter of the structure, and may overlap the use zone of a separate piece of equipment.
 - (iv) The use zone of a multi-axis swing shall extend a minimum distance of 6 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.
 - (v) The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.

- (vi) The use zone for spring rockers shall extend a minimum of 6 feet from the at-rest perimeter of the equipment.
- (c) Two-year-olds may play on infant and toddler play equipment.
- (d) Protective cushioning is required in all use zones.
- (e) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material shall meet the CPSC guidelines in Table 1. The provider shall ensure that the material is periodically checked for compaction, and if compacted, shall loosen the material to the depth listed in Table 1. 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 1					
Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires					
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Fine Sand	Coarse Sand	Fine Gravel	Medium Gravel	Shredded Tires
4' high or less	6"	6"	6"	6"	6"
Over 4' up to 5'	6"	6"	6"	6"	6"
Over 5' up to 6'	12"	12"	6"	12"	6"
Over 6' up to 7'	12"	Not Allowed	9"	Not Allowed	6"
Over 7' up to 8'	12"	Not Allowed	12"	Not Allowed	6"
Over 8' up to 9'	12"	Not Allowed	12"	Not Allowed	6"
Over 9' up to 10'	Not Allowed	Not Allowed	12"	Not Allowed	6"
Over 10' up to 11'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Over 11' up to 12'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"

- (f) If shredded wood products are used as protective cushioning, the depth of the shredded wood shall meet the CPSC guidelines in Table 2.

TABLE 2			
Depths of Protective Cushioning Required for Shredded Wood Products			
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
4' high or less	6"	6"	6"

TABLE 2			
Depths of Protective Cushioning Required for Shredded Wood Products			
Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
Over 4' up to 5'	6"	6"	6"
Over 5' up to 6'	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 8'	12"	9"	9"
Over 8' up to 9'	12"	9"	9"
Over 9' up to 10'	12"	9"	9"
Over 10' up to 11'	12"	12"	12"
Over 11'	12'	Not Allowed	Not Allowed

- (g) If wood products are used as cushioning material:
 - (i) the providers shall maintain documentation from the manufacturer verifying that the material meets ASTM Specification F 1292, which is adopted by reference; and
 - (ii) there shall be adequate drainage under the material.
- (h) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:
 - (i) the licensee shall ensure that the material meets the standard established in ASTM Specification F 1292. The provider shall maintain documentation from the manufacturer that the material meets these specifications.
 - (ii) the licensee 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.
- (i) Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, may be placed on grass, but shall not be placed on concrete, asphalt, dirt, or any other hard surface.

TABLE 3		
Heights of Designated Play Surfaces That May Be Placed on Grass		
Infants & Toddlers	Preschoolers	School Age
Less than 18"	Less than 20"	Less than 30"

- (j) On stationary play equipment used by infants and toddlers, protective barriers shall be provided on all play equipment platforms that are over 18 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 24 inches above the surface of the platform.

- (k) On stationary play equipment used by preschoolers, protective barriers shall be provided on all play equipment platforms that are over 30 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 29 inches above the surface of the platform.
- (l) On stationary play equipment used by school age children, protective barriers shall be provided on all play equipment platforms that are over 48 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 38 inches above the surface of the platform.
- (m) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment, or within or adjacent to the use zone of any piece of stationary play equipment.
- (n) There shall be no protrusion or strangulation hazards in or adjacent to the use zone of any piece of stationary play equipment.
- (o) There shall be no crush, shearing, or sharp edge hazards in or adjacent to the use zone of any piece of stationary play equipment.
- (p) 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.

TABLE 4	
Phase-in Schedule for Stationary Play Equipment Rules	
By December 2007	
R430-100-6(10)(a)(viii)	Infant and toddler swings shall have enclosed seats.
R430-100-6(10)(d-h)	There is protective cushioning in all existing use zones that meets the requirements for depth and ASTM Standards.
By December 2008	
R430-100-6(10)(i)	Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, is not placed on concrete, asphalt, dirt, or any other hard surface, unless equipment is installed in concrete or asphalt footings.
R430-100-6(10)(n)	There are no protrusion or strangulation hazards in or adjacent to the use zone of any piece of stationary play equipment.
By December 2009	
R430-100-6(10)(a)(i)	There is no designated play surface on infant and toddler equipment that exceeds 3 feet in height.

TABLE 4	
Phase-in Schedule for Stationary Play Equipment Rules	
R430-100-6(10)(i)	Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, is not placed on concrete, asphalt, dirt, or any other hard surface.
By December 2010	
R430-100-6(10)(j-l)	Protective barriers are installed on all stationary play equipment that requires them, and the barriers meet the required specifications.
R430-100-6(10)(m)	There are no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment, or within or adjacent to the use zone of any piece of stationary play equipment.
R430-100-6(10)(o)	There are no crush, shearing, or sharp edge hazards in or adjacent to the use zone of any piece of stationary play equipment.
By December 2011	
R430-100-6(10)(a)(ii-vii) R430-100-6(10)(b)	All stationary play equipment has use zones that meet the required measurements.
R430-100-6(10)(c)	Two-year-olds may play on infant and toddler play equipment. <i>(Note: Two-year-olds may play on infant and toddler equipment before December of 2011 if the equipment meets all of the requirements of R430-100-6(13) before December 2001.)</i>
R430-100-6(10)(p)	There are no tripping hazards, such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.

(11) The provider shall maintain playgrounds and playground equipment to protect children's safety.

R430-100-7. Personnel.

- (1) The center must have a director who is at least 21 years of age and who has one of the following educational credentials:
- (a) an associates, bachelors, or graduate degree from an accredited college and successful completion of at least 12 semester credit hours of early childhood development courses;
 - (b) valid proof of a level 8, 9, or 10 Utah Early Childhood Career Ladder certification issued by the Utah Office of Child Care or the Utah Child Care Professional Development Institute;
 - (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 credential that the licensee demonstrates as equivalent to the Department; or

- (d) a currently valid National Administrator Credential (NAC) issued by the National Child Care Association, plus one of the following:
 - (i) valid proof of successful completion of 12 semester credit hours of early childhood development courses from an accredited college; or
 - (ii) valid proof of completion of the following six Utah Early Childhood Career Ladder courses offered through Child Care Resource and Referral: Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.
 - (e) Center directors who used only the National Administrator Credential (NAC) to meet the director qualifications prior to 1 July 2006 have until 30 June 2011 to obtain the required additional training in early childhood development.
- (2) All caregivers shall be at least 18 years of age.
 - (3) All assistant caregivers shall be at least 16 years of age, and shall work under the immediate supervision of a caregiver who is at least 18 years of age.
 - (4) Assistant caregivers may be included in caregiver to child ratios, but shall not be left unsupervised with children.
 - (5) Assistant caregivers shall meet all of the caregiver requirements under this rule, except the caregiver age requirement of 18 years.
 - (6) A volunteer may be included in the provider to child ratio only if the volunteer meets all of the caregiver requirements of this rule.
 - (7) Whenever there are more than 8 children at the center, there shall be at least two caregivers present who can demonstrate the English literacy skills needed to care for children and respond to emergencies. If there is only one caregiver present because there are 8 or fewer children at the center, that caregiver must be able to demonstrate the English literacy skills needed to care for children and respond to emergencies.
 - (8) Each new director, assistant director, caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the caregiver's file and shall include the following topics:
 - (a) job description and duties;
 - (b) the center's written policies and procedures;
 - (c) the center's emergency and disaster plan;
 - (d) the current child care licensing rules found in Sections R430-100-11 through 24;
 - (e) introduction and orientation to the children assigned to the caregiver;
 - (f) a review of the information in the health assessment for each child in their assigned group;
 - (g) procedure for releasing children to authorized individuals only;
 - (h) proper clean up of body fluids;
 - (i) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
 - (j) obtaining assistance in emergencies, as specified in the center's emergency and disaster plan.

- (k) If the center provides infant or toddler care, new caregiver orientation training topics shall also include:
 - (i) preventing shaken baby syndrome and coping with crying babies; and
 - (ii) preventing sudden infant death syndrome.
- (9) The following individuals shall complete a minimum of 20 hours of child care training each year, based on the center's license date:
 - (a) the director;
 - (b) the assistant director, if the center has one;
 - (c) all caregivers;
 - (d) all substitutes who work an average of 10 hours a week or more, as averaged over any three month period; and
 - (e) all volunteers that the provider includes in the provider to child ratio.
- (10) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.
- (11) Caregivers 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 center's relicensure date.
- (12) Annual training hours shall include the following topics:
 - (a) the current child care licensing rules found in Sections R430-100-11 through 24;
 - (b) a review of the center's written policies and procedures and emergency and disaster plans, including any updates;
 - (c) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
 - (d) principles of child growth and development, including development of the brain; and
 - (e) positive guidance.
- (13) If the center provides infant or toddler care, annual training topics for the center director and all infant and toddler caregivers shall also include:
 - (a) preventing shaken baby syndrome and coping with crying babies; and
 - (b) preventing sudden infant death syndrome.
- (14) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.

R430-100-8. Administration.

- (1) The licensee is responsible for all aspects of the operation and management of the center.
- (2) The licensee shall comply with all federal, state, and local laws and rules pertaining to the operation of a child care center.
- (3) The provider shall not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care.

- (4) The provider shall take all reasonable measures to protect the safety of children in care. The licensee shall not engage in activity or allow conduct that unreasonably endangers children in care.
- (5) Either the center director or a designee with written authority to act on behalf of the center director shall be present at the facility whenever the center is open for care.
- (6) Director designees shall be at least 21 years of age, and shall have completed their orientation training.
- (7) The center director shall be on-site at the center for at least 20 hours per week during operating hours in order to fulfill the duties specified in this rule, and to ensure compliance with this rule.
- (8) The center director must have sufficient freedom from other responsibilities to manage the center and respond to emergencies.
- (9) There shall be a working telephone at the facility, and the center director shall inform a parent and the Department of any changes to the center's telephone number within 48 hours of the change.
- (10) The provider shall call the Department within 24 hours to report any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent. The provider shall also mail or fax a written report to the Department within five days of the incident.
- (11) The duties and responsibilities of the center director include the following:
 - (a) appoint, in writing, one or more caregivers to be a director designee, with authority to act on behalf of the center director in his or her absence;
 - (b) train and supervise staff to:
 - (i) ensure their compliance with this rule;
 - (ii) ensure they meet the needs of the children in care as specified in this rule; and
 - (iii) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.
- (12) The provider shall establish and follow written policies and procedures for the health and safety of the children in care. The written policies and procedures shall address at least the following areas:
 - (a) direct supervision and protection of children at all times, including when they are sleeping, using the bathroom, in a mixed group activity, on the playground, and during off-site activities;
 - (b) maintaining required caregiver to child ratios when the center has more than the expected number of children, or fewer than the scheduled number of caregivers;
 - (c) procedures to account for each child's attendance and whereabouts;
 - (d) procedures to ensure that the center releases children to authorized individuals only;
 - (e) confidentiality and release of information;
 - (f) the use of movies and video or computer games, including what industry ratings the center allows;
 - (g) recognizing early signs of illness and determining when there is a need for exclusion from the center;
 - (h) ensuring that food preparation and diapering handwashing are not done in the same sink in infant and toddler areas;

- (i) discipline of children, including behavioral expectations of children and discipline methods used;
 - (j) transportation to and from off-site activities, or to and from home, if the center offers these services; and
 - (k) if the program offers transportation to or from school, policies addressing:
 - (i) how long children will be unattended before and after school;
 - (ii) what steps will be taken if children fail to meet the vehicle;
 - (iii) how and when parents will be notified of delays or problems with transportation to and from school; and
 - (iv) the use of size-appropriate safety restraints.
- (13) The provider shall ensure that the written policies and procedures are available for review by parents, staff, and the Department during business hours.

R430-100-9. Records.

- (1) The provider shall maintain the following general records on-site for review by the Department:
 - (a) documentation of the previous 12 months of fire and disaster drills as specified in R430-10(11)(12)(13)(14);
 - (b) current animal vaccination records as required in R430-100-22(3);
 - (c) a six week record of child attendance, including sign-in and sign-out records;
 - (d) all current variances granted by the Department;
 - (e) a current local health department inspection;
 - (f) a current local fire department inspection;
 - (g) if the licensee has been licensed for one year or longer, the most recent "Request for Annual Renewal of CBS/MIS Criminal History Information for Child Care" listing the licensee and all current providers, caregivers, volunteers, directors, owners, and members of the governing body; and
 - (h) if the licensee has been licensed for one year or longer, the most recent criminal background "Disclosure & Consent Statement" listing the licensee and all current providers, caregivers, volunteers, directors, owners, and members of the governing body.
- (2) The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:
 - (a) an admission form containing the following information for each child:
 - (i) name;
 - (ii) date of birth;
 - (iii) date of enrollment;
 - (iv) the parent's name, address, and phone number, including a daytime phone number;
 - (v) the names of people authorized by the parent to pick up the child;
 - (vi) the name, address and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent;
 - (vii) if available, the name, address, and phone number of an out of area/state emergency contact person for the child; and
 - (viii) current emergency medical treatment and emergency medical transportation releases with the parent's signature;
 - (b) a current annual health assessment form as required in R430-100-14(5);

- (c) for each infant, toddler, and preschooler, current immunization records or documentation of a legally valid exemption, as specified in R430-100-14(4);
 - (d) a transportation permission form, if the center provides transportation services;
 - (e) a six week record of medication permission forms, and a six week record of medications actually administered; and
 - (f) a six week record of incident, accident, and injury reports; and
 - (g) a six week record of eating, sleeping, and diaper changes as required in R430-100-23(12) R430-100-24(15).
- (3) The provider shall ensure that information in children's files is not released without written parental permission.
- (4) The provider shall maintain the following records for each staff member on-site for review by the Department:
- (a) date of initial employment;
 - (b) results of initial TB screening;
 - (c) approved initial "CBS/MIS Consent and Release of Liability for Child Care" form;
 - (d) a six week record of days worked, and the times worked each day;
 - (e) orientation training documentation for caregivers, and for volunteers who work at the center at least once each month;
 - (f) annual training documentation for all providers and substitutes who work an average of 10 hours or more a week, as averaged over any three month period; and
 - (g) current first aid and CPR certification, if applicable as required in R430-100-10(2), R430-100-20(5)(d), and R430-100-21(2).

R430-100-10. Emergency Preparedness.

- (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.
- (2) At least one person at the facility at all times when children are in care shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification.
- (3) The center shall maintain at least one readily available first aid kit, and a second first aid kit for field trips if the center takes children on field trips. The first aid kit shall include the following items:
 - (a) disposable gloves;
 - (b) assorted sizes of bandaids;
 - (c) gauze pads and roll;
 - (d) adhesive tape;
 - (e) antiseptic or a topical antibiotic;
 - (f) tweezers; and
 - (g) scissors.
- (4) Each first aid kit shall be in a closed container, readily accessible to staff but inaccessible to children.
- (5) The provider shall have a written emergency and disaster plan which shall include at least the following:

- (a) procedures for responding to medical emergencies and serious injuries that require treatment by a health care provider;
 - (b) procedures for responding to fire, earthquake, flood, power failure, and water failure;
 - (c) the location of and procedure for emergency shut off of gas, electricity, and water;
 - (d) an emergency relocation site where children may be housed if the center is uninhabitable;
 - (e) a means of posting the relocation site address in a conspicuous location that can be seen even if the center is closed;
 - (f) the transportation route and means of getting staff and children to the emergency relocation site;
 - (g) a means of accounting for each child's presence in route to and at the relocation site;
 - (h) a means of accessing children's emergency contact information and emergency releases; including contact information for an out of area/state emergency contact person for the child, if available;
 - (i) provisions for emergency supplies, including at least food, water, a first aid kit, diapers if the center cares for diapered children, and a cell phone;
 - (j) procedures for ensuring adequate supervision of children during emergency situations, including while at the center's emergency relocation site; and
 - (k) staff assignments for specific tasks during an emergency.
- (6) The provider shall ensure that the emergency and disaster plan is followed in the event of an emergency.
- (7) The provider shall review the emergency and disaster plan annually, and update it as needed. The provider shall note the date of reviews and updates to the plan on the plan.
- (8) The emergency and disaster plan shall be available for immediate review by staff, parents, and the Department during business hours.
- (9) The provider shall conduct fire evacuation drills monthly. Drills shall include complete exit of all children and staff from the building.
- (10) The provider shall document all fire drills, 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.
- (11) The provider shall conduct drills for disasters other than fires at least once every six months.
- (12) The provider shall document all disaster drills, including:
- (a) the type of disaster, such as earthquake, flood, prolonged power outage, 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.

- (13) The center shall vary the days and times on which fire and other disaster drills are held.

R430-100-11. Supervision and Ratios.

- (1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.
- (2) Caregivers shall actively supervise children on the playground to minimize the risk of injury to a child.
- (3) There shall be at least two caregivers with the children at all times when there are more than 8 children or more than 2 infants present.
- (4) The licensee shall maintain the minimum caregiver to child ratios and group sizes in Table 5 for single age groups of children.

TABLE 5			
Minimum Caregiver to Child Ratios and Group Sizes			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
Birth - 23 months	1	4	8
2 years old	1	7	14
3 years old	1	12	24
4 years old	1	15	30
5 years old & school age	1	20	40

- (5) A center constructed prior to 1 January 2004 which has been licensed and operated as a child care center continuously since 1 January 2004 is exempt from maximum group size requirements, if the required caregiver to child ratios are maintained, and the required square footage for each classroom is maintained.
- (6) Ratios and group sizes for mixed age groups are determined by averaging the ratios and group sizes of the ages represented in the group, with the following exception: if more than half of the group is composed of children in the youngest age group, the caregiver to child ratio and group size for the youngest age shall be maintained.
- (7) Table 6 represents the caregiver to child ratios and group size for common mixed age groups.

TABLE 6			
Minimum Caregiver to Child Ratios and Group Sizes for Mixed Age Groups			
TWO MIXED AGES			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
2 & 3 years	1	10	19
3 & 4 years	1	14	27

4 & 5 years & school age	1	18	35
THREE MIXED AGES			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
2, 3, & 4 years	1	11	23
3, 4, & 5 years & school age	1	16	31
FOUR MIXED AGES			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
2, 3, 4 & 5 years & school age	1	13	27

- (8) Infants and toddlers may be included in mixed age groups only when 8 or fewer children are present at the center.
- (9) If more than 2 infants or toddlers are included in a mixed age group, there shall be at least 2 caregivers with the group.
- (10) During nap time the caregiver to child ratio may double for not more than two hours for children age 18 months and older, if the children are in a restful or non-active state, and if a means of communication is maintained with another caregiver who is on-site. The caregiver supervising the napping children must be able to contact the other on-site caregiver without having to leave children unattended in the napping area.
- (11) The children of the licensee or any employee, age four or older, are not counted in the caregiver to child ratios when the parent of the child is working at the center, but are counted in the maximum group size.

R430-100-12. Injury Prevention.

- (1) The provider shall ensure that the building, grounds, toys, and equipment are maintained and used in a safe manner to prevent injury to children.
- (2) The provider shall ensure that the indoor environment is free of tripping hazards such as unsecured flooring or cords.
- (3) Areas accessible to children shall be free of unstable heavy equipment, furniture, or other items that children could pull down on themselves.
- (4) The following items shall be inaccessible to children:
 - (a) firearms, ammunition, and other weapons on the premises. Firearms shall be stored separately from ammunition, in a locked cabinet or area, unless the use is in accordance with the Utah Concealed Weapons Act, or as otherwise allowed by law;
 - (b) tobacco, alcohol, illegal substances, and sexually explicit material;
 - (c) when in use, portable space heaters, fireplaces, and wood burning stoves;
 - (d) toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials;

- (e) poisonous plants;
 - (f) matches or cigarette lighters;
 - (g) open flames;
 - (h) sharp objects, edges, corners, or points which could cut or puncture skin;
 - (i) for children age 4 and under, ropes and cords long enough to encircle a child's neck, such as those found on window blinds or drapery cords;
 - (j) for children age 4 and under, plastic bags large enough for a child's head to fit inside, latex gloves, and balloons; and
 - (k) for children age 2 and under, toys or other items with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches, or objects with removable parts that have a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches.
- (5) The provider shall store all toxic or hazardous chemicals in a container labeled with its contents.
- (6) Electrical outlets and surge protectors accessible to children age four and younger shall have protective caps or safety devices when not in use.
- (7) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.
- (8) High chairs shall have T-shaped safety straps or devices that are used whenever a child is in the chair.
- (9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.
- (a) If such equipment has an elevated designated play surface less than 18 inches in height, it shall not be placed on a hard surface, such as wood, tile, linoleum, or concrete, and shall have a three foot use zone.
 - (b) If such equipment has an elevated designated play surface that is 18 inches to 3 feet in height, it shall be surrounded by mats at least 2 inches thick, or cushioning that meets ASTM Standard F1292, in a three foot use zone.
- (10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.
- (a) If such equipment has an elevated designated play surface less than 3 feet in height, it shall be surrounded by protective cushioning material, such as mats at least 1 inch thick, in a six foot use zone.
 - (b) If such equipment has an elevated designated play surface that is 3 feet to 5-1/2 feet in height, it shall be surrounded by cushioning that meets ASTM Standard F1292, in a six foot use zone.
- (11) There shall be no trampolines on the premises that are accessible to any child in care.
- (12) If there is a swimming pool on the premises that is not emptied after each use:
- (a) the provider shall ensure that the pool is enclosed within a fence or other solid barrier at least six feet high that is kept locked whenever the pool is not in use;
 - (b) the provider shall maintain the pool in a safe manner;
 - (c) the provider shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool; and

- (d) If the pool is over four feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the licensee can demonstrate to the Department to be equivalent to Red Cross certification, any time children have access to the pool.
- (13) If wading pools are used:
- (a) a caregiver must be at the pool supervising children whenever there is water in the pool;
 - (b) diapered children must wear swim diapers or rubber pants while in the pool; and
 - (c) the pool shall be emptied and sanitized after each use by a separate group of children.

R430-100-13. Parent Notification and Child Security.

- (1) The provider shall post a copy of the Department's child care guide in the center for parents' review during business hours.
- (2) Parents shall have access to the center and their child's classroom at all times their child is in care.
- (3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:
 - (a) Each child must be signed in and out of the center by the person dropping the child off and picking the child up, including the date and time the child arrives or leaves.
 - (b) Persons signing children into the center shall use identifiers, such as a signature, initials, or electronic code.
 - (c) Persons signing children out of the center shall use identifiers, such as a signature, initials, or electronic code, and shall have photo identification if they are unknown to the provider.
 - (d) Only parents or persons with written authorization from the parent may take any child from the center. In an emergency, the provider may accept verbal authorization if the provider can confirm the identity of the person giving the verbal authorization and the identity of the person picking up the child.
- (4) The provider shall give parents a written report of every incident, accident, or injury involving their child on the day of occurrence. The caregivers involved, the center director, and the person picking the child up shall sign the report on the day of occurrence.
- (5) If a child is injured and the injury appears serious but not life threatening, the provider shall contact the parent immediately, in addition to giving the parent a written report of the injury.
- (6) In the case of a life threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb, the provider shall contact emergency personnel immediately, before contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, the provider shall attempt to contact the child's emergency contact person.

R430-100-14. Child Health.

- (1) No child may be subjected to physical, emotional, or sexual abuse while in care.

- (2) All staff 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.
- (3) The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in center vehicles is prohibited any time that children are in care.
- (4) The provider shall not admit any infant, toddler, or preschooler to the center 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.
- (5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:
 - (a) allergies;
 - (b) 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 caregiver.
- (6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.

R430-100-15. Child Nutrition.

- (1) If food service is provided:
 - (a) The provider shall ensure that the center's meal service complies with local health department food service regulations.
 - (b) Foods served by centers not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, menus provided by the CACFP, 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.
 - (c) Centers not currently participating and in good standing with the CACFP shall keep a six week record of foods served at each meal or snack.
 - (d) The provider shall post the current week's menu for parent review.
- (2) The provider shall offer meals or snacks at least once every three hours.
- (3) The provider shall serve children's food on dishes, napkins, or sanitary high chair trays, except for individual serving size items, such as crackers, if they are placed directly in the children's hands. The provider shall not place food on a bare table.

- (4) The provider shall post a list of children's food allergies and sensitivities in the food preparation area, and shall ensure that caregivers who serve food to children are aware of this information for the children in their assigned group.
- (5) The provider shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's name, and refrigerated if needed.

R430-100-16. Infection Control.

- (1) Staff shall wash their hands thoroughly with liquid soap and warm running water at the following times:
 - (a) before handling or preparing food or bottles;
 - (b) before and after eating meals and snacks or feeding children;
 - (c) before and after diapering a child;
 - (d) after using the toilet or helping a child use the toilet;
 - (e) before administering medication;
 - (f) after coming into contact with body fluids, including breast milk;
 - (g) after playing with or handling animals;
 - (h) when coming in from outdoors; and
 - (i) after cleaning or taking out garbage.
- (2) The provider shall ensure that children wash their hands thoroughly with liquid soap and warm running water at the following times:
 - (a) before and after eating meals and snacks;
 - (b) after using the toilet;
 - (c) after coming into contact with body fluids;
 - (d) after playing with animals; and
 - (e) when coming in from outdoors.
- (3) Only single use towels from a covered dispenser or an electric hand-drying device may be used to dry hands.
- (4) The provider shall ensure that toilet paper is accessible to children, and that it is kept on a dispenser.
- (5) The provider shall post handwashing procedures at each handwashing sink, and they shall be followed.
- (6) Caregivers shall teach children proper hand washing techniques and shall oversee hand washing whenever possible.
- (7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so that they do not touch each other.
- (8) The provider shall clean and sanitize all washable toys and materials weekly, or more often if necessary.

- (9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The provider shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows or covers weekly.
- (10) If water play tables or tubs are used, they shall be washed and sanitized daily, and children shall wash their hands prior to engaging in the activity.
- (11) The licensee shall ensure that all employees are tested for tuberculosis (TB) within 30 days of hire by an acceptable skin testing method and follow-up.
- (12) If the TB test is positive, the caregiver shall provide documentation from a health care provider detailing:
 - (a) the reason for the positive reaction;
 - (b) whether or not the person is contagious; and
 - (c) if needed, how the person is being treated.
- (13) Persons with contagious TB shall not work or volunteer in the center.
- (14) An employee having a medical condition which contra-indicates a TB test must provide documentation from a health care provider indicating they are exempt from testing, with an associated time frame, if applicable. The provider shall maintain this documentation in the employee's file.
- (15) Children's clothing shall be changed promptly if they have a toileting accident.
- (16) Children's clothing which is wet or soiled from body fluids:
 - (a) shall not be rinsed or washed at the center; and
 - (b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.
- (17) If the center uses a potty chair, the provider shall clean and sanitize the chair after each use.
- (18) Staff who prepare food in the kitchen shall not change diapers or assist in toileting children.
- (19) The center shall have a portable body fluid clean up kit.
 - (a) All staff shall know the location of the kit and how to use it.
 - (b) The provider shall use the kit to clean up spills of body fluids.
 - (c) The provider shall restock the kit as needed.
- (20) The center shall not care for children who are ill with an infectious disease, except when a child shows signs of illness after arriving at the center.
- (21) The provider shall separate children who develop signs of an infectious disease after arriving at the center from the other children in a safe, supervised location.

- (22) The provider shall contact the parents of children who are ill with an infectious disease and ask them to immediately pick up their child. If the provider cannot reach the parent, the provider shall contact the individuals listed as emergency contacts for the child and ask them to pick up the child.
- (23) The provider shall notify the local health department, on the day of discovery, of any reportable infectious diseases among children or caregivers, or any sudden or extraordinary occurrence of a serious or unusual illness, as required by the local health department.
- (24) The provider shall post a parent notice at the center when any staff or child has an infectious disease or parasite.
 - (a) The provider shall post the notice in a conspicuous location where it can be seen by all parents.
 - (b) The provider shall post and date the notice the same day the disease or parasite is discovered, and the notice shall remain posted for at least 5 days.

R430-100-17. Medications.

- (1) If medications are given, they shall be administered to children only by a provider trained in the administration of medications.
- (2) All over-the-counter and prescription medications 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.
- (3) All non-refrigerated medications shall be inaccessible to children and stored in a container or area that is locked, such as a locked room, cupboard, drawer, or a lockbox. The provider shall store all refrigerated medications in a leakproof container.
- (4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:
 - (a) the name of the medication;
 - (b) written instructions for administration; including:
 - (i) the dosage;
 - (ii) the method of administration;
 - (iii) the times and dates to be administered; and
 - (iv) the disease or condition being treated; and
 - (c) the parent signature and the date signed.
- (5) If the provider keeps over-the-counter medication at the center that is not brought in by a parent for their child's use, the medication shall not be administered to any child without prior parental consent for each instance it is given. The consent must be either:
 - (a) prior written consent; or
 - (b) oral consent for which a provider documents in writing the date and time of the consent, and which the parent or person picking up the child signs upon picking up the child.

- (6) 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 prior to the time the medication needs to be given.
- (7) When administering medication, the provider administering the medication shall:
 - (a) wash their hands;
 - (b) check the medication label to confirm the child's name;
 - (c) compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that recommended by the health care provider or the manufacturer;
 - (d) administer the medication; and
 - (e) immediately record the following information:
 - (i) the date, time, and dosage of the medication given;
 - (ii) the signature or initials of the provider who administered the medication; and,
 - (iii) any errors in administration or adverse reactions.
- (8) The provider shall report any adverse reaction to a medication or error in administration to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.
- (9) The provider shall not keep medications at the center for children who are no longer enrolled.

R430-100-18. Napping.

- (1) The center shall provide children with a daily opportunity for rest or sleep in an environment that provides subdued lighting, a low noise level, and freedom from distractions.
- (2) Scheduled nap times shall not exceed two hours daily.
- (3) A separate crib, cot, or mat shall be used for each child during nap times.
- (4) Mats and mattresses used for napping shall be at least 2 inches thick and shall have a smooth, waterproof surface.
- (5) The provider shall maintain sleeping equipment in good repair.
- (6) If sleeping equipment is clearly assigned to and used by an individual child, the provider must clean and sanitize it as needed, but at least weekly.
- (7) If sleeping equipment is not clearly assigned to and used by an individual child, the provider must clean and sanitize it prior to each use.
- (8) The provider must either store sleeping equipment so that the surfaces children sleep on do not touch each other, or else clean and sanitize sleeping equipment prior to each use.

- (9) A sheet and blanket or acceptable alternative shall be used by each child during nap time. These items shall be:
 - (a) clearly assigned to one child;
 - (b) stored separately from other children's when not in use; and,
 - (c) laundered as needed, but at least once a week, and prior to use by another child.
- (10) The provider shall space cribs, cots, and mats a minimum of 2 feet apart when in use, to allow for adequate ventilation, easy access, and ease of exiting.
- (11) Cots and mats may not block exits.

R430-100-19. Child Discipline.

- (1) The provider shall inform caregivers, parents, and children of the center's behavioral expectations for children.
- (2) The provider may discipline children using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.
- (3) Caregivers may use gentle, passive restraint with children only when it is needed to stop children from injuring themselves or others or from destroying property.
- (4) Discipline measures shall not include any of the following:
 - (a) any form of corporal punishment such as hitting, spanking, shaking, biting, pinching, or any other measure that produces physical pain or discomfort;
 - (b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds that specified in Subsection (3) above.
 - (c) shouting at children;
 - (d) any form of emotional abuse;
 - (e) forcing or withholding of food, rest, or toileting; and,
 - (f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

R430-100-20. Activities.

- (1) The provider shall post a daily schedule for preschool and school-age groups. The daily schedule shall include, at a minimum, meal, snack, nap/rest, and outdoor play times.
- (2) Daily activities shall include outdoor play if weather permits.
- (3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language development. The provider shall post a current activity plan for parent review listing these activities in preschool and school age groups.
- (4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.

- (5) If off-site activities are offered:
 - (a) the provider shall obtain written parental consent for each activity in advance;
 - (b) caregivers shall take written emergency information and releases with them for each child in the group, which shall include:
 - (i) the child's name;
 - (ii) the parent's name and phone number;
 - (iii) the name and phone number of a person to notify in the event of an emergency if the parent cannot be contacted;
 - (iv) the names of people authorized by the parents to pick up the child; and
 - (v) current emergency medical treatment and emergency medical transportation releases;
 - (c) the provider shall maintain required caregiver to child ratios and direct supervision during the activity;
 - (d) at least one caregiver present shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification;
 - (e) caregivers shall take a first aid kit with them;
 - (f) children shall wear or carry with them the name and phone number of the center, but children's names shall not be used on name tags, t-shirts, or other identifiers; and
 - (g) caregivers shall provide a way for children to wash their hands as specified in R430-100-16(2). If there is no source of running water, caregivers and children may clean their hands with wet wipes and hand sanitizer.

- (6) If swimming activities are offered, caregivers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the caregiver to child ratio.

R430-100-21. Transportation.

- (1) Any vehicle used for transporting children shall:
 - (a) be enclosed;
 - (b) be equipped with individual, size appropriate safety restraints, properly installed and in working order, for each child being transported;
 - (c) have a current vehicle registration and safety inspection;
 - (d) be maintained in a safe and clean condition;
 - (e) maintain temperatures between 60-90 degrees Fahrenheit when in use;
 - (f) contain a first aid kit; and
 - (g) contain a body fluid clean up kit.

- (2) At least one adult in each vehicle transporting children shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification.

- (3) The adult transporting children shall:
 - (a) have and carry with them a current valid Utah driver's license, for the type of vehicle being driven, whenever they are transporting children;
 - (b) have with them written emergency contact information for all of the children being transported;
 - (c) ensure that each child being transported is wearing an appropriate individual safety restraint;
 - (d) ensure that no child is left unattended by an adult in the vehicle;
 - (e) ensure that all children remain seated while the vehicle is in motion;

- (f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,
- (g) ensure that the vehicle is locked during transport.

R430-100-22. Animals.

- (1) The provider shall inform parents of the types of animals permitted at the facility.
- (2) All animals at the facility shall be clean and free of obvious disease or health problems that could adversely affect children.
- (3) All animals at the facility shall have current immunizations for all vaccine preventable diseases that are transmissible to humans. The center shall have documentation of the vaccinations.
- (4) There shall be no animal on the premises that has a history of dangerous, attacking, or aggressive behavior, or a history of biting even one person.
- (5) Children shall not assist with the cleaning of animals or animal cages, pens, or equipment.
- (6) There shall be no animals or animal equipment in food preparation or eating areas.
- (7) Children shall not handle reptiles or amphibians.

R430-100-23. Diapering.

If the center diapers children, the following applies:

- (1) Caregivers shall change children's diapers at a diaper changing station. Diapers shall not be changed on surfaces used for any other purpose.
- (2) Each diapering station shall be equipped with railings to prevent a child from falling when being diapered.
- (3) Caregivers shall not leave children unattended on the diapering surface.
- (4) The diapering surface shall be smooth, waterproof, and in good repair.
- (5) The provider shall post diapering procedures at each diapering station and ensure that they are followed.
- (6) Caregivers shall clean and sanitize the diapering surface after each diaper change.
- (7) Caregivers shall wash their hands before and after each diaper change.
- (8) Caregivers shall place soiled disposable diapers in a container that has a plastic lining and a tightly fitting lid.

- (9) The provider shall daily clean and sanitize containers where soiled diapers are placed.
- (10) If cloth diapers are used:
 - (a) they shall not be rinsed at the center; and
 - (b) after a diaper change, the caregiver shall place the cloth diaper directly into a leakproof container that is inaccessible to children and labeled with the child's name, or a leakproof diapering service container.
- (11) Caregivers shall change children's diapers promptly when they are wet or soiled, and shall check diapers at least once every two hours.
- (12) Caregivers shall keep a written record daily for each infant and toddler documenting their diaper changes. The record shall be completed within an hour of each diaper change, and shall include the child's name, the time of the diaper change, and whether the diaper was wet, soiled, or both.
- (13) Care givers whose designated responsibility includes the care of diapered children shall not prepare food for children or staff outside of the classroom area used by the diapered children.

R430-100-24. Infant and Toddler Care.

If the center cares for infants or toddlers, the following applies:

- (1) The provider shall not mix infants and toddlers with older children, unless there are 8 or fewer children present at the center.
- (2) Infants and toddlers shall not use outdoor play areas at the same time as older children.
- (3) If an infant is not able to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.
- (4) The provider shall clean and sanitize high chair trays prior to each use.
- (5) The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.
- (6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must 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 that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.
- (7) Formula and milk, including breast milk, shall be discarded after feeding, or within two hours of initiating a feeding.

- (8) To prevent burns, heated bottles shall be shaken and tested for temperature before being fed to children.
- (9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.
- (10) 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.
- (11) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. Infants shall not be placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment.
- (12) Cribs must:
 - (a) have tight fitting mattresses;
 - (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; and
 - (d) not have strings, cords, ropes, or other entanglement hazards strung across the crib rails.
- (13) Infants shall not be placed on their stomachs for sleeping, unless there is documentation from a health care provider for treatment of a medical condition.
- (14) Each infant and toddler shall follow their own pattern of sleeping and eating.
- (15) Caregivers shall keep a written record daily for each infant documenting their eating and sleeping patterns. The record shall be completed within an hour of each feeding or nap, and shall include the child's name, the food and beverages eaten, and the times the child slept.
- (16) Walkers with wheels are prohibited.
- (17) Infants and toddlers shall not have access to objects made of styrofoam.
- (18) Caregivers shall respond as promptly as possible to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.
- (19) Awake infants and toddlers shall receive positive physical stimulation and positive verbal interaction with a caregiver at least once every 20 minutes.
- (20) Awake infants and toddlers shall not be confined for more than 30 minutes in one piece of equipment, such as swings, high chairs, cribs, play pens, or other similar pieces of equipment.
- (21) Mobile infants and toddlers shall have freedom of movement in a safe area.
- (22) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. There shall be enough toys for each child in the group to be engaged in play with toys.
- (23) All toys used by infants and toddlers shall be cleaned and sanitized:

- (a) weekly;
- (b) after being put in a child's mouth; and
- (c) after being contaminated by body fluids.

KEY: child care facilities, child care, child care centers

Date of Enactment or Last Substantive Amendment: December 30, 2006

Notice of Continuation: August 13, 2007

Authorizing, and Implemented or Interpreted Law: 26-39