

R430-50-14: EMERGENCY PREPAREDNESS AND RESPONSE

This section addresses the rules and guidance on preparing for and responding to an emergency.

No one expects an emergency – yet emergencies can strike anyone, anytime, and anywhere. The best preparedness is planning how to respond to an emergency before it happens. Few people can think clearly and logically in a crisis, so it is important to prepare in advance when there is time to be thorough.

- (1) The provider shall post the home’s street address and emergency numbers, including ambulance, fire, police, and poison control, near a telephone in the home or in an area clearly visible to anyone needing the information.**

Rationale / Explanation

It is easy for people to panic in an emergency situation. Caregivers must have easy and immediate access to telephone numbers that they may need to use in an emergency. It is also important that caregivers or others present in the facility can give the home’s street address to emergency personnel, such as the police or the fire department. *CFOC 3rd ed. Standard 9.4.1.6. pp. 380-381.*

Compliance Guidelines

- Posting 911 meets the requirement of posting emergency numbers for ambulance, fire, and police, but not the requirement for posting the poison control number and the home’s street address.
- If a portable or cell phone is used in the home, emergency numbers must be posted in plain view so that anyone needing the information can easily find it. Emergency numbers can be posted either on the phone, on or near the base, or in a conspicuous place. They cannot be posted behind a closet or cupboard door.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- Failure to post required information resulted in emergency personnel not being contacted in an emergency or being unable to respond in a timely manner.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning when:

- The required emergency information is not posted near a telephone or in a place clearly visible to anyone who may need the information.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning when:

- Some but not all of the required emergency information is posted.

- (2) **The provider shall conduct fire evacuation drills at least once every six months. Drills shall include a complete exit of all children, staff, and volunteers from the home.**

Rationale / Explanation

Conducting regular emergency and evacuation drills is an important safety practice. It helps adults and children understand necessary procedures and respond in a calm way in case of an actual emergency. It is necessary that caregivers practice how to care for and evacuate all children including nonmobile infants and children with physical or intellectual challenges.

CFOC 3rd ed. Standard 9.2.4.5. pp. 370-371.

Compliance Guidelines

- Conducting fire drills at least once every six months means that the fire evacuation drill is conducted 2 times a year, at least once in each 6-month period of the licensing or calendar year.
- A fire evacuation drill needs to be conducted some time during the 6-month period, but does not need to be held exactly six months apart.
- An evacuation due to an actual emergency situation counts as one of the fire drills.
- If the facility has been open for less than 12 months, only one fire drill will be required.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (3) **The provider shall conduct drills for disasters other than fires at least once every 12 months.**

Rationale / Explanation

Facilities should consider how to prepare for and respond to different emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, flash floods, or storms) and disasters that could occur in any location including acts of violence, exposure to hazardous agents, a missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place. *CFOC 3rd ed. Standard 9.2.4.3. p. 366.*

Compliance Guidelines

- An evacuation or a lock-down due to an actual emergency situation counts as one of the disaster drills.
- Disasters other than fires include earthquakes, floods, prolonged power or water outage, tornados, chemical spills, an active shooter, etc.
- The provider may hold a separate fire and disaster drill on the same day, but they may not hold one drill and count it as both a fire drill and a disaster drill.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (4) **The provider shall vary the days and times on which fire and other disaster drills are held.**

Rationale / Explanation

Drills should be conducted on different days and at different times so that all staff and children, including part-time staff and children, have opportunities to practice the emergency drills. This

also ensures that drills are successful during different daily routines, such as meal times, nap times, etc. *CFOC 3rd ed. Standard 9.2.4.5. pp. 370-371.*

Compliance Guidelines

- Drills must be conducted on at least two different days of the week and two different times of the day.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning

- (5) **In case of an emergency or disaster, the provider and all employees shall follow procedures as outlined in the facility's health and safety plan unless otherwise instructed by emergency personnel.**

Rationale / Explanation

Emergency situations are not conducive to calm and composed thinking. Developing a written plan and reviewing it often provides the opportunity to prepare and to prevent poor decisions made under the stress of an emergency. *CFOC 3rd ed. Standard 9.2.4. pp. 364; CFOC 3rd ed. Standard 9.2.4.3. pp. 366-368.*

In an emergency situation, it is crucial that there be a clearly designated line of authority, and that the person in charge carries out the emergency plan as written and practiced.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (6) **If the provider must leave the premises due to an emergency, the provider may use an emergency substitute who was not named in the facility's health and safety plan.**
- (7) **The emergency substitute:**
- (a) **shall be at least 18 years old;**
 - (b) **is not required to have a CCL background check; and**
 - (c) **is not required to meet the training, first aid, and CPR requirements of this rule.**

Rationale / Explanation

Supervision of children and maintaining an appropriate caregiver-to-child ratio is basic to the prevention of harm. Parents have an expectation that their children will always be supervised while in care, even if the provider were to leave the premises due to an emergency. *CFOC 3rd ed. Standard 1.5.0.1. p. 32; Standard 2.2.0.1. pp.64-66.*

Eighteen years is the age of legal consent. The purpose of this rule is to ensure that substitutes have the maturity necessary to meet the responsibilities of independently caring for a group of children. *CFOC 3rd ed. Standard 1.3.2.3. p.13.*

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- The emergency substitute was younger than 16 years of age.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning when:

- The emergency substitute was 16 or 17 years of age.

- (8) **Before the provider may leave the children in the care of the emergency substitute, the provider shall first obtain a signed, written statement from the individual that they:**
- (a) **have not been convicted of a felony or misdemeanor;**
 - (b) **do not have a substantiated background finding; and**
 - (c) **are not being investigated for abuse or neglect by any federal, state, or local government agency.**
- (9) **The emergency substitute’s written background statement shall be submitted to the Department for review within 5 working days after the occurrence.**

Rationale / Explanation

The purpose of this rule is to ensure that individuals who have a criminal history do not have contact with children in child care programs, as outlined in Utah Code 26-39-404.

Compliance Guidelines

- The provider should be aware of each individual’s criminal history before they are allowed contact with the children in care.
- Providers should not use individuals as emergency substitutes if their names are listed on the Utah Sex Offender Registry.
- The emergency substitute’s signed, written statement may be emailed or faxed to CCL, or submitted through the provider’s Child Care Licensing portal.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

- (10) **During the term of the emergency, the emergency substitute may be counted in the caregiver-to-child ratio.**
- (11) **The provider shall make reasonable efforts to minimize the time that the emergency substitute has unsupervised contact with the children in care, and the amount of time shall not be more than 24 hours per emergency incident.**

Rationale / Explanation

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.

Compliance Guidelines

- The provider may not use an emergency substitute for more than 24 consecutive hours.
- After 24 consecutive hours, the provider must use a regular substitute who has passed a CCL background screening.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

- (12) **The provider shall give parents a written report of every serious incident, accident, or injury involving their child:**
- (a) **The caregivers involved, the provider, and the person picking up the child shall sign the report on the day of occurrence.**
 - (b) **If school-age children sign themselves out of the facility, a copy of the report shall be sent to the parent on the day following the occurrence.**

Rationale / Explanation

It is important that parents are informed in writing of every serious incident involving their child. This practice protects both the child and the provider. Without a report, parents may not know to watch their child for possible harm that was not immediately apparent at the time of an accident. For example, a child may seem fine after a fall, but may actually have a concussion. Additionally, documentation of incidents may help the provider recognize injury patterns and possible abuse of a child and can be used to prevent future problems. *CFOC 3rd ed. Standard 9.4.1.9. p. 382.*

Compliance Guidelines

Written incident reports are not required if the incident occurred before a child was signed in or after a child was signed out of the program.

The following are examples of serious incidents that must be documented and reported to parents if they occur while a child is in care:

- Any injury that requires first aid or medical attention
- A bite that breaks the skin and/or a child bites or is bitten frequently
- Falls, burns, broken limbs, tooth loss
- Blows to the head
- A reportable infectious disease (Refer to: health.utah.gov/epi/reporting/Rpt_Disease_List.pdf.)
- Reoccurring aggressive behavior or aggressive behavior that results in injury (For example, if children fight and one needs medical treatment, a report should be completed for each child.)
- Sudden and/or unusual behavior that is not typical for the child
- A child is neglected, abused, sexually assaulted, or inappropriately touched
- A caregiver forgets to pick up a child from school or other activity
- Ingestion of non-food substances
- A lost or missing child, and/or a child leaving the premises without a caregiver
- A motor vehicle accident when a child was being transported
- Death

When obtaining the signature of the parent or a person who picks up the child, the following guidelines apply:

- Occasionally, the provider may not immediately see the parent to obtain their signature. For example, the parent may pick their child up from school rather than from the facility, or due to a serious injury, the parent would immediately take their child for medical treatment. In these cases, the provider has 5 working days to obtain the required signature.
- If the person picking up a child refuses to sign or accept the incident report, it will not be found out of compliance if the provider can demonstrate that they have an effective process in place to get same-day signatures on reports and have made a good-faith effort to follow that process.
- If the parent refuses to sign the report or does not bring the child back for care, the provider may write on the report "parent refused to sign" and/or "child is no longer enrolled."

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

- (13) **If a child is injured and the injury appears serious but not life-threatening, the child's parent shall be contacted immediately.**

Rationale / Explanation

It is important that parents are informed of any serious injury to their child so that they can make the necessary decisions about the care and medical treatment that their child receives.

Compliance Guidelines

- The provider must first try the most immediate means of contacting the parent.
- The provider may use the parent's preferred means of electronic contact, such as text, email, or instant messaging.
- The provider must contact the parents immediately after the child's critical needs are met and the other children are in a situation where their safety is not jeopardized.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning when:

- A parent was not notified of a serious injury.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning when:

- A parent was notified, but not contacted immediately after a serious injury to their child.

- (14) **In the case of a life-threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb:**
- (a) **emergency personnel shall be called immediately;**
 - (b) **after emergency personnel are called, then the parent shall be contacted;**
 - (c) **if the parent cannot be reached, staff shall try to contact the child's emergency contact person.**

Rationale / Explanation

A delay in contacting emergency personnel in the case of a life-threatening injury could result in permanent disability or death. This is the reason emergency personnel must be contacted before anyone else when a child has a potentially life-threatening or disabling injury. *CFOC 3rd ed. Appendix P. p. 458.*

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

- (15) **If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall:**
- (a) **submit a completed accident report form to the Department within the next business day of the incident; or**
 - (b) **contact the Department within the next business day and submit a completed accident report form within 5 business days of the incident.**

Rationale / Explanation

The purpose of this rule is so that the Department can work with the provider to correct unsafe or unhealthy conditions and to prevent additional or future harm to children. *CFOC 3rd ed. Standard 9.4.1.10. p. 383.*

Compliance Guidelines

- Receiving medical attention means the child is seen (either in person or online) by a health care professional or is assisted by any emergency personnel (police, ambulance, fire department, or EMS).
- An accident report must be submitted according to rule for any child in care who is injured and receives medical attention, including the provider's and caregivers' children younger than 4 years old.
- The provider may call CCL within 24 hours of a child's injury that required medical treatment, and then submit a report within 5 business days; or in place of the call, the provider may notify CCL within 24 hours by emailing, faxing, or submitting the accident report through the provider's Child Care Licensing portal.
- Occasionally, the provider may not know that a child who was injured while in care received medical attention. For example, a parent may have taken their child to the doctor after they left the child care facility, and the provider did not find out until a day or two after the injury occurred. In this case, after being informed that the child received medical attention, the provider must report the incident by the end of CCL's next business day.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- A fatality is not reported to CCL, or is not reported within the required time frame.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning when:

- An injury requiring medical attention (not resulting in death) is not reported to CCL.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning when:

- An injury requiring medical attention is reported, but not within the required time frame.