



CCDF Topics for Pre-Service Training

Self-Study Packet

This program is offered by Care About Childcare to accommodate child caregivers who choose to fulfil their required CCDF pre-service training topics by self-study. If you are a new caregiver additional topics are required by Child Care Licensing.

This training is not applicable to the Professional Development or CDA Program requirements.



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BUILDING & PREMISES SAFETY

It's vital that you have a safe indoor and outdoor environment for the children in your care. Following are some guidelines for keeping the children safe and preventing injuries.

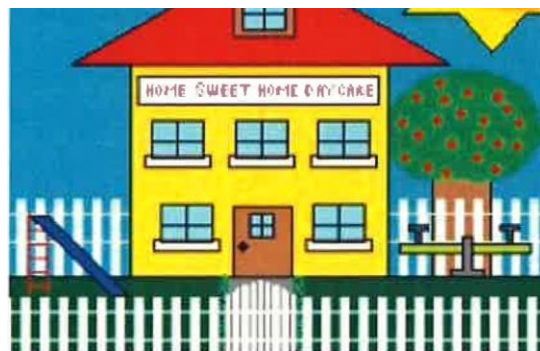
Be sure that any building or outdoor play structure that was constructed before 1978 and has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, you need to contact your local health department and follow all their required procedures to eliminate the lead based paint hazard. Outdoor play equipment must not be placed on hard surfaces such as cement, asphalt, or packed dirt and must have a use zone around the equipment. This will protect the children from serious injuries, especially head injuries, if they fall from the equipment. The outdoor play equipment should be routinely checked to be sure there are no strangulation, entrapment, crush, or shearing hazards. The equipment should also be checked for sharp edges.

For regulated providers a four-foot fence is required to protect the children from vehicular traffic.

To protect children from drowning, there should not be any bodies of water or structures with water that are more than 2 inches deep. Swimming pools that are not emptied after each use and hot tubs with water in them should also be surrounded by a fence, wall, or natural barrier that is at least six feet high or have a properly working safety cover.

The outdoor area should be free of poisonous plants, harmful objects, toxic or hazardous substances, and standing water.

It's important to perform routine checks of your facility and premises to ensure everything is in good repair and safe for the children in your care.



Reference

Utah Child Care Licensing rules

EMERGENCY PREPAREDNESS

It's important to have a plan to ensure the safety of the children in your care in the event of an emergency. Include at least the following in your plan:

Have procedures for an emergency shutdown of utilities - Know how to shut off the gas, electricity, and water in your facility.

Have designated Shelter-in-Place spaces - These are protected spaces inside the facility for those times it's not safe to go outside. These spaces should be in the interior of the facility and away from glass that may shatter. Furniture and wall-hangings in these spaces should be secured so they won't fall on anyone. Shelter-in-Place spaces might be basements, first floor interior halls, bathrooms or other enclosed small spaces away from large glassed-in areas or large open rooms, interior hallways, or inside walls of rooms on the side of the facility opposite of the approaching disaster.

Know who will care for the children if you have to leave the facility. Have the names and phone numbers of emergency providers who will care for the children if you have to leave the facility to accompany an injured child to the hospital or if you have to leave the facility to search for a missing child. Post these names by the phone or program them into your phone.



What you will do if a child is seriously injured and needs medical treatment - Call 911 and then the child's parents. Call your emergency provider to stay with the other children if you have to accompany the injured child to the hospital.

What you will do if there is a fire - You are required to have working smoke detectors to alert you and a working fire extinguisher to use on small fires. When there is a fire you can't put out, take the children to your designated gathering place or re-location site, and call 911.

What you will do if there is an earthquake - Don't leave the facility until the shaking stops. Have everyone (including you) "Drop, Cover, and Hold On" until the shaking stops. This means everyone makes themselves as small a target as possible and protects their heads, necks, and chests by taking cover under a sturdy desk or table near an interior wall and covering their heads with their hands and arms.

What you will do if there is a power failure - Have flashlights with fresh batteries and know when you need to re-locate. Call and report the situation.

What you will do if there is a water failure - Have a supply of bottled water and know when you need to re-locate. Call and report the situation.

What to do if there is a flood - Except in the case of flash flood, the onset of most floods is a relatively slow process. Listen to the local news for flood watches and flood warnings. When your facility is in danger of being flooded, turn off your main water supply and take the children to your re-location site.

What to do if there is a man-caused event - Be aware of your surroundings. Notify the police if you receive unusual, unsolicited deliveries; if there are suspicious items left outside your facility, and if you see anyone hanging around for no apparent reason.

- **If there is a terrorist threat** - Listen to messages from the Homeland Security Alert system and adjust your activity level based on the color of the threat alert.
- **If there is an armed intruder** - Call 911. Try to get the children to a safe place. Do not try to confront the intruder.
- **If there is a hostage situation** - Call 911. Don't try any sort of rescue. Pay attention to the captor(s), try to get the details of what they want and accommodate them.
- **If there is a possible bomb** - Any unknown package could be a bomb. If you have any reason to believe a package is a bomb, evacuate immediately and call 911.
- **If there is a bomb threat** - Such threats usually come by phone call. Try to get as much information as possible from the caller. Then evacuate and call 911.

What to do if there is a lock-down - When there is a threat or a potential threat to the children's safety, the police or government officials may impose a lock-down. This is usually a result of police activity in the vicinity of your facility. During a lock-down, all children must be supervised indoors and no one can enter or leave the facility. Let parents know when there is a lock-down and remind them they can't pick up or drop off their children until the lock-down is over.



Where will you go if everyone has to leave the facility? When the disaster is widespread and/or your facility is not a safe place, it will be necessary to re-locate everyone. Know where you will take the children if this happens. Have an evacuation plan that includes how to get to the re-location site and the method of transportation that will be used to get there. Be sure the parents know the re-location site. Have a plan for supervising the children on the way to the site and while at the site. Take contact information with you. Be sure you have a cell phone or another way to communicate with the parents and let them know where you are and the plan for reuniting with their children.

What will you take with you if everyone has to leave the facility? Have an emergency bag. Keep a bag of emergency supplies close to the door. Have at least food, water, a first aid kit, and diapers (if you have diapered children in care) in the bag.



What will you do for children with special needs, disabilities, and/or chronic medical conditions? If you care for such children, include in your plan how you will address their needs in the event of an emergency. This should include at least having:

- a current care plan and list of medications
- a two week supply of medications and medical supplies
- a back-up system for medical equipment that requires electricity
- copies of prescriptions for medical equipment, supplies, and medications
- extra contact lenses and supplies or glasses
- extra batteries for hearing aids and communication devices
- manual wheelchairs and other necessary equipment
- food that meets their dietary needs

You should also have a support network consisting of friends and neighbors available to help with these children. You can work out a system, such as a red towel on the front door, to alert these people that you need help. When applicable, be sure the children have a medical alert. This is especially important if they have a need that isn't obvious such as diabetes, allergies, and other chronic health conditions.

In addition to having an emergency preparedness plan:

- Review your plan at least once a year and make any necessary changes.
- Have a first aid kit and re-stock it as needed.
- Have current certification in First Aid and Infant and Child CPR.
- Post emergency phone numbers including 911 and Poison Control on the refrigerator or by the phone. You can also program them into your phone.
- Post the address of the facility by the phone. A lot of people forget their address when there is an emergency.

Have practice drills - After you have a plan in place, teach the procedures to the children in your care and then practice them so everyone gets them right and done quickly. You are required to have at least one practice drill every three months and one of those drills is to include evacuating to your relocation site.

Let parents know when your services will continue - The nature of the emergency will dictate whether or not you will have a disruption of services. Be sure to let parents know this as soon as possible so they can find alternate care when needed.

If you work at a child care facility, you should find out what the emergency plan is for your facility, who you should report to and what your personal assignment is during an emergency.



References

Pennsylvania Emergency Management Agency (August 2003)
Disaster Preparedness for Families of Children with Special Needs, FIFI (Florida Institute for Family Involvement)
Utah Child Care Licensing rules
shakeout.org

HANDLING & STORAGE OF HAZARDOUS MATERIALS AND PROPER DISPOSAL OF BIO-CONTAMINANTS

A hazardous material is one that is ignitable, corrosive, toxic, or reactive. A lot of household products fall into these categories, such as motor oil, antifreeze, insecticides, herbicides, fungicides, cleaning agents, adhesives, propane cylinders, moth repellents, and batteries.

Hazardous materials are found every place. You can be exposed to bio-contaminants by breathing certain chemicals, touching certain chemicals, or coming into contact with clothing or things that have touched a certain chemical. You may be exposed to hazardous chemicals even when you can't see or smell anything unusual.

To minimize the risks of hazardous materials, you should follow safety precautions in their handling, storage, and disposal.

When handling hazardous materials :

- Don't mix household products. It may produce a violent reaction. For example, mixing ammonia and bleach can create toxic fumes.
- Read the label and all directions before using a new product containing hazardous chemicals. Some shouldn't be used in a small, confined space so dangerous vapors are not inhaled. Some shouldn't be used without gloves and eye protection so the chemicals don't touch the body.
- Never smoke when using hazardous materials. Don't use hair spray, cleaning solutions, paint products, or pesticides near the open flame of an appliance, pilot light, lighted candle, wood burning stove, etc. Although you can't see them, vapor particles in the air could catch fire or explode.



You are required to have all hazardous materials inaccessible to children in care. In addition to making them inaccessible you should also:

- Follow the storage instructions on the product label. This will vary depending on the properties of the material.
- Store all volatile products in well ventilated areas. The fumes can be toxic to humans and pets.
- Store flammable products in the recommended temperature range. The containers will bulge if you store them in temperatures that are too high. Liquids will expand, freeze, and burst if you store them in temperatures that are too low.
- Store aerosol cans or other flammable products away from heat sources.
- Store hazardous materials in their original containers. When needed, use transparent tape to secure labels. Never store hazardous materials in food or beverage containers
- Buy only what you need to finish a job. It's better to properly dispose of left over products than to store them.

It's important to dispose of hazardous materials properly. Improper disposal may release bio-contaminants into the environment and result in harm to people and pets. It may also contaminate the local water supply. Proper disposal will help preserve the environment and protect wildlife. Re-cycling products will further protect the environment.

- Many household chemicals can be taken to the local hazardous waste facilities. They accept pesticides, fertilizers, household cleaners, oil-based paints, drain and pool cleaners, antifreeze, and brake fluid.
- If you spill a hazardous material, clean it up immediately with rags while being careful to protect your eyes and skin. Allow the fumes in the rags to evaporate outdoors in a safe place. Then dispose of them by wrapping them in a newspaper and placing them in a sealed plastic bag.



Reference

How to Store Hazardous Materials
Be Informed – Hazardous Materials, Utah.gov Services

CPR/FIRST AID

The key aims of first aid and CPR can be summarized in three key points, sometimes known as 'the three P's':

- **Preserve life:** the overriding aim of all medical care which includes first aid and CPR, is to save lives and minimize the threat of death.
- **Prevent further harm:** this covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.
- **Promote recovery:** first aid also involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

You should know the names of the people in your child care facility or home that are certified in first aid and CPR. When an injury or incident happens, if you are not personally certified, you can call for a trained co-worker to assist you. For emergencies, a key component of providing proper care is to summon the emergency medical services (usually an ambulance), by calling 911. While waiting, those trained to perform first aid can act within the bounds of the knowledge they have. Those who are not able to perform first aid can assist by remaining calm and staying with the injured or ill person.



References

Wikipedia

TRANSPORTATION & CHILD SAFETY

If you choose to transport children, do the following to keep the children safe.

Be sure you:



- have a current valid Utah driver's license for the type of vehicle being driven
- wear your seat belt
- keep the vehicle locked during transport
- never leave the children alone in the vehicle
- never leave the keys in the ignition when you are not in the driver's seat
- have emergency contact information for the children

Be sure the children:

- wear an appropriate individual safety restraint
- remain seated while the vehicle is in motion
- leave the vehicle from the curb side of the street



Be sure the vehicle :

- is enclosed
- has individual, size-appropriate safety restraints that are properly installed and in working order
- is in safe condition and has a current registration and safety inspection
- is clean
- can maintain temperatures between 60-90 degrees Fahrenheit when in use
- has a first aid kit



References

Utah Child Care Licensing Rules
Daycare.com

RECOGNIZING & REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

As a child caregiver you are required to report any suspected child abuse and neglect. The Utah Child Abuse Reporting law requires:

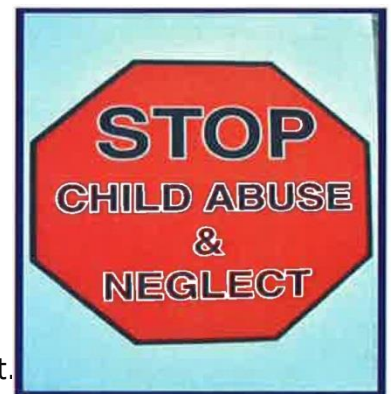
- any person who has reason to believe a child has been subjected to abuse or neglect to immediately notify the nearest Utah Division of Child and Family Services or law enforcement agency.
- any person who observes a child being subjected to conditions that would result in abuse or neglect to immediately notify the nearest Utah Division of Child and Family Services or law enforcement agency.

Failure to obey the Utah Child Abuse Reporting Law constitutes a class B misdemeanor and is punishable by up to six months in jail and/or a \$1,000 fine. (*Utah Code Ann. 62A-4a-411*)

All reports remain confidential and when you make a report in good faith you are immune from any liability.

If a child talks about being abused, take him/her seriously and report the possible abuse.

If you see any of the following indicators, report the possible abuse or neglect.



- Physical indicators of physical abuse include unexplained bruises, unexplained burns, confinement, and unexplained welts. Behavioral indicators of physical abuse include children being easily frightened, wary of physical contact, afraid to go home, and destructive to others or themselves.
- Physical indicators of sexual abuse include bed-wetting, soiling, and chronic constipation. Behavioral indicators of sexual abuse include withdrawal or depression, passive behavior, aggressive behavior, poor self-esteem, lack of eye contact with adults; and knowledge of sexual acts beyond their years.
- Physical indicators of emotional abuse include physical delays, ulcers, developmental lags, and habit disorders. Behavioral indicators of emotional abuse include poor self-esteem, difficulty expressing feelings; and problems with relationships.
- Physical indicators of neglect include abandonment, starvation, lack of supervision, lack of medical care, frequent absenteeism or tardiness, and poor hygiene. Behavioral indicators of neglect include stealing, begging, being self-destructive, and a failure to thrive.

The best way to stop abuse and neglect is to report it. Stay alert to the early signs and symptoms and take the first step to help the children and their families.

To make a report you don't need proof, you only need a reason to believe abuse or neglect has occurred or is occurring.

Utah has a statewide, 24-hour child abuse hot-line number for the Division of Child Protective Services. It is 1-855-323-3237.



References

Prevent Child Abuse Utah - Reporting Child Abuse: A Guide for Utah Day-Car Providers

RECOGNIZING HOMLESSNESS

WHO?

The McKinney-Vento Act defines “homeless youths” to mean those lacking “fixed, regular, and adequate nighttime residence.” This includes children who:

- Share housing due to “loss of housing, economic hardship, or a similar reason”
- “Live in motels, hotels, trailer parks, or campgrounds due to lack of adequate alternative accommodations”
- Live in “emergency or transitional shelters”
- Are “awaiting foster care placement”
- Have a primary nighttime residence that is not designed or intended for human sleeping accommodations (e.g. park benches, etc.)
- Live in “cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations...”

In Utah, 15,808 children under the age of six have been identified as homeless. More than half of the children living in shelters and transitional housing in Utah are under the age of 5.



HOW DO YOU KNOW?

Sometimes it is hard to know if a child in your care is homeless. Families will not always self-identify, often due to fear, shame, and embarrassment. Simply asking a family if they are homeless is not a good strategy. Providers should ask families to describe their living situation and whether that situation is permanent. Providers should also offer options to choose from, such as car, motel, shelter or living temporarily with family or friends.

Potential signs that a child may be homeless include: poor health and nutrition, unmet medical and dental needs, chronic hunger (may hoard food), fatigue, poor hygiene, lack of showers or baths, wearing the same clothes for several days, poor self-esteem, extreme shyness, difficulty socializing and trusting people, aggression, protective of parents, and anxiety late in the day. Parents or children can make statements like: “We’ve been moving around a lot.” “Our address is new; I don’t remember it.” “We are staying with relatives until we get settled.” “We are going through a bad time right now.”

WHAT IS REQUIRED?

Child Care Providers are required to be in compliance with the McKinney-Vento Act when enrolling homeless children who meet the definition provided.

One requirement is that the facility can enroll homeless children without documentation required by other children, including immunization records. The family has 90 days after enrollment to provide the records needed.

The provider could create a special form that collects only the essential information needed to enroll or apply, such as names and birthdates. The information should be self-reported by the family and could include a signed affidavit and clearly defined expectations of what documentation is still needed and when it must be submitted.

HOW CAN YOU HELP?

Children who are homeless are sick four times as often as other children, experience four times the rate of developmental delays, and have three times the rate of emotionally and behavioral problems. They wonder if they will have a roof over their heads at night and what will happen to their families. The impacts of homelessness on children, especially young children, may lead to changes in brain architecture that can interfere with learning, emotional self-regulation, cognitive skills, and social relationships.

Active listening, providing information, modeling a sense of humor and fun, showing enthusiasm, instilling hope, and questioning are some techniques useful for helping a child who is homeless to stabilize.

Active Listening. Active listening is perhaps the most important technique that you can use. Active listening with children may involve:

- Encouraging the expression of feelings;
- Acknowledging the real loss or tragedy experienced by a family;
- Reflecting feelings expressed by the child;
- Normalizing the child's reactions;
- Conveying acceptance of the child, but not of destructive behaviors;
- Reframing the child's statements or behaviors to emphasize the positives;
- Focusing on the "here and now";
- Confronting inconsistencies in child statements or behaviors in tactful ways;
- Summarizing and bringing closure to emotional topics.

Providing Information. Information about community resources can be helpful. Also, assistance in accessing those resources (such as access to a computer) can help families.

Modeling a Sense of Humor and Fun. Some children need to be able to relax and take themselves and their situations less seriously. Showing a sense of humor about one's own mistakes lets children know that no one is perfect and that laughter is sometimes the best medicine.

Showing Enthusiasm. The caregiver's enthusiasm promotes feelings of enthusiasm in a child. The child can begin to gain confidence in their own abilities to resolve a crisis when they see the caregiver as someone who believes they can do so, too.

Instilling Realistic Hope. The caregiver's own ability to instill hope in a child is a critical variable in motivating children to try new coping strategies. Instilling realistic hope requires helping the child to see his or her strengths. Encouraging the child to try new approaches imparts hope.

Questioning. In periods of crisis, it is important for children to be able to organize their thoughts. Asking questions is one way to help children start thinking clearly again. For example, "What have you already tried?" and "What do you want to try next?" are questions that can lead children toward a better alternative.

Child care providers should also proactively offer multiple options for parents to check in on their children throughout the day, particularly for families who are new to child care. Homeless families may find it especially difficult to entrust their children to child care providers because of previous negative experiences with other service providers or their trauma histories. Allowing parents to call in or to visit the classroom as desired, and to be offered these options from the moment of first engagement, may allay some of these fears.



RESOURCES FOR HOMELESS FAMILIES

If you suspect a family is homeless, you can refer the parents to the following for assistance:

- Help hotlines - Dial 211 for up-to-date services
- Homeless Shelter Directory - <http://www.homelessshelterdirectory.org/utah.html>
- This has a search for HUD offices and links to the following:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Food Banks
 - Legal assistance
 - Local tenant rights, laws and protections
 - Social Security offices
 - Homeless Veterans
 - Homeless Veterans Resources
 - National Resource Directory-Homeless Assistance
 - United Way
 - Jobs and job training
 - Skills training and counseling
 - VA Homeless Programs & Initiatives
 - VA Homeless Coordinators Contact information

References:

www.HomelessChildrenAmerica.org,

"Supporting Children and Families Experience Homelessness: CCDF State Guide",
naehcy.org

National Center for Homeless Education

National Alliance to End Homelessness

Utah Comprehensive Report on Homelessness

PREVENTING SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA

You know babies cry. That's no surprise. What you may not know is how that crying may make you feel. When babies cry for a long time you may feel angry, frustrated, and overwhelmed. There are ways to cope with crying babies to minimize those feelings.

Crying is one of the ways babies communicate. They may be hungry, thirsty, tired, uncomfortable, sick, scared, or lonely. They may be teething, have gas, or need their diapers changed.



It's normal for babies to cry. It's even normal for babies to cry up to several hours a day. Sometimes feeding the baby, burping the baby, or changing the baby's diaper makes the crying stop. Other times nothing you do makes the crying stop and it seems to go on forever.

It's important to have a plan to deal with a baby's crying. This will stop your emotions from getting out of control and possibly hurting a baby. When you can't get a baby to stop crying:

1. Check the baby's physical needs. Is the baby hungry? Is the baby thirsty? Does the baby need to be burped? Is the baby too hot or too cold? Does the baby have a wet or dirty diaper? If any of these are the case, remedy the situation.
2. Check the baby for signs of illness or fever. If you think the baby may be sick, seek medical attention.
3. If the baby's physical needs are met and the baby doesn't appear to be sick, try any or all of the following calming techniques:
 - Swaddle the baby.
 - Use "white noise" or rhythmic sounds like a vacuum cleaner or a washing machine.
 - Offer the baby a pacifier.
 - Sing or talk to the baby.
 - Gently swing or rock the baby.
 - Put the baby in a car seat and take him/her for a ride in the car.
 - Take the baby for a walk in a stroller.
 - Hold the baby close and breathe calmly and slowly.
4. If the baby is still crying, try one or all of the following coping techniques:
 - Call a doctor for support or medical advice.
 - Call a friend or relative for support.
 - Have someone come over and give you a break.
 - Put the baby in a safe place like a crib then close the door and check back when you are calm.

Remember it's OK to leave the baby in a safe place and take time to calm down. Leave the room. Shut the door. Take a few deep breaths. Then try the calming and coping techniques again.

Your plan can help prevent Shaken Baby Syndrome, which is a form of abusive head trauma and inflicted traumatic brain injury. It is a preventable and severe form of physical child abuse.

Shaken Baby Syndrome occurs when a baby is violently shaken. This most often happens when the person caring for the baby becomes frustrated or angry when the baby won't stop crying.

Babies' neck muscles aren't strong and don't provide much support for their large heads. When someone forcefully shakes a baby, the baby's brain repeatedly strikes the inside of the skull and injures the brain.

Nearly all victims of Shaken Baby Syndrome suffer serious health consequences including severe brain damage, blindness, hearing loss, learning problems, seizure disorders, cerebral palsy and paralysis. At least one of every four babies who are violently shaken die from Shaken Baby Syndrome.

This knowledge will help keep babies in your care safe and healthy. Sharing this knowledge may help keep other babies safe and healthy.



References

CalmACryingBaby.org

Centers for Disease Control and Prevention

SAFE SLEEP PRACTICES
REDUCING THE RISK OF SIDS (Sudden Infant Death Syndrome)



Safe sleep practices include:

- Always have infants sleep in equipment designed for sleep, such as cribs, bassinets, porta-cribs, or playpens unless you have written instructions from the parent to have the infant sleep in other equipment.
- Never place infants to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions. Be sure the infant sleep equipment is in an area that is always smoke free.
- Always place infants on their backs for sleeping.
- Don't have toys, pillows, stuffed animals, bumper pads, or wedges in the crib or bassinet. Infants may have a hard time breathing if these items are too close to their faces.
- Dress infants in sleep clothing, such as sleepers and sleep sacks, instead of covering them with blankets.
- Avoid letting infants get too hot when they are sleeping. Infants are too hot when you see them sweating or have damp hair, flushed cheeks, heat rash, or rapid breathing.
- Supervise sleeping infants by having them sleep in a location where you can see and hear them or by doing an in-person observation at least once every 15 minutes.

- Using safe sleep practices will reduce the risk of SIDS (Sudden Infant Death Syndrome).
- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants between 1 and 4 months of age.
- SIDS is not caused by immunizations or vomiting or choking.

Many SIDS deaths occur when infants who are used to sleeping on their backs at home are placed to sleep on their tummies by another caregiver. This is called "unaccustomed tummy sleeping". Infants who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.



Reference

American Academy of Pediatrics

CONTROLLING THE SPREAD OF DISEASES

Children get sick. You can't change that but there are ways you can control the spread of communicable diseases.

Wash your hands. Wash your hands. Wash your hands. Hand washing is the single most important way to control the spread of communicable diseases. Use soap, warm water and disposable paper towels. Wash your hands frequently and teach children to wash their hands, too. Hand washing reduces the number of microorganisms that can spread communicable diseases.

Open the window to let the fresh air in. Well-ventilated rooms help reduce the number of airborne germs inside. Airing out the rooms is important, even in the winter. When it's cold outside, we spend the majority of our time inside. Respiratory diseases are easily spread from coughs and sneezes. Opening the window at least once a day lets the germs out and fresh air in.

Follow a good housekeeping schedule and sanitize in the proper way. Make sure that the floors, walls and bathrooms are clean. Clean and sanitize toys at least weekly. Sanitize the food preparation surfaces, eating surfaces and diapering tables. The simplest way to sanitize a surface is to 1) Clean the surface with soap and thoroughly rinse with clean water. 2) Spray or wipe the surface with a solution of 1/2 tablespoon of liquid chlorine bleach in 1 gallon of water or 1/2 teaspoon of bleach in 1 quart of water. 3) Let the surface air dry for at least 2 minutes to give the sanitizer time to work. Be careful not to use this solution on surfaces that could be damaged, such as carpets. This preparation is inexpensive and kills bacteria, viruses, and most parasites. You can also use a commercial sanitizer but be sure to measure the amount of sanitizer according to the directions on the bottle to get the necessary concentration needed to sanitize.

Require that children are up to date on immunizations. Check immunization records. You must have a record of current immunizations for each child in care. Remember, "An ounce of prevention is worth a pound of cure."

Do not share personal items among children and keep their belongings separate. Do not allow children to share belongings such as hair brushes, food, clothing, hats, pacifiers or other items. Separate children's coats, hats, and bedding items.

Separate children by using space wisely. Maintain distances between sleeping areas, mats, cribs or cots.



Reduce the risk of food borne illnesses by doing the following:



Wash your hands and kitchen surfaces often. Wash your hands with warm water and soap for at least 20 seconds before and after handling food and after using the bathroom, changing diapers, and touching animals. Wash cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item and before you go on to the next food.

Separate raw meats from other foods. Separate raw meat, poultry, seafood, and eggs from other foods in your grocery cart, grocery bags, and in your refrigerator. Use one cutting board for fresh produce and a separate one for raw meat, poultry, and seafood. Never place cooked food on a plate that previously held raw meat, poultry, seafood, or eggs.

Cook food to the right temperature. Use a food thermometer to measure the internal temperature of cooked foods and cook food until it reaches a safe internal temperature. Safe internal temperatures are (all temperatures are in degrees Fahrenheit) 160 for ground beef, pork, veal, lamb, turkey and chicken, 165 for fresh beef, pork, veal, and lamb, 160 for fresh ham, 145 for seafood, and 165 for leftovers and casseroles. Cook eggs until the yolks are white and firm. When cooking in a microwave, cover food, stir, and rotate for even cooking. Always allow standing time, which completes the cooking. Bring sauces, soups, and gravy to a boil when reheating.

Refrigerate foods promptly. Don't over-stuff your refrigerator because cold air must circulate to keep food safe. Keep a constant refrigerator temperature of 40 degrees or below. Refrigerate or freeze meat, poultry, eggs, seafood, and other perishables within 2 hours of cooking or purchasing. Refrigerate them within 1 hour if the air temperature is above 90 degrees Fahrenheit. Never thaw food at room temperature. Thaw food in the refrigerator, in cold water, or in a microwave.

Reference

health.utah.gov/epi/

U.S. Food and Drug Administration - Protecting and Promoting Your Health

MEDICATION STORAGE & ADMINISTRATION



If your program administers medications to children in care, there are some precautions and guidelines to follow:

- Label all over-the-counter and prescription medications with the child's name and keep them in the original or pharmacy container with the original label and child-safety caps.
- Store all medications and vitamins out of children's reach. Medications should be in a dark, dry place. Medications should not be stored above the kitchen sink or in the bathroom.
- Keep refrigerated medication in a waterproof container to avoid contamination between food and the medication.
- Throw away medications that are no longer being used, have an expiration date that has passed, and/or do not have a label.

Licensed facilities are required to have written permission from the parent before administering any over-the-counter or prescription medication to children in care (except during an emergency, when verbal permission is acceptable). The written permission should include:

- the name of the child
- the name of the medication
- written instruction for the administration that includes:
 - the dosage
 - the method of administration
 - the times and dates to be administered
 - the disease or condition being treated
- the parent's signature and the date signed

Before giving medication:

1. Wash and dry your hands.
2. Check prescription labels to be sure the medication is for the right child.
3. Check expiration dates to be sure the medication has not expired.
4. Read labels to see the proper dosage.

Then administer the proper dosage of the medication. Record the administration of medication, including date, time, dosage, and name of medication.

Stay with the child until he/she is done taking the medication.

Let the parent know when you make any mistake when administering the medication, forget to give a dose of the medication, and/or the child has an adverse reaction to the medication.

Immediately notify emergency personnel when a child has a life-threatening adverse reaction to the medication.



References

Utah Child Care Licensing rules
Children's Hospital of the King's Daughter Health System
Pre-Service Training 2/2016

NUTRITIONAL NEEDS OF CHILDREN

When preparing and serving food to the children in care, be sure you are providing adequate nutrition for the child's age and stage of development. Following are some guidelines:

Infants and toddlers should not be on a feeding schedule, but rather fed on demand when they are hungry.

Birth to 4 months - Feed them only breast milk or formula. Don't be afraid to care for infants who are breast-feeding. There are a great number of benefits to breast milk and you should support mothers who make this choice.



Breast milk gives infants a complete and optimal mix of nutrients in their diet. It has a varying composition which keeps pace with the growth and changing nutritional needs of infants. It also protects them against diarrhea, gastroenteritis and other stomach upsets. It reduces their risk of diabetes; protects them against ear infections and respiratory illnesses; reduces their risk of SIDS (Sudden Infant Death Syndrome); protects them against meningitis, childhood lymphoma, Chron's Disease, and Ulcerative Colitis; and reduces incidences and severity of allergic diseases. Infants who are fed breast milk develop higher IQs, have better brain and nervous system development, and have a higher bone density than formula-fed babies.

Give breast milk on demand or 8 to 12 times a day. Give formula 6 to 8 times a day, starting with 2 to 5 ounces of formula per feeding. As infants get older they will eat more at each feeding and require fewer feedings.

4 to 6 months of age - Give them 28 to 45 ounces of formula or breast milk and start introducing solid foods.

Infants are ready to eat solid foods when their birth weight has doubled, they have good control of their heads and necks, they can sit up with some support, they show fullness by turning their heads away or by not opening their mouths, and they show an interest in food when others are eating.

Start with iron-fortified rice cereal mixed to a thin consistency with breast milk or formula. Give the rice cereal 2 times a day in servings of 1 or 2 tablespoons. Gradually increase the amount to 3 or 4 tablespoons. Do not give cereal in a bottle unless instructed by a doctor or dietician.

After they are eating rice cereal routinely, give them other iron-fortified cereals. Introduce no more than one new cereal a week so you can watch for any intolerance or allergic reactions.

6 to 8 months - Give them breast milk or formula 3 to 5 times a day, decreasing this number as solid foods become their primary source of nutrition.



Start offering 2 to 3 tablespoons of strained fruits and vegetables 4 times a day. Offer them one at a time with a 2 to 3 day wait between offerings to watch for any intolerance or allergic reactions. Start with plain vegetables such as green peas, potatoes, carrots, sweet potatoes, squash, beans, beets and plain fruits such as bananas, applesauce, apricots, pears, peaches, and melon.

Some dieticians recommend starting with vegetables because a fruit's sweetness may make less sweet foods, such as vegetables, less appealing.

You can also give them small amounts of finger foods. Do not give them apple slices or chunks, grapes, hot dogs, sausages, peanut butter, popcorn, nuts, seeds, hard candies, or hard chunks of uncooked vegetables because they may choke on them.

8 to 12 months - Give them breast milk or formula 3 to 4 times a day and continue giving them strained fruits and vegetables. Start introducing strained or finely chopped meats.

1 year-old - You should not be feeding them bottles with breast milk or formula. If you are giving them bottles, they should only have water in them. Replace breast milk or formula with whole milk in a cup or sippy cup. Feed them meats, fruits and vegetables, breads and grains, and dairy products. Be sure they have a variety of food to ensure they get enough vitamins and minerals.

1 to 12 years old - Feed them three meals and two snacks a day. Be sure to include at least 6 servings of breads and grains, 3 servings of vegetables, 2 servings of fruit, 2 servings of milk products, and 2 servings of meat. At 2 or 3 years of age you can replace whole milk with 2%, low fat, or skim milk.

Be sure to give them a variety of foods with plenty of grain products, vegetables, and fruits. Choose foods that are low in fat, saturated fat, and cholesterol, have moderate amounts of sugars and salt, and have enough calcium and iron.



References

The New York Times
keepkidshealthy.com

FOOD INTOLERANCE & FOOD ALLERGIES

Communicate with the parents of children in your care and identify those children with a food intolerance or allergy. You should post a list in your food preparation area so you don't serve those children those foods.

When children eat food they cannot tolerate or food to which they are allergic they may have nausea, stomach pain, diarrhea, and/or vomiting.

There are important differences between a food intolerance and a food allergy.

A food intolerance is when the food irritates the stomach and cannot be properly digested .

A food intolerance:

- usually comes on gradually
- may only happen when a lot of the food is eaten
- may only happen when the food is eaten often
- is not life-threatening

After eating a food he/she cannot tolerate the child may:

- get gas, cramps, or bloating
- have heartburn or a headache
- appear irritable or nervous

The most common type of food intolerance is a lactose intolerance. This happens when lactose, a sugar found in milk and other dairy products, cannot be digested. Another type of food intolerance is to food with sulfites or other food additives. Eating food with these ingredients may trigger asthma attacks in children who cannot tolerate them.

Avoid or cut back on the amount or times you serve children food they cannot tolerate.



A food allergy happens when the immune system mistakes something in the food as harmful and attacks it. It can affect the whole body, not just the stomach.

A food allergy usually:

- comes on suddenly
- can be triggered by a small amount of the food
- happens every time the food is eaten
- can be life-threatening

After eating a food to which a child is allergic the child may have:

- a rash, hives, or itchy skin
- shortness of breath
- chest pain, a sudden drop in blood pressure, trouble swallowing or breathing

When children have food allergies they are at risk for anaphylaxis, which is a life-threatening reaction to those foods. You should have an Epi-pen for children with food allergies.

Chest pain, a sudden drop in blood pressure and/or trouble swallowing or breathing is life-threatening. Call 911 immediately if a child exhibits any of these symptoms.

The most common foods to which children are allergic are peanuts, tree nuts (such walnuts, pecans, and almonds), fish, shellfish, milk, eggs, soy, and wheat.

Never serve children food to which they are allergic.



Reference

Web MD - food allergy or intolerance

PHYSICAL ACTIVITY



It's important that children get enough physical activity. All children should engage in at least 60 minutes of moderate to vigorous physical activities on most days of the week. This means activities that increase their heart rate so they can't say more than a few words. Activities of moderate to vigorous physical activities are running, climbing, skipping, jumping, and dancing.

Each day you should have two or more adult-led activities or games that get everyone up and moving. You should also have active free play in indoor and outdoor spaces that have enough space for physical activity. Children need opportunity to improve their gross motor movements.

Children who can't yet walk also need physical activity. They should not be seated for more than 15 minutes at a time when they are not eating or sleeping. You should give them "tummy time" and opportunities for whole body movements such as crawling and climbing.

Physical activity is essential for children's growth and development. It improves cardiovascular and bone health and has been linked to improved mood, attention, and cognitive performance. Often the only time children are physically active is when they are in your care.



Children need to play outside, even in winter months. Some of the benefits of outside time for children are:

- It builds up their immune system. When children come into contact with dirt, animals, pests, and bacteria in a natural way and on a regular basis, they are less likely to develop autoimmune disorders and allergies.
- It provides physical activity. Outside activities such as riding bikes, playing tag, and sledding gets their bodies moving.
- It stimulates their imagination. Technology shows children things. Being outside allows them to imagine things.
- It promotes problem solving skills. They can figure out things like how to get along with others or how to build a snowman.
- It provides Vitamin D. The sun provides Vitamin D, which helps promote better moods, energy levels, memory, and overall health.



To be able to give children the outside time they need, be sure you instruct parents to dress their children in weather-appropriate clothing and shoes. Be sure the children are protected from the sun with sunscreen that has a SPF of at least 15 and have access to drinking water. If you don't have an outside area you can take the children on walks or to parks.

References

National Association for Sport and Physical Education
Why Children Need to Play Outside - Even in Winter Months, Mommies Magazine

CARING FOR CHILDREN WITH SPECIAL NEEDS

Everyone benefits when you choose to provide care for children with special needs. You are giving the parents a hard-to-find service; you are giving the children a sense of belonging and acceptance; you are having the other children in care learn about children who are different from them; and you are giving yourself a rewarding experience.



You will probably have to make some accommodations for these children. These may include some of the following:

- rearranging furniture
- installing a ramp or a handrail
- lowering a coat hook
- adding Braille labels
- learning some sign language
- changing some daily routines
- purchasing or having the parents provide adaptive furniture or equipment

It is essential to have open communication with the parents so you understand the disabilities and/or special needs and how you can best care for the children. Following are some tips.

When the children have developmental delays:

- Teach in small steps.
- Give clear directions, speak slowly and clearly, and use only a few words. Physically move the children through the task so they can feel what to do. Stand or sit close to the children and help them when necessary.
- Label things with pictures and words. Give advance notice of transitions.
- Work with agencies and personnel who provide specialized services.

When the children have speech and language delays:

- Be a good listener and observer.
- Engage infants and toddlers in conversation by learning their sounds, gestures, facial expressions, and body language.
- Give directions in simple sentences.
- Sing songs, read books, and act things out to encourage language development. Talk about what you are doing.
- Ask the children specific questions about what they are doing.
- Build on what the children say by repeating it and adding new information.
- Praise the children's efforts at communication, even when they aren't exactly accurate .

When the children have visual disabilities:

- Talk them through daily activities.
- Look around the environment and eliminate potential hazards such as sharp edges on tables and curled up edges of rugs.
- Don't re-arrange the furniture.
- Give specific directions and use descriptive language. Avoid glaring lights.
- Display simple, clear, and uncluttered pictures.
- Avoid standing with your back to windows. The glare may make you look like a silhouette. Encourage sensory experiences.
- Ask if the children need help. Don't always assume they need assistance.

When the children have physical/neurological disabilities:

- Re-arrange the physical space so there are no obstacles that prevent the children from moving around and pathways are wide enough to accommodate wheelchairs.
- Help the children with activities they can't do by themselves.
- Learn proper positioning techniques and how to use and care for special equipment. Try to experience the disability yourself so you can get a better perspective.
- Work closely with other agencies and personnel who provide specialized services.
- If the children can't use outdoor play equipment, have other activities like blowing bubbles or flying kites available.



When the children are deaf or hard of hearing:

- Learn how to use and care for hearing aids or other special equipment. Support the children's social interactions.
- Be sure you have the children's attention before talking to them.
- Face the children and speak to them in full sentences.
- Use visual clues such as pictures and gestures as you talk to them.
- Teach the children a special signal to use when they don't understand something. If the children use sign language, learn some common symbols.
- Give the children opportunities to talk.



When the children have behavior problems:

- Ignore negative behavior when you can. Notice and praise positive behavior.
- Acknowledge the child's feelings.
- Model the behavior you want to see.
- Help the children talk about their strong feelings and behaviors. Follow through with realistic consequences.
- Give the children a variety of reasonable choices.
- Give the children enough time to comply with your requests.
- Be consistent with the way the children's families handle their behavioral problems and their social and emotional goals for the children.

Reference

Inclusion of Children with Disabilities of Other Special Needs, Child Action, Inc.

Foundations for Success Quiz

Please fill in all of the following information and answer the questions on the quiz. Tear off and return this quiz to your local Care About Childcare (contact information below). You will receive an email certificate that you can show to licensing to get credit for this training. (Paper certificates available only upon request.)

Name_____

Address_____

City_____ Zip Code_____

Phone Number_____ Date of Birth_____

E-mail
address_____

Name of
Program_____

Position_____

How many hours did it take you to complete this training, including this quiz? _____

1. Caring for children with special needs:
 - a. can be done by making some accommodations for them
 - b. is detrimental to other children in care
 - c. requires a total renovation of your home
 - d. conflicts with ADA requirements
2. When a baby has been crying for a long time it's OK for you to leave the baby in a safe place and take time to calm down.
 - a. True
 - b. False
3. Before giving a child medicine you should:
 - a. Wash and dry your hands.
 - b. Check prescription labels to be sure the medication is for the right child.
 - c. Read labels to see the proper dosage.
 - d. All of the above

4. When transporting children be sure they:
 - a. Wear an appropriate individual safety restraint.
 - b. Remain seated while the vehicle is in motion.
 - c. Leave the vehicle from the curb side of the street.
 - d. All of the above
5. Which of the following is NOT a useful technique for helping a child who is homeless?
 - a. Active listening
 - b. Asking personal questions which may embarrass him
 - c. Instilling hope
 - d. Modeling a sense of humor and fun
6. If you are **not** certified to provide first aid or CPR you should:
 - a. remain calm and stay with the injured or ill person
 - b. call 911
 - c. call for a certified co-worker to assist you
 - d. all of the above
7. How should infants under one year of age be put to sleep?
 - a. On their backs
 - b. On their tummies
 - c. In a chair
 - d. It doesn't matter
8. Shelter-in-Place spaces should be:
 - a. in the interior of your facility
 - b. away from glass that may shatter
 - c. both a and b
 - d. neither a or b
9. The most common food to which children have an intolerance is:
 - a. peanuts
 - b. wheat
 - c. pecans
 - d. milk
10. At what age should you stop feeding children formula and/or breast milk?
 - a. 6 months
 - b. 18 months
 - c. 12 months
 - d. 24 months

11. What do the "Three P's" of first aid and CPR stand for?
 - a. Preserve life, Prevent further harm, Promote recovery
 - b. Pretend to know what you're doing, Play around, Prepare for the worst
 - c. Peer support, Plan for emergencies, Predict hazardous situations
 - d. None of the above
12. It is safe for infants to sleep in:
 - a. cribs, bassinets, and/or porta-cribs
 - b. adult beds
 - c. car seats
 - d. sofas
13. You should store household cleaners:
 - a. in high cabinets
 - b. in locked cabinets
 - c. in the cabinets under the kitchen sink
 - d. a and b
14. You can tell a hazardous material by its unusual odor.
 - a. True
 - b. False
15. Outdoor play equipment must not be on:
 - a. cement
 - b. asphalt
 - c. packed dirt
 - d. all of the above
16. Children should not go outside in the winter months.
 - a. True
 - b. False
17. How long after enrollment does a family have to provide immunization records?
 - a. 90 days
 - b. 60 days
 - c. 30 days
 - d. No time; immunization records are required immediately upon enrollment
18. It can be life-threatening if a child eats a food to which he/she is allergic.
 - a. True
 - b. False

19. Which of the following calming techniques may make a baby stop crying?
 - a. gently swinging or rocking the baby
 - b. taking the baby for a walk in a stroller
 - c. singing or talking to the baby
 - d. all of the above
20. It's okay to transport children in the back of a pick-up truck.
 - a. True
 - b. False
21. Child-resistant caps make the medication impossible for the child to open.
 - a. True
 - b. False
22. What should you teach children to do in the event of an earthquake?
 - a. Get out of the house
 - b. Stand in the doorway
 - c. Stop, Drop, and Roll
 - d. Drop, Cover, and Hold On
23. What is the single most important way to control the spread of communicable diseases?
 - a. Clean and disinfect all toys at least weekly
 - b. Wash your hands
 - c. Don't allow children to share hairbrushes
 - d. Require all children to have current immunizations
24. If you suspect that a family is homeless you should:
 - a. Ask the parents if they are homeless
 - b. Wait until the parents leave and ask the child
 - c. Drive past the homeless shelter and look for the family
 - d. Ask the family to describe their living situation and if it's permanent
25. The bathroom medicine cabinet is the best place to store medications.
 - a. True
 - b. False
26. Feed babies who are less than 4 months old:
 - a. only formula and/or breast milk
 - b. cereal mixed with formula and/or breast milk
 - c. baby food
 - d. whatever you are having
27. Be sure you have proof before you report child abuse or neglect.
 - a. True
 - b. False

28. To reduce the risk of food-borne illnesses:
- a. Cook food to the right temperature.
 - b. Separate raw meats from other foods.
 - c. Refrigerate all foods promptly.
 - d. All of the above
29. If you suspect a child is being abused or neglected and you don't report it you can go to jail for up to 6 months and/or receive a \$1,000 fine.
- a. True
 - b. False
30. The leading cause of death for infants between 1 month and 12 months of age is:
- a. choking
 - b. drowning
 - c. SIDS
 - d. child abuse

Submit your completed test (by mail, email, or in person) to your local Care About Childcare agency:

**CARE ABOUT CHILD CARE - UTAH STATE UNIVERSITY
Serving Box Elder, Cache and Rich Counties**

6510 Old Main Hill
Logan, Utah 84322-6510
Phone: 435-797-1552
1-800-670-1552
Fax: 435-797-8047
childcare.help@usu.edu

**CARE ABOUT CHILDCARE - WEBER STATE UNIVERSITY
Serving Weber, Davis and Morgan Counties**

1351 Edvalson St Dept 1309
Ogden, Utah 84408-1309
Phone: 801-626-7837
Fax: 801-626-7668
bmontgomery@weber.edu

CARE ABOUT CHILDCARE - CHILDREN'S SERVICE SOCIETY**Serving Salt Lake and Tooele Counties**

655 East 4500 South #200

Salt Lake City, Utah 84107

Main Phone: 801-355-4847

Training: 801-326-4403

1-800-839-7444

Fax: 801-355-7453

Lyn@cssutah.org

CARE ABOUT CHILDCARE - UTAH VALLEY UNIVERSITY**Serving Summit, Utah, Juab and Wasatch Counties**

800 W University Parkway – 163 ATTN: Jo Francis

Orem, Utah 84058

Phone: 801-863-4589 TOLL FREE 800-952-8220

Fax: 801-863-7904

careaboutchildcare@uvu.edu

CARE ABOUT CHILD CARE - USU EASTERN**Serving Carbon, Daggett, Duchesne, Emery, Grand, San Juan and Uintah Counties**

451 East 400 North, WIB 120

Price, Utah 84501

Phone: 435-613-5619

1-888-637-4786

Fax: 435-613-5815

cac.eastern@usu.edu

CARE ABOUT CHILDCARE – FIVE COUNTY**Serving Beaver, Garfield, Iron, Kane, Millard, Piute, Sanpete, Sevier, Washington, and Wayne Counties**

88 East Fiddlers Canyon Rd. Suite H

Cedar City, UT 84720

800-543-7527

Fax: 435-865-6902

webmaster@childcarehelp.org

Please share this packet with a friend or return to your local Care About Childcare if you no longer wish to keep it.

PRE-SERVICE TRAINING

All providers, site managers, caregivers, and assistant caregivers must complete at least 2.5 hours of pre-service training no more than 6 months before their first day of interacting with children in care.

The training must include the required topics.

Name:

TRAINING TOPIC	FIRST DATE INTERACTED WITH CHILDREN	DATE OF TRAINING	LENGTH OF TRAINING (in minutes)	<u>SOURCE</u> NAME OF CLASS AND PRESENTING AGENCY OR NAME OF DOCUMENT, ARTICLE, BOOK, VIDEO, ETC.)
the prevention of Sudden Infant Death Syndrome and safe sleeping practices				
the prevention of Shaken Baby Syndrome and Abusive Head Trauma				
recognizing the signs and symptoms of child abuse and neglect and the legal reporting requirements				
recognizing the signs of homelessness and what assistance is available				
review of the program's Policies and Procedures				
review of the program's Emergency Preparedness Plan				
review of the Health and Safety Regulations				

Annual Training Form

Facility ID: _____

Individual's Name: _____

- Use one form for each individual who is required to complete annual training.
- **Face to Face** means training the individual attended in person. Submit copies of all face-to-face training documentation that is not available on the **CCPDI Training Registry**.
- At least half of your required training hours must be face to face.
- Your Licensor will review these completed forms as part of your **Annual Announced Inspection**.
- Enter minutes in 15-minute increments and use their hour value (15min = .25, 30min = .50, 45min = .75).
Ex. For a **training** that lasted 1 hour and 25 minutes, round the minutes to 30 and enter 1.50 hours.

Topics Covered	Date of Training mm/dd/yyyy	Face to Face	Non Face to Face	Training Delivered By:
Supervision and Ratios (CCL Rules Section 11)				
Injury Prevention (CCL Rules Section 12)				
Parent Notification and Child Security (CCL Rules Section 13)				
Child Health (CCL Rules Section 14)				
Child Nutrition (CCL Rules Section 15)				
Infection Control (CCL Rules Section 16)				
Medications (CCL Rules Section 17)				
Napping (CCL Rules Section 18)				
Child Discipline (CCL Rules Section 19)				
Activities (CCL Rules Section 20)				
Transportation (CCL Rules Section 21)				
Animals (CCL Rules Section 22)				
Diapering (CCL Rules Section 23)				
Infant and Toddler Care (CCL Rules Section 24)				
Review of the Department approved provider's Health and Safety Plan				
Signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements				
Positive guidance				
Total Hrs. & Min. on this page:				

Topics Covered	Date of Training mm/dd/yyyy	Face to Face	Non Face to Face	Training Delivered By:
Principles of child growth and development, including brain development				
Preventing shaken baby syndrome, abusive head trauma, and coping with crying babies				
Preventing SIDS and use of safe sleeping practices				
Recognizing the signs of homelessness and available assistance				
Additional Child-Related Training Topics				
Total Hours on this page:				Total Annual Hours Completed: (face to face + non face to face) _____
Total Hours from page 1:				
Total Hours Pages 1 + 2:				

Name: _____

Period: _____ /445

Due by 1st / 3rd Midterm _____ or you will **NOT** be able to be in the child care training center until it is turned in.

Child Care Licensing Pre-Service Training Modules

“WHO HAS TO DO THIS?” ECE A, ECE B, and ECE 2 Students who have NOT already been pre-serviced trained this school year. This training will be done one time a school year.

“WHY DO WE HAVE TO DO THIS?” Child Care Licensing Rules - Center Rule Interpretation Manual <http://childcarelicensing.utah.gov/>

**** R430-100-7 (8): PERSONNEL:** As a Utah State Licensed Child Care Training Center, “Each staff member; new director, assistant director, caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. High school or college students who work with children in a center as part of a child development class are considered to be volunteers and must complete orientation training no later than 10 days. High school or college students who only observe children at a center, but do not interact with the children, are not required to complete orientation training. Caregivers are never to be left alone with children until all of the required orientation training is completed.” *Rationale / Explanation:* The purpose of this state standard rule is to ensure that all new staff members 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. **** All orientation training listed below shall be completed, turned into the Instructor, recorded as training documentation, and kept on file.**

Staff Orientation shall include the following Training MODULES plus a background check.		How to complete this training
<p>State of Utah Child Care Licensing background Check application form and processing fee</p> <p><i>Complete this section by the <u>1st Friday</u> of this quarter. If this is NOT completed within ten days of the semester, you will NOT be allowed to go in the center until it is done.</i></p> <p>3000 points (yes, three thousand)</p>		<ul style="list-style-type: none"> Go to the Utah Department of Health Child Care Licensing website – Background Screening Form http://childcarelicensing.utah.gov/ A \$15.00 fee is required to process and complete each background screening. <p>PAYMENT of the background check:</p> <p>-Checks or money orders: made payable to "Utah Department of Health" can be mailed to Child Care Licensing, P.O. Box, 142003 SLC, Utah 84114-2003 or hand delivered to 3760 South Highland Dr Salt Lake City, Utah 84106.</p> <p>-Cash payments in the exact amount can be hand delivered to 3760 South Highland Dr Salt Lake City, Utah 84106.</p> <p>-Credit/Debit card payments are made by contacting one of our offices at 8013747688, 8012736617, 8012732904, or 18008942588</p> <ul style="list-style-type: none"> WHEN A STUDENT TURNS 18, Fingerprints with a \$53.00 processing fee must be submitted (in addition to the initial background screening and \$15.00 processing fee). Fingerprints are done through the school police officer.
1.	<p>Utah Child Care Licensing Rules</p> <p><i>Complete this section by the <u>1st Friday</u> of this quarter.</i></p> <p>_____ / 150 points</p>	<ul style="list-style-type: none"> Use the ATTACHED PAPER to fill in each of the missing blanks with the word that completes the sentence. Choices to obtaining the Information: <ul style="list-style-type: none"> ✓ Obtain both of the Utah Child Care Licensing Rules packets and read through them. Remember to return both of the class set packets. ✓ Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley’s LHS staff website. Click on the side link for <i>Background Check and Training Module Information</i> and find Child Care Licensing Rules. ✓ Go to the Utah Child Care Licensing Program website http://childcarelicensing.utah.gov/ and find the section on <i>Current Child Care Licensing Rules</i> Sections R430-100-11 through 24. Open each section to view the information.

Training modules A-D below are Layton High School training specific.

Child Care Licensing Rules (Training Module 1)

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
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Child Care Licensing Rules (Training Module 1)

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Child Care Licensing Rules (Training Module 1)

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Child Care Licensing Rules (Training Module 1)

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2	<p>Signs and symptoms of child abuse and neglect, including sexual abuse, and legal reporting requirements.</p> <p><i>Complete this section by the 2nd Day of class.</i></p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley's website located on the LHS staff website. Click on the link for <i>Child Abuse</i> to read about and help you to complete the information below. Explain these types of abuse <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Child Abuse</th> <th style="width: 45%;">Define</th> <th style="width: 40%;">Signs and Symptoms</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Physical</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Emotional</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Neglect</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Sexual</td> <td></td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> Explain the state's legal MANDATORY reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation. <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <ul style="list-style-type: none"> Provide the contact information (name, phone #, address) for Two local agency's you can contact to report the abuse? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 30px;"></td> <td style="width: 50%; height: 30px;"></td> </tr> </table>	Child Abuse	Define	Signs and Symptoms	Physical			Emotional			Neglect			Sexual				
Child Abuse	Define	Signs and Symptoms																	
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3.	<p>Preventing shaken baby syndrome, abusive head trauma, and coping with crying babies.</p> <p><i>Complete this section by the 3rd day of class.</i></p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley's LHS staff website. Click on the link for <i>Coping with Crying Babies and Preventing Shaken Baby Syndrome</i> to read about and help you to complete the information below. Give 3 strategies for coping with a crying baby <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1.</td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> </tr> </table> <ul style="list-style-type: none"> How can you prevent Shaken Baby Syndrome and abusive head trauma from occurring? <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>	1.		2.		3.												
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4	<p>Preventing (SIDS) sudden infant death syndrome and use of safe sleeping practices</p> <p><i>Complete this section by the 4th day of class.</i></p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley's website located on the LHS staff website. Click on the link for <i>Preventing Sudden Infant Death Syndrome</i> to read about and help you to complete the information below. How can you help to prevent SIDS use of safe sleeping practices? <div data-bbox="472 232 2007 407" style="border: 1px solid black; height: 108px;"></div>
5	<p>Recognizing the signs of homelessness and available assistance</p> <p><i>Complete this section by the 5th day of class.</i></p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley's LHS staff website. Click on the link for <i>Recognizing the signs of homelessness</i> to read about and help you to complete the information below. What are signs of Homelessness? <div data-bbox="472 570 2007 716" style="border: 1px solid black; height: 90px;"></div> <ul style="list-style-type: none"> What assistance is available to help children and families affected by homelessness? <div data-bbox="472 764 2007 911" style="border: 1px solid black; height: 90px;"></div>
A.	<p>Proper cleanup of body fluids</p> <p><i>Complete this section by the midterms.</i></p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley's website located on the LHS staff website. Click on the link for <i>Proper Clean Up Of Body Fluids</i> to watch the video. Summarize the procedure and steps for cleaning up body fluids. <div data-bbox="472 1045 2007 1338" style="border: 1px solid black; height: 180px;"></div>

6.	<p>The Davis District's ECTC (Early Childhood Training Center) Health and Safety Plan</p> <p><i>Complete this section by the 6th day of Class.</i></p> <p>_____ / 75 points</p>	<ul style="list-style-type: none"> Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley's website located on the LHS staff website. Click on the link for <i>Davis District's ECTC (Early Childhood Training Center) Health and Safety Plan</i> to help you complete this section of your packet. <p>Read through the Davis District's ECTC (Early Childhood Training Center) Health and Safety Plan to answer the questions below.</p> <ul style="list-style-type: none"> What does it mean to ensure correct ratios are maintained at all times whether in the ECTC, outdoors, or in another location? Why are our 18 year old students so important to this adult to child ratio? <div data-bbox="470 328 2007 427"></div> <ul style="list-style-type: none"> When the children are sleeping, the following procedure will be followed to ensure their protection and safety. <div data-bbox="470 477 2007 568"></div> <ul style="list-style-type: none"> What is the check in and check out policy that helps the ECTC to account for each child's attendance and whereabouts? <div data-bbox="470 626 2007 745"></div> <ul style="list-style-type: none"> What is the ECTC policy for releasing children to authorized individuals only? <div data-bbox="470 805 2007 924"></div> <ul style="list-style-type: none"> How will the ECTC keep children's and families information confidential? <div data-bbox="470 984 2007 1102"></div> <ul style="list-style-type: none"> What is the ECTC policy on children's illnesses upon arrival AND becoming ill after arriving for care? <div data-bbox="470 1162 2007 1281"></div> <ul style="list-style-type: none"> How will the ECTC prevent and control infectious diseases? (sanitation policy, immunizations, make parent's aware of outbreaks, sick policy) <div data-bbox="470 1341 2007 1459"></div>
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6	<p>Training Module #6 continued</p> <p>The Davis District's ECTC (Early Childhood Training Center) Health and Safety Plan</p> <p>Complete this section by the 6th day of Class.</p>	<ul style="list-style-type: none"> What will the ECTC do to ensure that children in care have enough physical activity? <div></div> What is the ECTC policy on giving children medication? <div></div> What is the ECTC policy on caring for children with special needs? (children under 30 months, children with limited mobility, children with chronic medical conditions, and children who are intellectually, physically, visually, and/or hearing impaired) <div></div> What is the ECTC policy on behavioral expectations and discipline methods? <div></div> What will the ECTC do to ensure that children are kept safe from hazardous materials (cleaning products, insecticides, etc.) <div></div> In terms of emergency preparedness, what will we do in our center if: <div> <div>1. There is a fire or emergency evacuation? <div></div></div> <div>2. There is an earthquake? <div></div></div> <div>3. There is a lockout? <div></div> <div>Lockdown</div></div> <div>4. A child is injured and requires attention from a health care provider or emergency response team? <div></div></div> </div>
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7.	<p>job description and duties</p> <p><i>Complete this section by the 7th day of class.</i></p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley's LHS staff website. Click on the link for <i>Job description and Duties</i> to read about and help you to complete the information below. What are 3 of your job descriptions, responsibilities, and duties that you are expected to perform in your area? <div data-bbox="472 228 1997 565"> <div>1.</div> <div>2.</div> <div>3.</div> </div>
8.	<p>Introduction and orientation to the assigned children.</p> <p>Do this by the 8th day of class.</p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the adult manager in your assigned child area and schedule a time to complete this section on having an <i>introduction and orientation to the assigned children</i>. Have your specialist sign here to show that you received your orientation from them: _____ What are 2 specific responsibilities, and duties that you are expected to perform in your assigned area? <div data-bbox="472 764 1997 1003"> <div>1.</div> <div>2.</div> </div>
9.	<p>A review of the information in the health assessment for each child in their assigned group</p> <p>Do this by the 9th day of class.</p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none"> Go to the adult manager in your assigned child area and schedule a time to complete this section on having a <i>Review of health assessment for each child</i>. Have your specialist sign here to show that you received your orientation from them: _____ Name one of the children that you were given special CONFIDENTIAL information concerning their care _____. What attention are you to provide for the above listed child who needs special CONFIDENTIAL care? <div data-bbox="472 1247 1997 1425"></div>

B.	<p>Diapering Procedure</p> <p>Do this by midterms.</p> <p>0 1 2 x 10 = ____ / 20</p>	<p>Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley’s LHS staff website. Click on the link for <i>Diapering Procedure</i> to watch and help you to complete the information below. You can also read the posters in the changing rooms. You can also visit http://childcarelicensing.utah.gov/rules/Interpretation/Center/Section%2023%20-%20Diapering.pdf <u>DIAPERING pg 3.</u></p> <ul style="list-style-type: none">Write down the 11 steps in the Diapering procedures that we will follow in the ECTC. <table><tr><td>1.</td></tr><tr><td>2.</td></tr><tr><td>3.</td></tr><tr><td>4.</td></tr><tr><td>5.</td></tr><tr><td>6.</td></tr><tr><td>7.</td></tr><tr><td>8.</td></tr><tr><td>9.</td></tr><tr><td>10.</td></tr><tr><td>11.</td></tr></table>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
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C.	<p>Point of Service</p> <p>Do this by midterms.</p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none">Go to the ECE class website http://www.davis.k12.ut.us/Page/88097 or Mrs. Terry Rawley’s website located on the LHS staff website. Click on the link for <i>Point of Service</i> to watch or read about and help you to complete the information below.What is your role during Point of Service?<table><tr><td></td></tr></table>											
D.	<p>Child and Adult Care Food Program (CACFP) AND Civil Rights Training</p> <p>Do these by midterms.</p> <p>0 1 2 x 10 = ____ / 20</p>	<ul style="list-style-type: none">Read New Employee Orientation Training for the Child and Adult Care food Program (CACFP) BELOW and initial each item that you will support.Read the Civil Rights Training BELOW for the Child and Adult Care food Program (CACFP) and initial each item that you will support.For more information on this food program, you can go to the ECE class website http://www.davis.k12.ut.us/Page/88097 , Mrs. Terry Rawley’s website, or http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/training.php Click on the link for <i>Child and Adult Care Food Program (CACFP)</i>.											

NEW EMPLOYEE ORIENTATION TRAINING FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) (initial each item that applies and you will support)

1. _____ I understand the importance of giving each child a complete serving of each item on the menu.
2. _____ I know how to look up serving sizes based on age and the type of meal by using the Food Chart.
3. _____ I understand that each child needs to receive their full serving of milk unless there is a medical statement (from a medical person) telling what they should get instead. It has also been explained to me that each child must get their own milk, and that passing it to someone else because they don't want it does not count.
4. _____ I have had Point of Service (POS) meal counts explained to me and understand that meal counts must be taken during the meal, after the child has received their complete meal and before they have left the table.
5. _____ I understand that I do not mark children on the meal count sheets if they do not come to the table and are not served a meal.
6. _____ I know how to look up serving sizes based on age and meal type on the Infant Meal Chart.
7. _____ I understand infant meals must be served and recorded according to the Infant Meal Chart. I also understand infants up to one year old only get formula or breast milk (not regular milk) as part of a CACFP meal.
8. _____ I understand that infant meals must be recorded as soon as possible after the infant was served.
9. _____ I have had meal production sheets explained to me.
10. _____ I have had the USDA Food Buying Guide and Utah Simplified Food Buying Guide explained to me.
11. _____ I understand that meals must be planned on the meal production sheets at least a week before the meal.
12. _____ I understand that the actual amount prepared for children age 1 and up and any adult that were served must be recorded on the meal production record as soon as possible after the meal is prepared and during the meal if possible.
13. _____ I understand that food cannot be used as a punishment. Meals and snacks cannot be withheld or threatened to be withheld, or the child isolated during meals.
14. _____ I have received Civil Rights training 9SEE BELOW)and understand that children cannot be treated differently because of race, color, national origin, sex, age or disability.

CIVIL RIGHTS TRAINING FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) (initial each item that you will support)

1. _____ The six protected classes under the Civil rights legislation are National origin, Race, Color, Age, Disability, and Sex.
2. _____ Civil Rights training must be provided ANNUALLY to staff involved in the CACFP.
3. _____ Children with disabilities must have a statement certified in writing by a licensed physician.
4. _____ Each facility serving the public must predominately display the **Justice For All Poster** in public.
6. _____ Law requires reasonable provisions be made to accommodate children whose parents make a request for special nutritional needs.
6. _____ I know how to look up serving sizes based on age and meal type on the Infant Meal Chart.
7. _____ All medical information must be kept confidential.
8. Read over the following and initial that you understand them.
_____ **"This institution is an equal opportunity provider"**. This statement must be included in documents in the same size font as the body of the text.
_____ **Special Dietary Needs Manual** is a resource to assist in accommodating children with disabilities.
_____ **Civil Rights Statement** must be included on all announcements and any materials sent home to parents or published on a web page.

OPTIONAL BUT VERY USEFUL: Get your CPR and Food Handlers license so you can help more with the kids.

STEP BY STEP INSTRUCTIONS FOR COMPLETING and MONITORING BACKGROUND CHECKS

- **Step One:** Apply for exempt status at Bureau of Child Development (see link below)

Exempt Status Application <http://health.utah.gov/licensing/Apply.htm>

- **Step Two:** Contact Your Local: **Care About Child Care Agency**

Box Elder, Cache, Rich	CAC @ Utah State University
Davis, Morgan, Weber	CAC @ Weber State University
Salt Lake, Tooele	CAC @ Children's Service Society
Juab, Summit, Utah, Wasatch	CAC @ Utah Valley University
Carbon, Daggett, Duchesne, Emery, Grand, San Juan, Uintah	CAC @ Utah State University Eastern
Beaver, Garfield, Iron, Kane, Millard, Piute, Sanpete, Sevier, Washington, Wayne	CAC @ Five County Association of Governments

Once you have received your exemption letter your local ***Care About Child Care agency*** can now help you set up a personal profile on the

<http://careaboutchildcare.utah.gov/>

- **Step Three:** All students, teachers, directors, substitutes, and even bus drivers that come in contact with your children must receive a background check. **Only background checks given by the State Child Care Licensing will be accepted. Those issued by the district are not the correct type of background checks and are NOT accepted!!!**

Please use this link <http://childcarelicensing.utah.gov/>

and follow the directions on how to submit and pay for this background screening and what to do for those who are 18 or older in your centers.

- Because we are not at this time in the system, when the question is asked, “Enter and select the facility name” please enter your district and school name, example: Davis County-Layton High, this will help licensing tie each background screening to your site.
 - If your school does not come up on the list of facilities, click on the button that says “cannot find” and then type in your school name.
 - As per the licensing department: For students who turn 18 during the school year **AND** have already completed their background check, they are covered until they graduate from high school and **DO NOT** need to complete a fingerprinting. **IF** the student turns 18 during the school year and **DID NOT** complete a background check, they must now do the fingerprinting portion also.
 - Once the background check form is submitted, the guardian/student will call the number at the bottom of the form and pay for their background check over the phone.
- **Step Four:** When your students start to apply for their background screening and have paid the \$15.00 they will start showing up in your **Care About Child Care** Site. You must go in and accept them as they show up on your roster.
 - <http://careaboutchildcare.utah.gov/> Log in using your portal Name and Username if you are a first time user they may ask you to set up a new password for security.
 - Left side of page click into “Licensing Portal”
 - Left side click into “covered individuals” and start accepting your students and staff
 - **Step Five:** (If needed) If your new semester starts and you have NEW students that have NOT completed a background screening and are now eighteen, you must treat these students as adults

and have them complete both the background screening and the fingerprinting.

- Pay for fingerprinting at the local police department
- Pay for and complete background screening as instructed above
- Send in your fingerprinting card to: Child Care Licensing, P.O. Box, 142003 SLC, Utah 84114-2003

I hope these instructions and links will make your journey so much smoother!! We are all learning together so share anything that you discover that will help us.

Early Childhood Education FACS Programs and Senate Bill 12

During the 2015 Utah legislative session amendments were made to the Utah Health Code related to child care. The amendments changed the requirements for providers who are exempt from licensure child care centers (Our FACS ECE programs). Senate Bill 12 was made effective on May 12, 2015. A full copy of the bill can be found at <http://le.utah.gov/~2015/bills/static/SB0012.html>.

1. Our Early Childhood Education labs and training centers are exempt from licensing with the state of Utah. (1) High school child care centers may be exempt from licensing and certification requirements pursuant to 26-39-403(2)(a) if: (1) the child care provided is to "qualifying children" as defined in 26-39-401(8), (2) as part of a course of study, (3) at a program administered by an educational institution that is regulated by the boards of education of this state, a private education institution that provides education in lieu of that provided by the public education system, or by a parochial education institution.
 - Child Care Exempt Status, frequently asked questions prepared by the Utah Child Care licensing program is attached. It will help you answer most of your questions.
2. We are **NOT** exempt from having our students comply with the requirement of doing background screening checks (\$15) and fingerprinting for those 18 years and older (\$34.75). (2) Even though high school child care centers may be exempt from other requirements, pursuant to 26-39-404(1)(a) the background check (including fingerprinting) applies to facility staff, teachers, volunteers, and students.
Volunteers, except parents of children enrolled – Defined. 1) Volunteer are any volunteer who works with the children or is in the facility when care is being provided to children. When a parent who volunteers at a facility receives compensation (either monetary or free child care) for volunteering, he/she is considered an employee. A parent of an enrolled child who has not passed a background screening may not have unsupervised access to any child in care except his/her own child. 2) Volunteers include students completing a practicum for a high school or college course that involves working in a regulated child care facility, unless the requirement is that the student observe the children and not interact with them. *If the student only observes the children, does not interact with them and has a person present that has a background screening check, he/she does not need to submit background screening documents.* If a student is being paid to complete a practicum, he/she is considered an employee.

- **Child Care Background Screening, frequently asked questions prepared by the Utah Child Care licensing program is attached.** It will help you answer most of your questions.

Guidelines to comply with the Utah Department of Health Child Care Licensing (CCL) directives.

1- **Obtain Child Care Facility ID.** (No cost) Each FACS Early Childhood Education (ECE) program will have to have a facility ID from the Utah Department of Health - Child Care Licensing (CCL). To do that, they need to submit an application to be registered as legally exempt. Link to exempt status application: <http://health.utah.gov/licensing/Apply.htm>. Once the application is accepted, CCL will give them a facility ID. Applications are to be submitted online to childcarelicensing.utah.gov.

2. **Login & Password to CCL Provider Portal.** Each ECE FACS program will need access to the child care licensing (CCL) provider portal to submit facility background screening checks and fingerprinting documents. With a facility ID, the authorized administrator of the facility will need to contact Care About Child Care (CAC) at the region they belong, so CAC can assign them a login and password to the CCL provider portal. Here is their contact information:

<http://careaboutchildcare.utah.gov/contactRegions.aspx>

The facility administrator (FACS teacher) will use this CCL provider portal to authorize individuals who are to be working or associated with the FACS ECE Program and to manage their documentation and payments with CCL.

3. **Background Screening Checks and Fingerprinting.** Individuals who are to be associated with the child care facility (ECE Labs) must submit required background screening documents and fees within ten working days of a person's first day of volunteering or a person's first day of work with the facility to submit their information and fees to CCL. That information is a CCL background screening form and fingerprints. Your current facility staff, teachers, volunteers or students who are 18 years or older background screenings and fingerprinting do not meet the requirements by CCL. Only your background screenings and fingerprints with the CCL coding number are accepted.

The CCL background screening form can be found online at <https://ccl.utah.gov/ccl/#/background-screening-form>. The CCL background screening forms from your ECE Lab are to be submitted annually, online at childcarelicensing.utah.gov. (If you have a second semester class – you submit the forms at that time. The screening checks expire in one year from date issued.) The fee for the CCL background screening is \$15.00. (No printable background screening forms are available, online CCL applications must be used. Make sure the school facility ID code is put on all your applications.)

Child Care Licensing (CCL) cannot run a background screening check for any individual unless they are authorized by the individual or by their parent or legal guardian if the individual is not an adult. That is their mandate from state statute.

Fingerprints are for the FBI check, are only required once, and are only for individuals 18 years and older. The fee is \$34.75. Very few students will fall into this category - mainly staff, volunteers, and teachers. If a student turns 18 years old during the school year after they have done a background screening, they will not need to complete fingerprinting until their background screening expires. Background screening checks expire one year from the date issued. If the ECE staff, volunteers, teachers or students who are 18 at the time they first do the background screening check and fingerprinting are submitting their fingerprints **via life scan**, they may need to pay the person doing the life scan prints a separate fee for doing so. Check with your school districts for this

life scan service. When a person uses the life scan prints they will need to contact Joan Isom at 801-273-2859 to get our CCL code, so the results from the FBI can come to Child Care Licensing division.

OR, the individual can also submit a hard copy of their fingerprints processed by a local law enforcement office. Their fees for doing the fingerprints vary from office to office. The fingerprinting cards will need to be sent to the child care licensing staff to process them for a \$34.75 fee.

Payment of Fees to CCL. Background screening checks and fingerprinting fee payments can be mailed using a check or money orders; by phone are for credit and debit cards. Online payments are in the works. Make payments by phone by contacting one of our offices at 801-374-7688, 801-273-2904, or 801-273-2859. Alternative options for districts are being investigated.

4. **ECE Lab Management of CCL Provider Portal.** Once the student, staff, volunteer, teacher has submitted an online background screening form, the facility administrator (FACS teacher) will have to go to their CCL provider portal and click on the covered individuals tab to see those who have submitted their information and authorize them to be screened by CCL. That way the background screening form gets submitted to CCL. The facility administrator needs to check the covered individual tab to see if the individual has been cleared or denied, or if any fees or additional information is required.

All cleared individuals will show on the facility's covered individuals tab, and the facility administrator will have the ability to "disassociate" them any time they stop being involved with the facility.

Additional information that apply to our FACS Early Childhood Education labs and training centers in our Utah schools.

1. With regard to whether the fee may be waived for students. Each school district will cover this according to their district policies. A student may seek a waiver of the fee because local school boards have a duty to ensure that no student is denied the opportunity to participate because of an inability to pay the required fee, deposit, or charge. UCA 53A-12-103. A fee waiver would need to comply with statutory law and rules for student fee waivers.
2. **It also appears that we have room for suggested improvements to the law and may be opened back up again for some amendments in the coming session.** If teachers have feedback about these new rules, they should certainly feel free to share those issues with their legislators. You learned from Kari Malkovich at our FACS summer conference in June how to contact and advocate for your FACS program needs. Please work to make this happen so we can address it in this year's upcoming legislative session. The time to act is now.
3. Individual district support with funds for these program expenses. With regard to using district funds to assist – that is completely up to each district. Teachers will need to find out from there district what and if there are any funds to support the costs for them and their staff and any for students. The state has no guidelines on this, it is a district item.
4. If you want specific legal advice for your school/district/charter, you should refer to your own legal counsel for specific information.
5. Question: *What if a student or teacher moves from one school to another, will they need to redo the background screening?* CCL Answer: After we clear an individual, we send them a background screening card. They can use that card to work or volunteer at any child care facility in the state. As long as the card has not expired, they will only submit a background screening form through our website so we can associate them with the new facility they will be working or volunteering for and no payments are required. Could apply for child care WBL.

For any additional questions we recommend that you contact Simon Bolivar at the Utah Department of Health, Bureau of Child Development, Child Care Licensing. He is happy to also support any of your online needs and walk you through your questions.

Simon Bolivar | Bureau of Child Development | Child Care Licensing Administrator
Phone: (801) 803-4618 | sbolivar@utah.gov | <http://health.utah.gov/licensing/>

Dear ECE Student and Guardians,

The Early Childhood Training Centers across the state of Utah have a new requirement (Senate Bill 12 passed this last year <http://le.utah.gov/~2015/bills/static/SB0012.html>.) All students and teachers working with the children will be required to have a background check at the cost of \$15 and all 18 year olds and above will need a fingerprinting at the cost of \$52.75. **Both of these costs will be assessed as a school class fee.**

In order to get your background screening done, you will need to **go online** to the **Utah Child Care Licensing** website <https://ccl.utah.gov/ccl/#/background-screening-form>

****Please NOTE:** If you are under age 18 this form MUST be filled out and signed by a parent/guardian. If you are over 18 then you can fill in the form and sign it, but you will also need to be fingerprinted. We will complete the fingerprinting at the school.

*****IF the student turns 18 by the time their background screening form is completed; meaning they did the online application, licensing received it, they paid their fee and THEN they turn 18, they do NOT need to send in fingerprints.**

1. Notice that only the blue sections of the form need to be filled out.
2. Where it asks for the facility name or ID click the box: "Click here if your facility was not found" this will bring up a box where you will type in – **Davis District Layton High School.**

UTAH DEPARTMENT OF HEALTH Child Care Licensing

Provider Login CCL Staff Login

BACKGROUND SCREENING FORM

This form must be submitted annually for each Covered Individual.

This form must be completed by Covered Individuals 18 years old and older, and by Parents/Guardians of Covered Individuals younger than 18 years old.

Boxes shaded blue are for required information.

COVERED INDIVIDUAL INFORMATION

Legal First Name: Middle Name: Legal Last Name: Maiden Name:

All Previous Married Names: Aliases:

Date of Birth: Gender: Social Security Number: Driver's License #: State Issued:

Home Address: Street Address Apt #, Suite #, etc... City State Zip Code

Primary Phone: BCU ID:

Enter and select the facility name or facility ID:

Search Facilities Click here if your facility was not found

☐ I have submitted fingerprints through Live Scan

BACKGROUND SCREENING PROCESSING FEE

A \$15.00 fee is required to process each background screening.

- After filling in this portion, go down to the AUTHORIZATION AND RELEASE portion where, if you are under age 18, a parent/guardian will sign the form by typing their name, phone and email address. Now scroll down and hit **submit**.

AUTHORIZATION AND RELEASE

I hereby authorize the processing of this criminal background screening according to Utah Code 26-39-404. I authorize the investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in the denial of my screening. I also hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of or resulting from furnishing such information. I swear the information provided is true and correct to the best of my knowledge.

Signature of 18 year old and older Covered Individual or Parent/Guardian signature of Covered Individual younger than 18 years old authorizing this form.

Signature (By typing your name here, you legally approve the processing of this form):	Where can you be reached?
<input type="text"/>	Phone #: <input type="text"/> <input type="text"/> <input type="text"/> Email: <input type="text"/>
Name of individual completing form:	Where can you be reached?
<input type="text"/>	Phone #: <input type="text"/> <input type="text"/> <input type="text"/> Email: <input type="text"/>

GENERAL INFORMATION

Approval will be denied for any Covered Individual with a felony or misdemeanor A conviction, pending criminal charge, plea in abeyance, or diversion. Approval will also be denied for any Covered Individual with certain misdemeanor B or C convictions, such as offenses against the family, offenses against a person, pornography, prostitution or any type of sexual offense, simple assault, lewdness, child abuse, contributing to the delinquency of a minor, selling or supplying alcohol or tobacco to a minor, and animal cruelty.

If there is an error on a record or if the record can be expunged, it is the Covered Individual's responsibility to resolve the matter by contacting the Utah Department of Public Safety, Bureau of Criminal Identification. When the matter is resolved, the Covered Individual must submit a new Background Screening form and legal documentation of the expungement, dismissal, etc.

All information regarding the Covered Individual's background screening will be **kept confidential** and no confidential details regarding the screening will be released or disclosed over the phone. The Covered Individual and the provider will be notified if the background screening is not approved.

If the background screening is approved, a Background Screening Card will be issued for the approved Covered Individual and sent to the facility. The provider must make a copy of that card and keep it in the Covered Individual's file for review by the Department. The original Background Screening Card must be given back to the Covered Individual. The Background Screening Card must be renewed every year before the end of the month of the expiration date on the card by submitting a new Background Screening Form and all required fees.

A Covered Individual with a current Background Screening Card is **not required to submit this form** to become involved with child care. However, the provider has ten working days to submit to the Child Care Licensing a copy of the Covered Individual's Background Screening Card for verification and approval.

If a Covered Individual has moved out of the state, a new background form, fingerprints, and fees must be submitted within ten working days of becoming involved with child care or moving into a facility where child care is provided.

If you have any questions or concerns regarding this form or the criminal background screening procedure, feel free to call the Background Clearance Unit staff at 801-273-2859.

PAYMENTS

Checks or money orders made payable to "Utah Department of Health" can be mailed to Child Care Licensing, P.O. Box, 142003 SLC, Utah 84114-2003 or hand delivered to 3760 South Highland Dr Salt Lake City, Utah 84106.

Cash payments in the exact amount can be hand delivered to 3760 South Highland Dr Salt Lake City, Utah 84106.

Credit/Debit card payments can be made by contacting our Background Clearance Unit Supervisor, Joan Isom, at 801-273-2859.

- \$\$\$** The cost of both the background check and fingerprinting will be assessed as a school class fee and we will take care of them in one lump sum. You will not need to contact the Background Clearance Unit (BCU) to pay.
- Once your screening is completed a card will be sent to the school. We will make a copy of it and then give the card to the student. Your background check is NOT completed until you have the card.

This process needs to be completed within the first 10 days of this semester or the student will NOT be allowed to go into the Early Childhood Training Center or work with the children UNTIL it is done.

If you have any questions or concerns, please feel free to contact your teacher, Simon Bolivar (licensing admin) 8018034618, or BCU staff 18663200513.

Dear ECE Student and Guardians,

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← → ↻ 🏠 <https://ccl.utah.gov/ccl/#/background-screening-form>

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UTAH DEPARTMENT OF HEALTH Child Care Licensing Provider Login CCL Staff Login

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All Previous Married Names: Aliases:

Date of Birth: Gender: Social Security Number: Driver's License #: State Issued:

Home Address: Street Address Apt #, Suite #, etc... City State Zip Code

Primary Phone: BCU ID: **IGNORE**

Enter and select the facility name or facility ID:

Search Facilities Click here if your facility was not found

☐ I have submitted fingerprints through Live Scan

BACKGROUND SCREENING PROCESSING FEE

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Approval will be denied for any Covered Individual with a felony or misdemeanor A conviction, pending criminal charge, plea in abeyance, or diversion. Approval will also be denied for any Covered Individual with certain misdemeanor B or C convictions, such as offenses against the family, offenses against a person, pornography, prostitution or any type of sexual offense, simple assault, lewdness, child abuse, contributing to the delinquency of a minor, selling or supplying alcohol or tobacco to a minor, and animal cruelty.

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Cash payments in the exact amount can be hand delivered to 3760 South Highland Dr Salt Lake City, Utah 84106.

Credit/Debit card payments can be made by contacting our Background Clearance Unit Supervisor, Joan Isom, at 801-273-2859.

- \$\$\$** To pay for the \$15.00 background check, call the number on the screen or you can call: America 801-273-6617, Heather 801-374-7688, Austin 801-273-2904, Joan 801-273-2859 or 1-800-894-2588.
- Once your screening is completed a card will be sent to the school. We will make a copy of it and then give the card to the student. Your background check is NOT completed until you have the card.

This process needs to be completed within the first 10 days of this semester or the student will NOT be allowed to go into the Early Childhood Training Center or work with the children UNTIL it is done.

If you have any questions or concerns, please feel free to contact your teacher, Simon Bolivar (licensing admin) 8018034618, or BCU staff 18663200513.

Child Care Training Center Utah Licensing Laws and Standards

Use this website to fill in the information

<http://health.utah.gov/licensing/centerinterpretation.htm>

Dear Child Care Training Center Students, as a state license following facility, if you ever see any of these laws and standards NOT being followed by a paid employee or by a student, please inform the Center Director immediately so that we can get it fixed.

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 4 for single age group of children.

TABLE 4			
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

- a. Children ages birth – 23 months shall have #1 caregiver in the room for every #4 of children in the room. There shall be no more than #8 children of this age at a time in the room.
 - b. Children ages 2 years old shall have #1 caregivers in the room for every #7 of children in the room. There shall be no more than #14 children of this age at a time in the room.
 - c. Children ages 3 years old shall have #1 caregivers in the room for every #12 of children in the room. There shall be no more than #24 children of this age at a time in the room.
 - d. Children ages 4 years old shall have #1 caregivers in the room for every #15 of children in the room. There shall be no more than #30 children of this age at a time in the room.
- (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) Mixed age groups shall meet the ratios and group sizes requirement in Tables 5-15.

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 walkways are 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) fire arms, ammunition, and other weapons on the premises. Firearms shall be stored separately from ammunition, in a cabinet or area that is locked with a key or combination lock, 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 sunscreen, 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, cords, wires and chains 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 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 3 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 shall not have a designated play surface that exceeds 5 ½ 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 6 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 4 feet deep, there shall be a Red Cross certified lifeguard 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 and 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, 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. (e) School age children may sign themselves in and out of the center with written permission from their parent.

(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. If a school age child signs himself or herself out of the center, a copy of the report shall be mailed to the parent on the day following the 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) The licensee shall ensure that no child is 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 for the caregiver.

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 dietitian. 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 6 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 3 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 ensure that caregivers who serve food to children are aware of food allergies and sensitivities for the children in their assigned group, and that children are not served the food or drink they have an allergy or sensitivity to

(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 medications; (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 will 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 toilets; (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 that are readily visible from 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) Persons with contagious TB shall not work or volunteer in the center.
- (12) Children's clothing shall be changed promptly if they have a toileting accident.
- (13) 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 leak proof container, labeled with the child's name, and returned to the parent.
- (14) If the center uses a potty chair, the provider shall clean and sanitize the chair after each use.
- (15) Staff who prepare food in the kitchen shall not change diapers or assist in toileting children.
- (16) 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.
- (17) 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.
- (18) 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.
- (19) 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.
- (20) 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.
- (21) 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 as specified in this rule.
- (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 leak proof 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 child; (b) the name of the medication; (c) 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 (d) the parents 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 reactions 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.

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 rest times shall not exceed two hours daily, but the length of nap times are based upon the child's length of sleep.
- (3) A separate crib, cot, or mat shall be used for each child during nap times.
- (4) Mats and mattresses used for napping 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 1 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 policy 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 accessible to children, the toys and equipment needed to carry out the activity plan
- (5) If off-site activities are offered: (a) the provider shall obtain written parental for each activity in advance; (b) caregivers shall take written emergency and releases with them for each child in the group, which shall include: (i) the child's; (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;
- (5) If off-site activities are offered: (c) the provider shall maintain required caregiver to child ratio 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 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 has been already specified. 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 transports.

R430-100-22: ANIMALS.

- (1) The provider shall inform parents of the types of animals permitted at the facility.
- (2) All animals at or brought to the facility shall be clean and free of obvious disease or health problems that could adversely affect children.
- (3) All animals at or brought to 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) Infants, toddlers, and preschoolers shall not assist with the cleaning of animals or animal cages, pens, or equipment.
- (6) If a school aged child assists in the cleaning of animals or animal equipment, the child shall wash his or her hands immediately after cleaning the animal or equipment.
- (7) There shall be no animals or animal equipment in the food preparation or eating areas.
- (8) 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 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 the diapering procedures at each diapering station and ensure that they are followed.

The American Academy of Pediatrics and the American Public Health Association recommend the following diapering procedures:

- 1. Before you bring the child to the diaper changing area, wash your hands and bring the supplies you will need to the diaper changing area, including: a clean diaper, clean clothes (if needed), wipes removed from the container, disposable gloves (if you will use them), and diaper cream on a tissue or paper towel.***
- 2. Carry the child to the changing table, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.***
- 3. Unfasten the soiled diaper but leave it under the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from front to back, using a fresh wipe each time. Put the soiled wipes into the soiled diaper, or directly into a plastic-lined, hands-free covered container.***
- 4. Fold the soiled diaper surface inward, and put the soiled diaper into a plastic-lined, hands-free covered container. If reusable cloth diapers are used, put the soiled diaper and its contents, without rinsing, into a plastic bag or a plastic-lined, hands-free covered container.***
- 5. If gloves were used, remove them and put them into a plastic-lined, hands-free covered container. Use a disposable wipe to clean the caregiver's hands, and another wipe to clean the child's hands. Put the soiled wipes into a plastic-lined, hands-free covered container.***
- 7. Slide a clean diaper under the child and use the tissue or paper towel to apply any necessary diaper cream. Dispose of the tissue or paper towel in a plastic-lined, hands-free covered container, then fasten the diaper.***
- 8. Wash the child's hands and return them to the group.***
- 9. Clean and Sanitize the diaper changing surface.***
- 10. Wash your hands.***

(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 wet and 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 leak-proof container that is inaccessible to children and labeled with the child's name, or a leak-proof 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) Caregivers 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 in the group.

(2) Infants and toddlers shall not use outdoor play areas at the same time as older children unless there are 8 or fewer children in the group.

(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 chairs 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 1/4th 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

(7) Formula and milk, including breast milk, shall be discarded after feeding, or within 2 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 / 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 furniture designed for sleep such as a crib, bassinet, portable-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 inch 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 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 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 before another child play with it; and (c) after being contaminated by body fluids.**

Child Care Training
Center Utah Licensing
Laws and Standards

KEY

- | | | |
|-----------------------|-----------------------|-------------------|
| 1. Direct supervision | 32. Electrical | 68. Prohibited |
| 2. All times | 33. 120 | 69. Admit |
| 3. Minimize | 34. Safety straps | 70. Immunizations |
| 4. Two | 35. Under 3 | 71. Parent |
| 5. Maintain | 36. Hard | 72. Allergies |
| 6. Ratios | 37. Mats | 73. Instructions |
| 7. Age group | 38. 5 ½ | 74. Health |
| 8. 1,4,8 | 39. Cushioning | 75. Local |
| 9. 1, 7,14 | 40. Trampolines | 76. 6 |
| 10. 1, 12,24 | 41. Swimming pool | 77. Post |
| 11. 1,15,30 | 42. Enclosed | 78. Menu |
| 12. Exempt | 43. Lifeguard | 79. Snacks |
| 13. Maintained | 44. Wading pools | 80. 3 |
| 14. Mixed age groups | 45. Supervising | 81. Serve |
| 15. Ensure | 46. Swim | 82. Hands |
| 16. Free | 47. Sanitized | 83. Bare |
| 17. Free | 48. Post | 84. Allergies |
| 18. Pull down | 49. Access | 85. Served |
| 19. Fire arms | 50. All | 86. Parents |
| 20. Illegal | 51. Procedures | 87. Labeled |
| 21. Space heaters | 52. Signed | 88. Staff |
| 22. Chemicals | 53. Into | 89. Wash |
| 23. Poisonous | 54. Identifiers | 90. Warm |
| 24. Matches | 55. Photo | 91. Preparing |
| 25. Flames | 56. Unknown | 92. Eating |
| 26. Sharp | 57. Parents | 93. Diapering |
| 27. Encircle | 58. Emergency, verbal | 94. Toilet |
| 28. Large, balloons | 59. Incident | 95. Medications |
| 29. Less | 60. Report | 96. Body fluids |
| 30. Removable | 61. Serious | 97. Animals |
| 31. Labeled | 62. Report | 98. Outdoors |
| | 63. Loss | 99. Garbage |
| | 64. Before | 100. Children |
| | 65. Emergency contact | 101. Warm |
| | 66. Abuse | 102. Meals |
| | 67. Reporting | 103. Toilets |
| | | 104. Body fluids |
| | | 105. Animals |

106. Outdoors	144. Trained	180. Sanitize
107. Single	145. Full	181. Each
108. Toilet	146. Original	182. Sheet
109. Hand washing	147. Original	183. Assigned, 1
110. Visible	148. Caps	184. Separately
111. Teach	149. Inaccessible	185. Laundered
112. Oversee	150. Permission	186. 2
113. Hygiene	151. Child	187. Blocks
114. One	152. Medication	188. Discipline
115. Touch	153. Instructions	189. Positive
116. Sanitize	154. Dosage	190. Limits
117. Machine	155. Method	191. Restraint
118. Covers	156. Times	192. Needed
119. Weekly	157. Condition	193. Not
120. Daily	158. Parents	194. Pain
121. Hands	signature	195. Shouting
122. Promptly	159. Not brought	196. Emotional
123. Wet or soiled	160. Not	197. With holding
124. Center	161. Prior	198. Confining
125. Leak proof	162. Picking	199. Schedule
126. Potty	163. Refusal	200. Outdoor play
127. Food	164. Administering	201. Development
128. Body fluid	medication	202. Accessible
129. Location	165. Wash	203. Parental
130. Use the kit	166. Confirm	204. Emergency
131. Not care for	167. Compare	205. Include
132. After	168. Immediately	206. Ratio
133. Separate	169. Reactions	207. Certification
134. Supervised	170. Daily	208. First aid
135. Contact	171. Low	209. Wear or carry
136. Immediately	172. 2	210. Wash
137. Contacts	173. Separate	211. Clean
138. Notify	174. Waterproof	212. Offered
139. Post	175. Good	213. Transporting
140. Notice	176. Clearly	214. Appropriate
141. Seen	177. At least	215. 60-90 degrees
142. Same day	178. Prior	216. Certification
143. 5	179. Touch	217. Adult

- | | | |
|------------------------------|------------------------------|-------------------------------|
| 218. Driver's
license | 251. Promptly | 286. Styrofoam |
| 219. Wearing | 252. Check | 287. Promptly |
| 220. Seated | 253. Two hours | 288. Distress |
| 221. Diseases | 254. Record daily | 289. Stimulation |
| 222. History | 255. Hour | 290. Interaction |
| 223. Reptiles | 256. Care | 291. 20 minutes |
| 224. Station | 257. Prepare | 292. Confined |
| 225. Railings | 258. Infants and
toddlers | 293. 30 minutes |
| 226. Unattended | 259. Same time | 294. Freedom |
| 227. Good repair | 260. Hold | 295. Safe |
| 228. diapering
procedures | 261. Propped | 296. Enough |
| 229. followed | 262. High chairs | 297. Cleaned and
sanitized |
| 230. Wash | 263. Solid | 298. Weekly |
| 231. Supplies | 264. Cut | 299. Mouth |
| 232. Changing
table | 265. 1/4 th | 300. Body fluids |
| 233. Under | 266. Labeled | |
| 234. Front to back | 267. Preparation | |
| 235. Each time | 268. Refrigerated | |
| 236. Inward | 269. Discarded | |
| 237. Container | 270. 2 hours | |
| 238. Caregivers
hands | 271. Shaken and
tested | |
| 239. Child's hands | 272. Labeled | |
| 240. Clean | 273. Shared | |
| 241. Towel | 274. One | |
| 242. Child's hands | 275. Equipment | |
| 243. Clean Sanitize | 276. Sleep | |
| 244. Wash | 277. Not be placed | |
| 245. After each | 278. Cribs | |
| 246. Before and
after | 279. Tight fitting | |
| 247. Plastic lining | 280. Not | |
| 248. Lid | 281. Stomachs | |
| 249. Daily clean | 282. Pattern | |
| 250. Cloth | 283. Daily record | |
| | 284. Eating and
sleeping | |
| | 285. Prohibited | |

Name: _____

Period _____

DUE: MIDTERMS

Child Care Training Center Licensing Laws and Standards

Use this website <http://health.utah.gov/licensing/centerinterpretation.htm> to fill in the information.

Child Care Training Center Students, as a state licensed facility, if you ever see any of these laws and standards NOT being followed by a paid employee or by a student, please inform the Center Director immediately so that we can get it fixed.

R430-100-11: SUPERVISION AND RATIOS.

- (1) The provider shall ensure that caregivers provide and maintain _____(1)_____ of all children at _____(2)_____.
- (2) Caregivers shall actively supervise children on the playground to ____ (3)_____ the risk of injury to a child.
- (3) There shall be at least ____ (4)_____ caregivers with the children at all times when there are more than 8 children or more than 2 infants present.
- (4) The licensee shall ____ (5)_____ the minimum caregiver to child ____ (6)_____ and group sizes in Table 4 below for single ____ (7)_____ of children.

TABLE 4			
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

- a. Children ages birth – 23 months shall have #_(8)_ caregivers in the room for every #_(8)_ of children in the room. There shall be no more than #_(8)_ children of this age at a time in the room.
- b. Children ages 2 years old shall have #_(9)_ caregivers in the room for every #_(9)_ of children in the room. There shall be no more than #_(9)_ children of this age at a time in the room.
- c. Children ages 3 years old shall have #_(10)_ caregivers in the room for every #_(10)_ of children in the room. There shall be no more than #_(10)_ children of this age at a time in the room.
- d. Children ages 4 years old shall have #_(11)_ caregivers in the room for every #_(11)_ of children in the room. There shall be no more than #_(11)_ children of this age at a time in the room.

- (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 ___(12)_____ from maximum group size requirements, if the required caregiver to child ratios are _____(13)_____, and the required square footage for each classroom is maintained.
- (6) _____(14)_____ shall meet the ratios and group sizes requirements in Tables 5-15.

R430-100-12: INJURY PREVENTION.

- (1) The provider shall ___(15)_____ 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 walkways are ___(16)_____ of tripping hazards such as unsecured flooring or cords.
- (3) Areas accessible to children shall be ___(17)_____ of unstable heavy equipment, furniture, or other items that children could _____(18)_____ on themselves.
- (4) The following items shall be inaccessible to children:
- (a) ___(19)____, ammunition, and other weapons on the premises. Firearms shall be stored separately from ammunition, in a cabinet or area that is locked with a key or combination lock, unless the use is in ___(20)___ with the Utah Concealed Weapons Act, or as otherwise allowed by law;
 - (b) tobacco, alcohol, substances, and sexually explicit material;
 - (c) when in use, portable ___(21)____, fireplaces, and wood burning stoves;
 - (d) toxic or hazardous ___(22)___ such as cleaners, insecticides, lawn products, and flammable materials;
 - (e) ___(23)___ plants;
 - (f) ___(24)___ or cigarette lighters;
 - (g) open ___(25)_____;
 - (h) ___(26)___ objects, edges, corners, or points which could cut or puncture skin;
 - (i) for children age 4 and under, ropes, cords, wires and chains long enough to ___(27)___ a child's neck, such as those found on window blinds or drapery cords;
 - (j) for children age 4 and under, plastic bags ___(28)___ enough for a child's head to fit inside, latex gloves, and ___(28)___ ;
 - and (k) for children age 2 and under, toys or other items with a diameter of ___(29)___ than 1-1/4 Inch and a length of less than 2-1/4 inches, or objects with ___(30)___ 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 ___(31)___ with its contents.
- (6) ___(32)___ 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 ___(33)___ degrees Fahrenheit.

- (8) High chairs shall have T-shaped ____ (34) ____ 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 ____ (35) ____ shall not have a designated play surface that exceeds 3' 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 ____ (36) ____ surface, such as wood, tile, linoleum, or concrete, and shall have a 3 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 ____ (37) ____ 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 shall not have a designated play surface that exceeds ____ (38) ____ in height.
- (a) If such equipment has an elevated designated play surface less than 3 feet in height, it shall be surrounded by protective ____ (39) ____ 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 ____ (40) ____ on the premises that are accessible to any child in care.
- (12) If there is a ____ (41) ____ on the premises that is not emptied after each use:
- (a) the provider shall ensure that the pool is ____ (42) ____ within a fence or other solid barrier at least 6 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 4 feet deep, there shall be a Red Cross certified ____ (43) ____ 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 ____ (44) ____ are used:
- (a) a caregiver must be at the pool ____ (45) ____ children whenever there is water in the pool;
- (b) diapered children must wear ____ (46) ____ diapers and rubber pants while in the pool; and
- (c) the pool shall be emptied and ____ (47) ____ after each use by a separate group of children.

R430-100-13: PARENT NOTIFICATION AND CHILD SECURITY.

- (1) The provider shall ____ (48) ____ a copy of the Department's child care guide in the center for parents' review during business hours.

(2) Parents shall have ____ (49) ____ to the center and their child's classroom at ____ (50) ____ times their child is in care.

(3) The provider shall ensure the following ____ (51) ____ are followed when children arrive at the center or leave the center:

(a) Each child must be ____ (52) ____ in and out of the center, including the date and ____ (53) ____ 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 ____ (54) ____, such as a signature, initials, or electronic code, and shall have ____ (55) ____ identification if they are ____ (56) ____ to the provider.

(d) Only ____ (57) ____ or persons with written authorization from the parent may take any child from the center. In an ____ (58) ____, the provider may accept ____ (58) ____

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. (e) School age children may sign themselves in and out of the center with written permission from their parent.

(4) The provider shall give parents a written report of every ____ (59) ____, 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 ____ (60) ____ on the day of occurrence. If a school age child signs himself or herself out of the center, a copy of the report shall be mailed to the parent on the day following the occurrence.

(5) If a child is injured and the injury appears ____ (61) ____ but not life threatening, the provider shall contact the parent immediately, in addition to giving the parent a written ____ (62) ____ of the injury.

(6) In the case of a life threatening injury to a child, or an injury that poses a threat of the ____ (63) ____ of vision, hearing, or a limb, the provider shall contact emergency personnel immediately,

____ (64) ____ contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, the provider shall attempt to contact the child's ____ (65) ____ person.

R430-100-14: CHILD HEALTH.

(1) The licensee shall ensure that no child is subjected to physical, emotional, or sexual ____ (66) ____ while in care.

(2) All staff shall follow the mandatory ____ (67) ____ 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 ____ (68) ____ any time that children are in care.

(4) The provider shall not __ (69) __ any infant, toddler, or preschooler to the center without documentation of:

- (a) proof of current __ (70) __, 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 __ (71) __ which shall include:

- (a) __ (72) __; (b) food sensitivities; (c) acute and chronic medical conditions;
- (d) __ (73) __ for special or non-routine daily health care; (e) current medications; and,
- (f) any other special __ (74) __ for the caregiver.

R430-100-15: CHILD NUTRITION.

(1) If food service is provided:

- (a) The provider shall ensure that the center's meal service complies with __ (75) __ 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 dietitian. 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 __ (76) __ week record of foods served at each meal or snack. (d) The provider shall __ (77) __ the current week's __ (78) __ for parent review.

(2) The provider shall offer meals or __ (79) __ at least once every __ (80) __ hours.

(3) The provider shall __ (81) __ 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 __ (82) __. The provider shall not place food on a __ (83) __ table.

(4) The provider shall ensure that caregivers who serve food to children are aware of food __ (84) __ and sensitivities for the children in their assigned group, and that children are not __ (85) __ the food or drink they have an allergy or sensitivity to.

(5) The provider shall ensure that food and drink brought in by __ (86) __ for an individual child's use is __ (87) __ with the child's name and refrigerated if needed.

R430-100-16: INFECTION CONTROL.

(1) ___(88)___ shall ___(89)___ their hands thoroughly with liquid soap and ___(90)___ running water at the following times:

- (a) before handling or ___(91)___ food or bottles; (b) before and after ___(92)___ meals and snacks or feeding children; (c) before and after ___(93)___ a child;
- (d) after using the ___(94)___ or helping a child use the toilet; (e) before administering ___(95)___; (f) after coming into contact with ___(96)___, including breast milk; (g) after playing with or handling ___(97)___; (h) when coming in from ___(98)___; and (i) after cleaning or taking out ___(99)___.

(2) The provider shall ensure that ___(100)___ will wash their hands thoroughly with liquid soap and ___(101)___ running water at the following times:

- (a) before and after eating ___(102)___ and snacks; (b) after using the ___(103)___;
- (c) after coming into contact with ___(104)___; (d) after playing with ___(105)___; and
- (e) when coming in from ___(106)___.

(3) Only ___(107)___ use towels from a covered dispenser or an electric hand-drying device may be used to dry hands.

(4) The provider shall ensure that ___(108)___ paper is accessible to children, and that it is kept on a dispenser.

(5) The provider shall post ___(109)___ that are readily ___(110)___ from each hand washing sink, and they shall be followed.

(6) Caregivers shall ___(111)___ children proper hand washing techniques and shall ___(112)___ hand washing whenever possible.

(7) Personal ___(113)___ 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 ___(114)___ child, and shall be stored so that they do not ___(115)___ each other.

(8) The provider shall clean and ___(116)___ all washable toys and materials weekly, or more often if necessary.

(9) Stuffed animals, cloth dolls, and dress-up clothes must be ___(117)___ washable. Pillows must be machine washable, or have removable ___(118)___ that are machine washable. The provider shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows or covers ___(119)___.

(10) If water play tables or tubs are used, they shall be washed and sanitized ___(120)___, and children shall wash their ___(121)___ prior to engaging in the activity.

(11) Persons with contagious TB shall not work or volunteer in the center.

(12) Children's clothing shall be changed ___(122)___ if they have a toileting accident.

(13) Children's clothing which is ____ (123) ____ from body fluids:

(a) shall not be rinsed or washed at the ____ (124) ____; and

(b) shall be placed in a ____ (125) ____ container, labeled with the child's name, and returned to the parent.

(14) If the center uses a ____ (126) ____ chair, the provider shall clean and sanitize the chair after each use.

(15) Staff who prepare ____ (127) ____ in the kitchen shall not change diapers or assist in toileting children.

(16) The center shall have a portable ____ (128) ____ clean up kit.

(a) All staff shall know the location of the ____ (129) ____ and how to use it. (b) The provider shall ____ (130) ____ to clean up spills of body fluids. (c) The provider shall restock the kit as needed.

(17) The center shall ____ (131) ____ children who are ill with an infectious disease, except when a child shows signs of illness ____ (132) ____ arriving at the center.

(18) The provider shall ____ (133) ____ children who develop signs of an infectious disease after arriving at the center from the other children in a safe, ____ (134) ____ location.

(19) The provider shall ____ (135) ____ the parents of children who are ill with an infectious disease and ask them to ____ (136) ____ pick up their child. If the provider cannot reach the parent, the provider shall contact the individuals listed as emergency ____ (137) ____ for the child and ask them to pick up the child.

(20) The provider shall ____ (138) ____ 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.

(21) The provider shall ____ (139) ____ a parent ____ (140) ____ 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 ____ (141) ____ by all parents. (b) The provider shall post and date the notice the ____ (142) ____ the disease or parasite is discovered, and the notice shall remain posted for at least ____ (143) ____ days.

R430-100-17: MEDICATIONS.

(1) If medications are given, they shall be administered to children only by a provider ____ (144) ____ in the administration of medications as specified in this rule.

(2) All over-the-counter and prescription medications shall: (a) be labeled with the child's ____ (145) ____ name; (b) be kept in the ____ (146) ____ or pharmacy container; (c) have the ____ (147) ____ label; and, (d) have child-safety ____ (148) ____.

(3) All non-refrigerated medications shall be ____ (149) ____ 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 leak proof container.

(4) The provider shall have a written medication ____ (150) ____ 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 ____ (151) ____; (b) the name of the ____ (152) ____;

(c) written ____ (153) ____ for administration; including:

(i) the ____ (154) ____; (ii) the ____ (155) ____ of administration;

(iii) the ____ (156) ____ and dates to be administered; and (iv) the disease or ____ (157) ____ being treated; and (d) the ____ (158) ____ and the date signed.

(5) If the provider keeps over-the-counter medication at the center that is ____ (159) ____ in by a parent for their child's use, the medication shall ____ (160) ____ be administered to any child without prior parental consent for each instance it is given. The consent must be either:

(a) ____ (161) ____ 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 ____ (162) ____ 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 ____ (163) ____ to administer the medication prior to the time the medication needs to be given.

(7) When ____ (164) ____, the provider administering the medication shall: (a) ____ (165) ____ their hands; (b) check the medication label to ____ (166) ____ the child's name;

(c) ____ (167) ____ 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) ____ (168) ____ 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 ____ (169) ____ 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.

R430-100-18: NAPPING.

- (1) The center shall provide children with a ___(170)___ opportunity for rest or sleep in an environment that provides subdued lighting, a ___(171)___ noise level, and freedom from distractions.
- (2) Scheduled rest times shall not exceed ___(172)___ hours daily, but the length of nap times are based upon the child's length of sleep.
- (3) A ___(173)___ crib, cot, or mat shall be used for each child during nap times.
- (4) Mats and mattresses used for napping shall have a smooth, ___(174)___ surface.
- (5) The provider shall maintain sleeping equipment in ___(175)___ repair.
- (6) If sleeping equipment is ___(176)___ assigned to and used by an individual child, the provider must clean and sanitize it as needed, but ___(177)___ weekly.
- (7) If sleeping equipment is not clearly assigned to and used by an individual child, the provider must clean and sanitize it ___(178)___ to each use.
- (8) The provider must either store sleeping equipment so that the surfaces children sleep on do not ___(179)___ each other, or else clean and ___(180)___ sleeping equipment prior to ___(181)___ use.
- (9) A ___(182)___ and blanket or acceptable alternative shall be used by each child during nap time. These items shall be:
 - (a) clearly ___(183)___ to ___(183)___ child;
 - (b) stored ___(184)___ from other children's when not in use; and,
 - (c) ___(185)___ 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 ___(186)___ feet apart when in use, to allow for adequate ventilation, easy access, and ease of exiting.
- (11) Cots and mats may not ___(187)___ exits.

R430-100-19: CHILD DISCIPLINE.

- (1) The provider shall inform caregivers, parents, and children of the center's behavioral ___(188)___ for children.
- (2) The provider may discipline children using ___(189)___ reinforcement, redirection, and by setting clear ___(190)___ that promote children's ability to become self-disciplined.
- (3) Caregivers may use gentle, passive ___(191)___ with children only when it is ___(192)___ to stop children from injuring themselves or others or from destroying property.
- (4) Discipline measures shall ___(193)___ 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 ___(194)___ 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) ___(195)___ at children; (d) any form of ___(196)___ abuse; (e) forcing or ___(197)___ of food, rest, or toileting; and, (f) ___(198)___ 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 ___(199)___ 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 ___(200)___ if weather permits.
- (3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language ___(201)___ . 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 ___(202)___ to children, the toys and equipment needed to carry out the activity plan
- (5) If off-site activities are offered: (a) the provider shall obtain written ___(203)___ for each activity in advance; (b) caregivers shall take written ___(204)___ and releases with them for each child in the group, which shall ___(205)___:
 - (i) the child's
 - (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;
- (5) If off-site activities are offered: (c) the provider shall maintain required caregiver to child ___(206)___ 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 ___(207)___; (e) caregivers shall take a ___(208)___ with them;
- (f) children shall ___(209)___ 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 ___(210)___ their hands as specified in. If there is no source of running water, caregivers and children may ___(211)___ their hands with wet wipes and hand sanitizer.
- (6) If swimming activities are ___(212)___, 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 ___(213)___ children shall: (a) be enclosed; (b) be equipped with individual, size ___(214)___ 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 ___(215)___ 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 ___(216)___.
- (3) The ___(217)___ transporting children shall: (a) have and carry with them a current valid Utah ___(218)___, 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 ___(219)___ 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 ___(220)___ 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 transports.

R430-100-22: ANIMALS.

- (1) The provider shall inform parents of the types of animals permitted at the facility.
- (2) All animals at or brought to the facility shall be clean and free of obvious disease or health problems that could adversely affect children.
- (3) All animals at or brought to the facility shall have current immunizations for all vaccine preventable ___(221)___ 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 ___(222)___ of dangerous, attacking, or aggressive behavior, or a history of biting even one person.
- (5) Infants, toddlers, and preschoolers shall not assist with the cleaning of animals or animal cages, pens, or equipment.
- (6) If a school age child assists in the cleaning of animals or animal equipment, the child shall wash his or her hands immediately after cleaning the animal or equipment.
- (7) There shall be no animals or animal equipment in the food preparation or eating areas.
- (8) Children shall not handle ___(223)___ 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 ___(224)____. Diapers shall not be changed on surfaces used for any other purpose.
- (2) Each diapering station shall be equipped with ___(225)____ to prevent a child from falling when being diapered.
- (3) Caregivers shall not leave children ___(226)____ on the diapering surface.
- (4) The diapering ___(227)____ shall be smooth, waterproof, and in good repair.
- (5) The provider shall post ___(228)____ at each diapering station and ensure that they are ___(229)____.

The American Academy of Pediatrics and the American Public Health Association recommend the following diapering procedures:

- 1. Before you bring the child to the diaper changing area, wash your ___(230)____ and bring the ___(231)____ you will need to the diaper changing area, including: a clean diaper, clean clothes (if needed), wipes removed from the container, disposable gloves (if you will use them), and diaper cream on a tissue or paper towel.*
 - 2. Carry the child to the ___(232)____, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.*
 - 3. Unfasten the soiled diaper but leave it ___(233)____ the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from ___(234)____, using a fresh wipe ___(235)____. Put the soiled wipes into the soiled diaper, or directly into a plastic-lined, hands-free covered container.*
 - 4. Fold the soiled diaper surface ___(236)____, and put the soiled diaper into a plastic-lined, hands-free ___(237)____ container. If reusable cloth diapers are used, put the soiled diaper and its contents, without rinsing, into a plastic bag or a plastic-lined, hands-free covered container.*
 - 5. If gloves were used, remove them and put them into a plastic-lined, hands-free covered container. Use a disposable wipe to clean the ___(238)____, and another wipe to clean the ___(239)____. Put the soiled wipes into a plastic-lined, hands-free covered container.*
 - 7. Slide a ___(240)____ diaper under the child and use the tissue or paper ___(241)____ to apply any necessary diaper cream. Dispose of the tissue or paper towel in a plastic-lined, hands-free covered container, then fasten the diaper.*
 - 8. Wash the ___(242)____ and return them to the group.*
 - 9. ___(243)____ the diaper changing surface.*
 - 10. ___(244)____ your hands.*
- (6) Caregivers shall clean and sanitize the diapering surface ___(245)____ diaper change.

- (7) Caregivers shall wash their hands ____ (246) ____ each diaper change.
- (8) Caregivers shall place soiled disposable diapers in a container that has a ____ (247) ____ and a tightly fitting ____ (248) ____.
- (9) The provider shall ____ (249) ____ and sanitize containers where wet and soiled diapers are placed.
- (10) If ____ (250) ____ 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 leak-proof container that is inaccessible to children and labeled with the child's name, or a leak-proof diapering service container.
- (11) Caregivers shall change children's diapers ____ (251) ____ when they are wet or soiled, and shall ____ (252) ____ diapers at least once every ____ (253) ____.
- (12) Caregivers shall keep a written record ____ (254) ____ for each infant and toddler documenting their diaper changes. The record shall be completed within an ____ (255) ____ 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) Caregivers whose designated responsibility includes the ____ (256) ____ of diapered children shall not ____ (257) ____ 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 ____ (258) ____ with older children, unless there are 8 or fewer children present in the group.
- (2) Infants and toddlers shall not use outdoor play areas at the ____ (259) ____ as older children unless there are 8 or fewer children in the group.
- (3) If an infant is not able to sit upright and hold their own bottle, a caregiver shall ____ (260) ____ the infant during bottle feeding. Bottles shall ____ (261) ____.
- (4) The provider shall clean and sanitize ____ (262) ____ prior to each use.
- (5) The provider shall cut ____ (263) ____ foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall ____ (264) ____ solid foods for toddlers into pieces no larger than ____ (265) ____ 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) ____ (266) ____ with the child's name; (b) labeled with the date and time of ____ (267) ____ or opening of the container, such as a jar of baby food; (c) kept ____ (268) ____ if needed.
- (7) Formula and milk, including breast milk, shall be ____ (269) ____ after feeding, or within ____ (270) ____ of initiating a feeding.

- (8) To prevent burns, heated bottles shall be ____ (271) ____ for temperature before being fed to children.
- (9) Pacifiers, bottles, and non-disposable drinking cups shall be ____ (272) ____ with each child's name, and shall not be ____ (273) ____.
- (10) Only ____ (274) ____ infant or toddler shall occupy any one piece of ____ (275) ____ at any time, unless the equipment has individual seats for more than one child.
- (11) Infants shall ____ (276) ____ in furniture designed for sleep such as a crib, bassinet, portable-crib or play pen. Infants shall ____ (277) ____ to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment.
- (12) ____ (278) ____ must: (a) have ____ (279) ____ mattresses; (b) have slats spaced no more than 2 3/8 inch 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 strung across the crib rails.
- (13) Infants shall ____ (280) ____ be placed on their ____ (281) ____ 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 ____ (282) ____ of sleeping and eating.
- (15) Caregivers shall keep a written ____ (283) ____ for each infant documenting their ____ (284) ____ 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 ____ (285) ____.
- (17) Infants and toddlers shall not have access to objects made of ____ (286) ____.
- (18) Caregivers shall respond as ____ (287) ____ as possible to infants and toddlers who are in emotional ____ (288) ____ due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.
- (19) Awake infants and toddlers shall receive positive physical ____ (289) ____ and positive verbal ____ (290) ____ with a caregiver at least once every ____ (291) ____ minutes.
- (20) Awake infants and toddlers shall not be ____ (292) ____ for more than ____ (293) ____ 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 ____ (294) ____ of movement in a safe area.
- (22) To stimulate their healthy development, there shall be ____ (295) ____ accessible to infants and toddlers. There shall be ____ (296) ____ for each child in the group to be engaged in play with toys.
- (23) All toys used by infants and toddlers shall be ____ (297) ____: (a) ____ (298) ____; (b) after being put in a child's ____ (299) ____ before another child play with it; and (c) after being contaminated by ____ (300) ____.