

**Utah Department of Health, Child Care Licensing Program**  
**Child Care Center Rule Interpretation Manual**

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**Introduction**

This manual has been prepared for child care center owners and staff and licensing staff to help ensure statewide consistency in the understanding and enforcement of child care licensing rules. The manual contains the following information:



**Rule Text** – the text of each rule is printed in black bold font.

**Rational / Explanation** – Information under this heading explains the reason for each rule, and may also give additional helpful information about the rule.

**Enforcement** – Information under this heading gives any needed details on how a rule will be enforced, and the noncompliance level(s) of findings to the rule.

Information in the Rationale/Explanation section for most rules contains a reference to “CFOC.” CFOC refers to the book *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs*. This book contains health and safety standards for all types of child care programs. It is published by the American Academy of Pediatrics, the American Public Health Association, and the U.S. Department of Health & Human Services, Maternal and Child Health Bureau. The standards in *Caring for our Children* are generally accepted in the field as best practice standards for health and safety in child care programs. Utah has only implemented a portion of these standards in our child care licensing rules.

When Licensing Specialists find noncompliance with a licensing rule, they issue a Statement of Findings, which is mailed to the provider. The chart below shows the noncompliance levels and findings categories that Licensing Specialists use when issuing Statements of Findings. Throughout this manual, the “Enforcement” information for each rule specifies the noncompliance level(s) associated with Statements of Findings.

Noncompliance Levels	 <b>Finding Categories</b> 	<b>Technical Assistance</b>	<b>Cited</b>	<b>Repeat Cited</b>
Level 1		Level 1 Technical Assistance	Level 1 Cited	Level 1 Repeat Cited
Level 2		Level 2 Technical Assistance	Level 2 Cited	Level 2 Repeat Cited
Level 3		Level 3 Technical Assistance	Level 3 Cited	Level 3 Repeat Cited

Statements of Findings vary in seriousness, based on the potential or actual harm to children. The chart below shows the consequences Statements of Findings, based on the levels and finding categories from

the chart above.

	<b>Result for 1<sup>st</sup> Instance of Noncompliance</b>	<b>Result for 2<sup>nd</sup> Consecutive Instance of Noncompliance</b>	<b>Result for 3<sup>rd</sup> Consecutive Instance of Noncompliance</b>	<b>Result for 4<sup>th</sup> Consecutive Instance of Noncompliance</b>
Level 1 Noncompliance	Level 1 Cited Statement of Finding, Civil Money Penalty (CMP) Warning, On public record	Level 1 Repeat Cited Statement of Findings, Civil Money Penalty (CMP) Assessed, On public record	Level 1 Repeat Cited Statement of Findings, Civil Money Penalty (CMP) Assessed, On public record	Level 1 Repeat Cited Statement of Findings, Civil Money Penalty (CMP) Assessed, On public record
Level 2 Noncompliance	Level 2 Technical Assistance Statement of Findings, Not on public record	Level 2 Cited Statement of Findings, Civil Money Penalty (CMP) Warning, On public record	Level 2 Repeat Cited Statement of Findings, Civil Money Penalty (CMP) Assessed, On public record	Level 2 Repeat Cited Statement of Findings, Civil Money Penalty (CMP) Assessed, On public record
Level 3 Noncompliance	Level 3 Technical Assistance Statement of Findings, Not on public record	Level 3 Technical Assistance Statement of Findings, Not on public record	Level 3 Cited Statement of Findings, Civil Money Penalty (CMP) Warning, On public record	Level 3 Repeat Cited Statement of Findings, Civil Money Penalty (CMP) Assessed, On public record

Civil Money Penalties (CMP) are only assessed if there are two or more consecutive cited findings to the same rule during the last 12 months or back to the last Annual Announced Inspection.

**The one exception to the chart above is if actual harm to a child results from noncompliance with a rule. When this is the case, the category of the Statement of Findings may automatically rise to the cited for the first instance of noncompliance.**

Any substantiated allegation resulting in a Statement of Findings from a complaint investigation, regardless of the level, will be part of the provider's public record.

For any Statement of Findings that is issued or any Civil Money Penalty that is assessed, providers have 30 days after the Statement of Findings is issued and/or the Civil Money Penalty is assessed to appeal the action. The action is not finalized until this appeal period has passed.

This manual will be periodically updated as needed, and is available on the Child Care Licensing website at: <http://health.utah.gov/licensing>

To verify if you have the most current version of the manual, check the date in the bottom left-hand corner of the manual pages with the date of the version currently available on the website.

## R430-100-2: DEFINITIONS

- (1) **"Accredited College"** means a college accredited by an agency recognized by the United States Department of Education as a valid accrediting agency.

### Rationale / Explanation

*College coursework or degrees used by individuals to meet director qualifications must be from an accredited college. One easy way to determine if a college is accredited by an approved accrediting agency is if students at the college are eligible for federal financial aide. For information on accrediting agencies recognized by the U.S. Department of Education, see: <http://ope.ed.gov/accreditation/>*

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

- (2) **"ASTM"** means American Society for Testing and Materials.

### Rationale / Explanation

*The ASTM tests cushioning materials used under playground equipment to ensure they provide adequate cushioning to prevent life-threatening injuries in case a child falls from the equipment.*

- (3) **"Body Fluids"** means blood, urine, feces, vomit, mucous, and saliva.

### Rationale / Explanation

*Body fluids can spread disease. For this reason there are rules related to the proper handling of body fluids.*

- (4) **"Caregiver"** means an employee or volunteer who provides direct care to children.

### Rationale / Explanation

*Licensing rules specify criteria for caregivers, including, age, training, and background clearances. Licensing rules also specify various duties caregivers must perform.*

- (5) **"CPSC"** means the Consumer Product Safety Commission.

### Rationale / Explanation

*The CPSC establishes safety standards for consumer products, including playgrounds, playground equipment, and cushioning materials.*

- (6) **"Department"** means the Utah Department of Health.

### Rationale / Explanation

*The Utah Department of Health has the legal responsibility for regulating child care providers, as outlined in Utah Code, Chapter 26, Title 39.*

- (7) **"Designated Play Surface"** means a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and is at least 2" by 2" in size.

## R430-100-2: DEFINITIONS

### Rationale / Explanation

*The height of a designated play surface on a piece of play equipment determines how much protective cushioning is required in the use zone under and around the equipment.*

- (8) **"Direct Supervision"** for infants, toddlers, and preschoolers means the caregiver can see and hear all of the children in his or her assigned group, and is near enough to intervene when necessary. **"Direct Supervision"** for school age children means the caregiver must be able to hear school age children and must be near enough to intervene when necessary.

### Rationale / Explanation

*Children in care must always be under the direct supervision of a caregiver.*

*Direct supervision will be assessed based on the following definitions of a "room," which affect a caregiver's ability to see and/or hear children and intervene when necessary.*

1. **When a large room is divided into smaller rooms/areas with furniture or with half walls that are between 18 inches and 40 inches in height and there is an opening through which caregivers and children can move freely.** *In this case, the whole area is considered one room, and caregivers on one side of the furniture/divider are considered able to see and hear children on the other side of the furniture/divider and near enough to intervene when necessary. This means a caregiver on one side of the furniture/divider is considered able to directly supervise children on the other side of the furniture/divider.*
2. **When a large room is divided into smaller rooms/areas with furniture or with half walls that are between 18 inches and 40 inches in height and there is no opening between the two rooms/areas through which caregivers and children can move freely or there is an opening between the two sides and it is blocked from free movement back and forth by a closed gate.** *In this case, a caregiver on one side may be able to see and hear children on both sides but may not be able to intervene when necessary in situations where quick action is needed (for example, to stop one child from biting another). In these situations, a caregiver (or caregivers, depending on the number of children present) is needed on each side of the divided room any time there are children on that side of the room. This includes diaper changing stations that are located behind a closed gate.*
3. **When there is a wall between two rooms with an open door/doorway between the rooms:** *In this case, the rooms are considered two separate rooms and a caregiver (or caregivers, depending on the number of children present) must be present in both rooms to provide direct supervision, with the following exceptions:*
  - *If one or both rooms have **only school age children** in them, then a caregiver in one room is considered able to hear school age children in the other room and move quickly into the other room to intervene if needed, which meets the definition of direct supervision for school age children. If either room has any children younger than school age in it, then there must be a caregiver (or caregivers, depending on the number of children present) in that room to provide direct supervision.*
  - *If one of the two rooms is a bathroom or a room in which children's diapers are changed, one caregiver (or more, depending on the number of children present) is considered to be supervising both rooms.*
  - *If one of the rooms is a room in which the only activity that takes place is children napping in cribs, the napping children are considered to be supervised by a caregiver in the non-napping room only if there is window in the wall between the two rooms that is at least 3/4 the width of the wall, and at least 36 inches high, such that caregivers who are with the awake children can also see the children sleeping*

## R430-100-2: DEFINITIONS

in the cribs.

4. **If a wall has an opening or archway in it.** Measure the width of the opening or archway. This is Measurement A. Then measure the width of the wall that is on one or both sides of the opening. If there is wall on both sides of the opening, add these two widths together. This is measurement B. If measurement A is equal to or greater than measurement B, and the opening or archway is **not** blocked with furniture or other dividers, so that caregivers and children can move freely through the opening, then the wall with the opening or archway is not considered a "wall." The room is considered one room. If measurement A is less than measurement B, but the opening is at least 36" wide, then the provisions of #3 above apply. If measurement A is less than measurement B, and the opening is not at least 36" wide, then the room is considered two rooms.

*If there is an archway in a wall between two rooms that are different sizes, measure the wall in the larger of the two rooms.*

5. **If a small room** measures no more than 15 feet by 25 feet, and the opening or archway between the room meets the width requirement for one room (see #4 above), and the opening or archway is in or near the middle of the wall, the room is considered one room.

- (9) **"Emotional Abuse"** means behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, profane language, and inappropriate physical restraint.

### Rationale / Explanation

*Emotional abuse is prohibited in child care programs, including when disciplining children.*

- (10) **"Group"** means the children assigned to one or two caregivers, occupying an individual classroom or an area defined by furniture or another partition within a room.

- (11) **"Health Care Provider"** means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.

- (12) **"Inaccessible to Children"** means either locked, such as in a locked room, cupboard or drawer, or with a child safety lock, or in a location that a child can not get to.

### Rationale / Explanation

*In order for a room or area to be considered locked, it must be secured with a lock that is on the side of the children and the lock required a key or combination to unlock it or the lock is at least 60" high. In order for a room or area to be considered inaccessible, it must be secured with a device that is specifically manufactured as a child safety device.*

*In order for a cupboard or drawer to be considered locked, it must be secured with a lock that requires a key or combination to unlock it. In order for a cupboard or drawer to be considered inaccessible it must be secured with a device that is specifically manufactured as a child safety device.*

*In order for an item to be in a location where a child can not get to, the item needs to be on a shelf or in a cupboard higher than 36 inches in a room or area used by children age 2 and younger, or on a shelf or in a cupboard higher than 48 inches in a room or area used by children age 3 and older.*

## R430-100-2: DEFINITIONS

*In rooms used by children age 2 and under, an item is at the back of a counter that is at least 36" high and 2' deep on all sides, is considered inaccessible to the children.*

**(13) "Infant" means a child aged birth through 11 months of age.**

### Rationale / Explanation

*For the purposes of licensing rules, when a child turns 12 months of age, s/he is one-year-old and is therefore considered to be a "toddler".*

*In statute, a **child in care** is defined as a child under the age of 13 and under the age 18 for individuals with disabilities.*

**(14) "Infectious Disease" means an illness that is capable of being spread from one person to another.**

**(15) "Licensee" means the legally responsible person or persons holding a valid Department of Health child care license.**

### Rationale / Explanation

*The licensee is ultimately responsible for all aspects of the center's operation and for compliance with the licensing rules.*

**(16) "Over-the-Counter Medication" means medication that can be purchased without a written prescription from a health care provider. This includes herbal remedies and vitamins and mineral supplements.**

### Rationale / Explanation

*Unless any of these are prescription strength, medications do not include, topical antiseptic cream or ointment, diaper cream, sunscreen, baby powder, lotion, teething gel or tablets, saline-only eye drops, simethicone gas drops or pills, glucose tablets, hydrocortisone cream, acne creams or treatments, lip care products, and Pedialyte.*

**(17) "Parent" means the parent or legal guardian of a child in care.**

**(18) "Person" means an individual or a business entity.**

**(19) "Physical Abuse" means causing non-accidental physical harm to a child.**

### Rationale / Explanation

*Physical abuse is prohibited in child care programs, including when disciplining children.*

**(20) "Play Equipment Platform" means a flat surface on a piece of stationary play equipment intended for more than one user to stand on, and upon which the users can move freely.**

### Rationale / Explanation

*The height of a play equipment platform determines whether or not it requires a protective barrier to keep children from falling.*

## R430-100-2: DEFINITIONS

- (21) "Preschooler" means a child aged 2 through 4, and 5 year olds who have not yet started kindergarten.

*In statute, a **child in care** is defined as a child under the age of 13 and under the age 18 for individuals with disabilities.*

- (22) "Protective Barrier" means an enclosing structure such as bars, lattice, or a solid panel, around an elevated play equipment platform that is intended to prevent a child from either accidentally or deliberately passing through the barrier.

### Rationale / Explanation

*If one or more platforms on the equipment reach a certain height, protective barriers are required on play equipment in order to prevent falls from the platform.*

- (23) "Protective cushioning" means cushioning material that has been tested to and meets American Society for Testing and Materials Specification F 1292, such as unitary surfaces, wood chips, engineered wood fiber, and shredded rubber mulch. Protective cushioning may also include pea gravel or sand as allowed by the Consumer Product Safety Commission (CPSC).

### Rationale / Explanation

*Protective cushioning is required under stationary play equipment.*

- (24) "Provider" means the licensee or a staff member to whom the licensee has delegated a duty under this rule.

- (25) "Sanitize" means to remove soil and small amounts of certain bacteria from a surface or object with a chemical agent.

### Rationale / Explanation

*Sanitizing is used to remove disease-spreading germs from surfaces. This procedure is less rigorous than disinfecting, and is used for food preparation and removing germs from items that may be put in a child's mouth. For a surface to be considered sanitary, the number of germs must be reduced to such a level that transmitting a disease by that surface is unlikely. Sanitizers should not be sprayed when children are near enough to inhale the sanitizer.*

*One easy way to remember the difference between disinfecting and sanitizing is: "S" is for Sanitizing and Snack (food service), and "D" is for Disinfecting and Diapering (body fluids).*

*Surfaces must be clean before they are sanitized, because surfaces cannot be effectively sanitized unless they are first clean. An effective sanitizing solution can be made by mixing 1 tablespoon of liquid chlorine bleach in 1 gallon of water, or 1 scant teaspoon of bleach in 1 quart of water, and allowing it to sit on the surface to be sanitized for 2 minutes before rinsing or wiping. CFOC, 3<sup>rd</sup> Ed. Appendix J.*

*Bleach water solution loses its strength and is weakened by heat and sunlight. For maximum effectiveness a fresh bleach water mix should be made every day, and any leftover bleach water solution discarded at the end of the day. CFOC, 3<sup>rd</sup> Ed. Appendix J.*

## R430-100-2: DEFINITIONS

*If used as specified by the manufacturer, any product that has manufacturer instructions for how to use it as a sanitizer will be accepted as a sanitizing solution.*

*If bleach water is used to sanitize, a fresh solution must be made at least every 24 hours and be left on the surface to be sanitized for at least two minutes. According to the manufacturer, after 24 hours the bleach mixture loses its ability to sanitize. However, bleach water may be kept longer than 24 hours if the provider tests the sanitizer with a test strip and the test strip indicates the bleach water registers at least 50 parts per million on the strip.*

*If operated according to the manufacturer's instructions, a steam cleaner may be used to meet the requirement for cleaning and sanitizing.*

**(26) "School Age" means kindergarten and older age children.**

### Rationale / Explanation

*The child care licensing statute defines child care as care for children through age 12, and children with disabilities through age 18. Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).*

*In statute, a **child in care** is defined as a child under the age of 13 and under the age 18 for individuals with disabilities.*

**(27) "Sexual Abuse" means abuse as defined in Utah Code, Section 76-5-404.1.(1)(2).**

**(28) "Sexually Explicit Material" means any depiction of sexually explicit conduct, as defined in Utah Code, Section 76-5a-2(8).**

**(29) "Sleeping Equipment" means a cot, mat, crib, bassinet, porta-crib, or play pen.**

### Rationale / Explanation

*Sleeping equipment must be in good repair, must be cleaned and sanitized as required, and may not block exits.*

**(30) "Stationary Play Equipment" means equipment such as a climber, a slide, a swing, a merry-go-round, or a spring rocker that is meant to stay in one location when children use it.**

**Stationary play equipment does not include:**

- (a) a sandbox;**
- (b) a stationary circular tricycle;**
- (c) a sensory table; or**
- (d) a playhouse, if the playhouse has no play equipment, such as a slide, swing, ladder, or climber attached to it.**

### Rationale / Explanation

*Stationary play equipment must have clear use zones and protective cushioning under and around it, depending on the height of the equipment.*

*If a playground component, such as a climbing rope or swing, is attached to a tree for the purpose of children to play on, then the tree will be assessed as a piece of stationary play equipment and requires an adequate use zone*



## R430-100-2: DEFINITIONS

and protective cushioning.

(31) **"Toddler"** means a child aged 12 months but less than 24 months.

### Rationale / Explanation

*For the purposes of licensing rules, when a child turns 12 months of age, s/he is one-year-old and is therefore considered to be a "toddler".*

*In statute, a **child in care** is defined as a child under the age of 13 and under the age 18 for individuals with disabilities.*

(32) **"Use Zone"** means the area beneath and surrounding a play structure or piece of equipment that is designated for unrestricted movement around the equipment, and onto which a child falling from or exiting the equipment could be expected to land.

### Rationale / Explanation

*The use zone is the area under and around a piece of stationary play equipment where protective cushioning is required. It is also the area above a piece of stationary play equipment and cannot contain items such as tree branches and wires.*

(33) **"Volunteer"** means a person who provides care to a child but does not receive direct or indirect compensation for doing so.

### Rationale / Explanation

*The child care licensing statute defines child care as care for children through age 12 and children with disabilities through age 18. Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).*

## R430-100-3: LICENSE REQUIRED

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

(1) they provide care in the absence of the child's parent;

### Rationale / Explanation

*Preschools and other programs that care for children for less than 4 hours per day are not required to be licensed. This includes preschools that have a morning and afternoon session, each less than 4 hours, provided that the same children do not attend both the morning and afternoon sessions.*

(2) they provide care in a place other than the provider's home or the child's home;

### Rationale / Explanation

*Care provided in the provider's home is regulated as either licensed family or residential certificate care. Care provided in the child's home is not regulated by the Department of Health.*

(3) they provide care for five or more children, for four or more hours per day;

### Rationale / Explanation

*Providers who care for four or fewer children are not required by statute to be regulated, whether the care is provided in a home or center.*

(4) they provide care for each individual child for less than 24 hours per day;

### Rationale / Explanation

*Centers that provide live-in 24 hour per day care are regulated as residential facilities, not child care centers.*

*In statute, a child in care is defined as a child under the age of 13 and under the age 18 for individuals with disabilities.*

(5) the program is open to children on an ongoing basis for four or more weeks in a year; and

### Rationale / Explanation

*This means that children attend the program on a regular basis, as opposed to occasional drop-in care.*

(6) they provide care for direct or indirect compensation.

### Rationale / Explanation

*Direct or indirect compensation means that there is a user charge or fee for the care provided.*

## R430-100-4: FACILITY

- (1) The licensee shall ensure that any building or playground structure constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the licensee shall contact the local health department and follow all required procedures for the remediation of the lead based paint.

### Rationale / Explanation

*Ingestion of lead based paint can lead to high levels of lead in the blood, which affects the central nervous system and can cause mental retardation. Even at low levels of exposure, lead can cause a reduction in a child's IQ and their attention span and result in reading and learning disabilities, hyperactivity, and behavioral difficulties. Other symptoms of low lead levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span. CFOC, 3<sup>rd</sup> Ed. pg. 235-236 Standard 5.2.9.13*

*The allowed amount of lead in paint was reduced in 1978. If a center constructed prior to 1978 has peeling, flaking, chalking or failing paint, the Licensee must provide documentation of testing for lead based paint. If lead based paint is found, the Licensee must follow the procedures required by the local health department for the remediation of lead based paint.*

*Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat, and form lead dust on the surface of the blinds. While there is no child care licensing rule that requires this, the CPSC recommends that consumers with children 6 years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead or with alternative window coverings. For more information, contact CPSC. CFOC, 3<sup>rd</sup> Ed. pg. 235-236 Standard 5.2.9.13*

### Enforcement

*Paint is considered to be failing if there are pieces of it loose from the surface or if there is loose paint dust from the surface because both of these could be breathed or ingested by children.*

*Level 1 Noncompliance if a building or playground structure constructed prior to 1978 has untested failing paint in an area accessible to children or tested paint in any area that is shown to contain lead and has not been appropriately remediated.*

*Level 2 Noncompliance if a building or playground structure constructed prior to 1978 has untested failing paint in an area inaccessible to children.*

- (2) For preschoolers and toddlers who are toilet trained, there shall be one working toilet and one working sink for every fifteen children in the center, excluding diapered children. For school age children, there shall be one working toilet and one working sink for every 25 children in the center.

### Rationale / Explanation

*Young children need to use the bathroom frequently, and cannot wait long when they have to use the toilet. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend 1 sink and toilet for every 10 toddlers and preschool age children, and 1 sink and toilet for every 15 school age children.*

*A large toilet room with many toilets used by several groups is less desirable than several small toilet rooms assigned to specific groups, because of the opportunities large shared rooms provide for transmitting infectious diseases. CFOC, 3<sup>rd</sup> Ed. pg. 246 Standard 5.4.1.6*

## R430-100-4: FACILITY

### Enforcement

*When counting toilets in a center, a urinal may be counted as a toilet for up to 50% of the required number of toilets. For large sinks that have two or more faucets in them, each separate faucet counts as one sink.*

*If Licensees are unable to meet this requirement due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best to make sure all children have access to a toilet and handwashing sink in the meantime, the Licensor will follow up to see if the repair is completed by the scheduled date before issuing a finding to this rule.*

*Level 1 Noncompliance if a child is not able to use a working toilet or handwashing sink when they need to because one or more toilets or sinks are not working.*

*Level 2 Noncompliance if there are enough toilets and sinks in the center and one or more of them are not working but this does not appear to result in a child not being able to use the toilet or wash their his/her hands.*

### **(3) School age children shall have privacy when using the bathroom.**

#### Rationale / Explanation

*Children should be allowed the opportunity to practice modesty when independent toileting behavior is well established in the majority of the group. CFOC, 3<sup>rd</sup> Ed. pg. 245 Standard 5.4.1.2*

*Requiring a school age child to use bathroom fixtures designed for preschoolers may negatively impact the self-esteem of the school age child. CFOC, 3<sup>rd</sup> Ed. pg. 246 Standard 5.4.1.6*

### Enforcement

*Privacy in bathrooms for school age children can be provided with a full length door or curtain.*

*Level 2 Noncompliance if there is no privacy (no door, no curtain, etc.).*

*Level 3 Noncompliance if there is a measure for privacy which ensures privacy for younger children (such as a half door), but not for school age children.*

### **(4) For buildings constructed after 1 July 1997 there shall be a working hand washing sink in each classroom.**

#### Rationale / Explanation

*Transmission of many communicable diseases can be prevented through handwashing. To facilitate routine handwashing at the needed times, sinks must be close at hand and permit caregivers to provide continuous supervision while children wash their hands. CFOC, 3<sup>rd</sup> Ed. pg. 246 Standard 5.4.1.6*

### Enforcement

*In centers, large rooms are sometimes divided into smaller separate rooms by half walls, or with furniture and a gate. In these rooms, a handwashing sink is only needed on one side if the room is divided with an opening or open gate so children and caregivers can freely move between both sides to wash their hands. If the two areas are completely separated without an opening or an open gate, a sink is needed in both areas.*

## R430-100-4: FACILITY

*Always Level 3 Noncompliance.*

- (5) Each area where infants or toddlers are cared for shall meet one of the following criteria:
- (a) There shall be two working sinks in the room. One sink shall be used exclusively for the preparation of food and bottles and hand washing prior to food preparation, and the other sink shall be used exclusively for hand washing after diapering and non-food activities.
  - (b) There shall be one working sink in the room which is used exclusively for hand washing, and all bottle and food preparation shall be done in the kitchen and brought to the infant and toddler area by a non-diapering staff member.

### Rationale / Explanation

*Sinks must be close to where diapering takes place to avoid the transfer of contaminants to other surfaces on the way to the diapering handwashing sink. Having sinks close by will help prevent the spread of contaminants and communicable diseases. CFOC, 3<sup>rd</sup> Ed. pg. 248 Standard 5.4.2.2*

*Separation of sinks used for handwashing or other potentially contaminating activities from those used for food preparation prevents contamination of food. CFOC, 3<sup>rd</sup> Ed. pg. 187 Standard 4.8.0.4*

### Enforcement

*For the purposes of this rule, two sinks means there are two different faucets, each going into a separate basin. To determine if a room has the required sink(s), Licensing staff will use the following definitions of a "room":*

1. *The area is considered one room when a large room is divided into smaller rooms/areas with furniture or with half walls that are between 18 inches and 40 inches in height and there is an opening through which caregivers and children can move freely.*
2. *The area is considered two rooms and each room needs a sink when a large room is divided into smaller rooms/areas with furniture or with half walls that are between 18 inches and 40 inches in height and there is no opening between the two rooms/areas through which caregivers and children can move freely or there is an opening between the two sides, but it is blocked from free movement back and forth by a closed gate.*
3. *The area is considered one room when there is a full wall between two rooms and within the wall there is an open archway or an open door/doorway between the rooms.*
4. *The area is considered two rooms and each room needs a sink when there is a full wall between two rooms and within the wall there is a closed door or a blocked opening between the rooms.*
5. *If caregivers go to another room to change infant and toddler diapers, the Licensee is not required to have two sinks in the room if the changing area is adjacent to or directly entered into from the room for infants and toddlers.*
6. *A sink may be shared by two rooms if the sink is adjacent to the room(s) or in a room that is entered directly from the room(s). If two rooms share one sink, the Licensee is not required to have two sinks if the sink can be accessed by both rooms. The sink must be adjacent to both rooms or in a room that is entered directly from the infant/toddler room.*

*Filling a sippy cup or bottle with water from a source other than the handwashing sink only is not considered food preparation.*

## R430-100-4: FACILITY

*If a bottle is prepared in the kitchen, and brought to the room by a non-diapering staff member, it can be heated up in the infant or toddler room.*

*Rooms that are used only for sleeping infants or toddlers are not required to have sinks in them.*

*The Licensee must be in compliance with this rule for any room with infants and toddlers in it, including when mixing age groups.*

*Children's hands must not be washed in the food preparation sink.*

*Always Level 2 Noncompliance.*

### **(6) Infant and toddler areas shall not be used as access to other areas or rooms.**

#### **Rationale / Explanation**

*Infants need quiet, calm environments, away from the stimulation of older children. In addition to this developmental need, separation of infants from older children and non-caregiving adults is important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. CFOC, 3rd Ed. pg. 59 Standard 2.1.2.4*

*In addition to the increased risk of spreading disease, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the center.*

#### **Enforcement**

*This rule is meant to address infant and toddler areas being used as access to other areas or rooms outside of the area/room used by the infants and toddlers. It is not meant to address one group of infants or toddlers accessing an area used by another group of infants or toddlers. For example, it does not prohibit a group of toddlers from walking through an adjacent toddler area to access a restroom or a door to the playground.*

*This rule does not apply to closets in an infant or toddler room that are used to store infant/toddler equipment and materials or to other storage closets that are not accessed by others outside the infant or toddler room when children are in care.*

*The Licensee must be in compliance with this rule for any room with infants and toddlers in it, including when mixing age groups.*

*Always Level 2 Noncompliance.*

### **(7) All rooms and occupied areas in the building shall be ventilated by windows that open and have screens or by mechanical ventilation.**

#### **Rationale / Explanation**

*The health and well-being of both staff and children can be affected by the quality of air indoors. The air that people breathe inside a building is contaminated with organisms shared among occupants, and is sometimes more polluted than the outdoor air. Young children may be more affected than adults by air pollution. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in*

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*the air. CFOC, 3<sup>rd</sup> Ed. pg. 211 Standard 5.2.1.1*

*Screens prevent the entry of insects, which may bite, sting, or carry disease. CFOC, 3<sup>rd</sup> Ed. pg. 205 Standard 5.1.3.3*

*Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.*

### **Enforcement**

*If a room without mechanical ventilation has more than one window, at least one window must be open-able for ventilation, and have a screen.*

*Always Level 3 Noncompliance.*

**(8) The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.**

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that a draft free indoor temperature between 68 degrees and 75 degrees Fahrenheit during the winter months, and between 74 degrees and 82 degrees Fahrenheit during the summer months. These requirements are based on the standards of the American Society of Heating, Refrigeration, and Air Conditioning Engineers, which take into account both comfort and health considerations. CFOC, 3<sup>rd</sup> Ed. pg. 212, Standard 5.2.1.2*

*There may be some association between sleeping room temperatures and increased risk of SIDS, but this connection is not yet fully established. It is recommended that infants are lightly clothed for sleep and that the sleeping room temperature is kept comfortable for a lightly clothed adult, not to exceed 78 degrees. In addition, infants should not be over-bundled or should not feel hot to the touch when sleeping.*

### **Enforcement**

*If a Licensee is unable to meet the temperature requirements due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best in the meantime to maintain a comfort level, the Licensor will follow up to see if the repair is completed by the scheduled date before issuing a finding to this rule.*

*Level 2 Noncompliance if the temperature is out of range in a room for infants.*

*Level 3 Noncompliance if the temperature is out of range in any rooms besides infant rooms.*

**(9) The provider shall maintain adequate light intensity for the safety of children and the type of activity being conducted by keeping lighting equipment in good working condition.**

### **Rationale / Explanation**

*The American Academy of Pediatrics and the American Public Health Association recommend that natural lighting be provided in rooms where children work and play for more than two hours at a time and that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the children's safety and the activities being conducted. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. CFOC, 3<sup>rd</sup> Ed. pg. 217, Standard 5.2.2.1*

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*It is important that there be adequate light for children to see safely and for caregivers to adequately supervise children and perform tasks such as diapering.*

### **Enforcement**

*If needed, adequate lighting will be determined by using printed materials and seeing if there is enough light for a caregiver in the area to read it.*

*Level 2 Noncompliance if there is inadequate lighting in a diapering or food preparation area or if it is completely dark in a sleeping area.*

*Level 3 Noncompliance if there is inadequate lighting anywhere besides a diapering, food preparation area, or sleeping area.*

**(10) Windows and glass doors within 36 inches from the floor or ground shall be made of safety glass, or have a protective guard.**

### **Rationale / Explanation**

*Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from the broken glass. CFOC, 3<sup>rd</sup> Ed. pg. 205, Standard 5.1.3.4*

*The purpose of this rule is to keep children from accidentally breaking and being cut by a glass window or door that is low enough for them to run into it.*

### **Enforcement**

*Licensors will assess windows and glass surfaces in indoor areas used by children and in the outdoor play area. Licensors will not assess windows and glass surfaces in staff offices or lounges unless the area is also used for child care. Licensors will not assess fish tanks for safety glass.*

*Since they will not shatter when broken, glass blocks that form walls are considered safety glass. "Tempered" glass is considered safety glass.*

*If a window has a double pane (such as a storm window) and both sides of the window are accessible to children, both panes must be made of safety glass or have a protective guard.*

*There are several ways Licensees can be in compliance with this rule. If glass is not marked by the manufacturer as safety glass and if no documentation verifying this is available from the manufacturer, the Licensee can take other measures to comply with this rule. Licensees can use child furniture, such as a book or toy shelf, as a protective guard in front of the window. When windows are set into the wall so that there is a window sill, the Licensee can put a child safety gate in the window sill to act as a protective guard. Licensees can put a sheet of acrylic over the glass. Licensees can also put a protective film on windows to prevent them from shattering into loose shards if they break. If protective film is used, the Licensee needs documentation from the manufacturer that the film meets CPSC or ASTM standards. Examples of this kind of film can be found at:*

<http://www.shatterguard.com>

<http://www.lumar.com>

<http://www.solarsecurity.com>

*Always Level 2 Noncompliance.*



## R430-100-4: FACILITY

- (11) There shall be at least 35 square feet of indoor space for each child, including the licensee's and employees' children who are not counted in the caregiver to child ratios.
- (12) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:
  - (a) by children;
  - (b) for the care of children; or
  - (c) to store classroom materials.
- (13) Bathrooms, closets, staff lockers, hallways, corridors, lobbies, kitchens, or staff offices are not included when calculating indoor space for children's use.

### Rationale / Explanation

*The American Academy of Pediatrics and the American Public Health Association recommend 42 square feet of usable floor space per child. A usable floor space of fifty square feet per child is preferred. The rationale for this recommendation is that crowding has been shown to be associated with an increased risk of upper respiratory infections because children's behavior tends to be more constructive when they have sufficient space and because having sufficient space reduces the risk of injury from simultaneous activities. CFOC, 3<sup>rd</sup> Ed. pg. 203, Standard 5.1.2.1*

*An October 2005 legislative audit of the Bureau of Licensing examined this rule specifically, and found that Utah's requirement of 35 square feet per child is reasonable and justifiable, and is in line with 42 of the 50 states.*

### Enforcement

*These measurements are taken, and capacity determined, at the time of initial licensure. Rooms are not re-measured on subsequent inspections unless a particular room or space appears overly crowded during the inspection or if a room or area has been remodeled.*

*Children may temporarily be in spaces with less than 35 square feet of space per child for group activities that require less space, such as nap times, meals, story times, homework, computer time, art projects, puppet shows, etc. Such activities should not exceed 2 hours per day, excluding nap times, and the length of time should be appropriate to the activity. For example, an hour long art project in a smaller space for preschoolers would not be an appropriate activity length.*

*Always Level 2 Noncompliance.*

## R430-100-5: CLEANING AND MAINTENANCE.

(1) The provider shall maintain a clean and sanitary environment.

### Rationale / Explanation

*Young children sneeze, cough, drool, use diapers and are just learning to use the toilet. They hug, kiss, and touch everything and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact. CFOC, 3<sup>rd</sup> Ed. pg. 116-117 Standard 3.3.0.1*

*Developing a cleaning schedule that delegates responsibility to specific staff members helps to ensure that the facility is properly cleaned on a regular basis. CFOC, 3<sup>rd</sup> Ed. pg. 260 Standard 5.7.0.5*

*It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of food-borne illness have occurred in child care settings. Many of these can be prevented through appropriate sanitation methods. CFOC, 3<sup>rd</sup> Ed. pg. 193 Standard 4.9.0.9*

*It is recommended, though not required by rule, that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and are difficult to completely clean and sanitize in between cleaning surface areas. CFOC, 3<sup>rd</sup> Ed. pg. 193 Standard 4.9.0.9*

*Cracked or porous surfaces cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. CFOC, 3<sup>rd</sup> Ed. pg. 186 Standard 4.8.0.3; pgs. 240-241 Standard 5.3.1.6*

*Many children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in carpeting and fabric but can be killed by frequent washing and drying in a heated dryer. CFOC, 3<sup>rd</sup> Ed. pg 239 Standard 5.3.1.4*

### Enforcement

*A certain amount of mess is normal when caring for active children. In enforcing this rule, licensors will need to distinguish between messes made as the consequence of an activity done that day and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.*

*A finding will be issued only when there is no other more specific rule that applies to the cleanliness of the environment.*

*Level 2 Noncompliance if there are any of the following:*

- *rotting food or a buildup of food on a surface*
- *a slippery spill on a floor*
- *mold growing*
- *a visible buildup of dirt, soil, grime, etc. that germs could grow in*
- *a buildup of cobwebs, bugs, or carpets in need of cleaning, when there is a child with asthma or another known respiratory condition enrolled in the group.*

*Level 3 Noncompliance if there are any of the following:*

- *a buildup of cobwebs, bugs, or carpets in need of cleaning, but there is no child with asthma or another known respiratory condition enrolled in the group.*

## R430-100-5: CLEANING AND MAINTENANCE.

- *damaged flooring, walls or fixtures in restrooms that cannot be sanitized, such as torn or peeling linoleum, missing tiles, or a duct-taped broken toilet tank lid.*

**(2) The provider shall clean and sanitize bathroom surfaces daily, including toilets, sinks, faucets, and counters.**

### Rationale / Explanation

*A clean and sanitary environment helps to prevent the spread of communicable diseases. This is especially important in bathrooms, where fecal material can be easily spread to any surface children touch. Regular and thorough cleaning of bathrooms can prevent the spread of diseases.*

*Illnesses may be spread a variety of ways, including touching a contaminated object or surface. The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that all bathroom surfaces be cleaned and disinfected daily. CFOC, 3<sup>rd</sup> Ed. pgs. 116-117 Standard 3.3.0.1; pgs. 442-443 Appendix K*

### Enforcement

*If the provider uses it as specified by the manufacturer, any product that has manufacturer instructions for how to use it as a sanitizer will be accepted as a sanitizing solution.*

*If bleach water is used to sanitize a fresh solution must be made at least every 24 hours and be left on the surface to be sanitized for at least two minutes. According to the manufacturer, after 24 hours the bleach mixture loses its ability to sanitize. However, bleach water may be kept longer than 24 hours if the provider tests the sanitizer with a test strip and the test strip indicates the bleach water registers at least 50 parts per million on the strip.*

*If operated according to the manufacturer's instructions, a steam cleaner may be used to meet the requirement for cleaning and sanitizing.*

*Level 2 Noncompliance if there are visible feces on a bathroom surface children could touch.*

*Level 3 Noncompliance if bathroom surfaces are not cleaned and sanitized daily but there is not visible feces or if there is a buildup of urine on a surface.*

**(3) The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other vermin.**

### Rationale / Explanation

*Insects, rodents, and vermin carry disease and may also sting or bite children. The purpose of this rule is to reduce these potential hazards to children. CFOC, 3<sup>rd</sup> Ed. pg. 205 Standard 5.1.3.3; pg. 226 Standard 5.2.8.1*

*Some insect and rodent feces can also trigger asthma attacks in children.*

### Enforcement

*If there is a problem with insects, rodents, or other vermin, and the Licensee can show they have scheduled an exterminator and are doing extra cleaning when necessary to keep the environment as safe as possible until that time, the Licensor will follow up to see if this is done by the scheduled date before issuing a finding.*

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*This rule is not intended to prevent children from participating in science activities with insects (for example, butterflies, lady bugs, or preying mantises).*

*Level 1 Noncompliance if there are beehives or wasp's nests in the outdoor play area and there are children in care who are allergic to bee or wasp stings.*

*Level 2 Noncompliance if insects, rodents, or other vermin are visibly present in the facility or droppings are found in a food delivery, storage, preparation, or eating area, or in areas accessible to children or if there are beehives or wasp's nests in the outdoor play area but there are no children in care who are allergic to bee or wasp stings.*

*Level 3 Noncompliance otherwise.*

**(4) The provider shall maintain ceilings, walls, floor coverings, draperies, blinds, furniture, fixtures, and equipment in good repair to prevent injury to children.**

### Rationale / Explanation

*The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. CFOC, 3rd Ed. pg. 261 Standard 5.7.0.7*

*The purpose of this rule is to prevent harm to children due to a poorly maintained facility or broken equipment. Examples of this include being cut on a sharp edge or point of a broken item, tripping over loose carpeting or tiles, falling from collapsing broken furniture, etc. CFOC, 3rd Ed. pg. 277 Standard 6.2.5.1; pg. 374 Standard 9.2.6.1*

*Light fixtures containing shielded or shatterproof bulbs should be used throughout the child care facility. Use of a shield or shatterproof bulbs prevents injury to people and contamination of food. Halogen lights burn at a temperature of 1200 degrees Fahrenheit and are a potential burn or fire hazard. Multi-vapor and mercury lamps can be harmful when the outer bulb is broken, causing serious skin burns and eye inflammation. CFOC, 3<sup>rd</sup> Ed. pgs. 217-218 Standard 5.2.2.2; pg. 218 Standard 5.2.2.3*

### Enforcement

*If a florescent light has an individual cover on the florescent bulb, the Licensee will be considered to be in compliance with this rule.*

*Level 2 Noncompliance examples:*

- *exposed accessible electrical wiring.*
- *deteriorating asbestos (the asbestos is peeling and residue is on the floor).*

*Level 3 Noncompliance examples:*

- *accessible fiberglass insulation.*
- *wooden equipment and furnishings that have splinters and are used by children.*
- *cracks in equipment that could pinch a child's skin.*
- *torn draperies or broken blinds that a child could become entangled in.*
- *leaking plumbing other than a leaking faucet.*
- *heat vents that are accessible to children and are missing covers.*
- *exposed florescent light bulbs with no covering on the fixture.*

## R430-100-5: CLEANING AND MAINTENANCE.

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

### Rationale / Explanation

*The purpose of this rule is to prevent injuries, including from falls, and to allow safe and timely exit from the building in case of emergency. CFOC, 3<sup>rd</sup> Ed. pg. 259 Standard 5.7.0.1; pg. 210 Standard 5.1.6.3, 5.1.6.4; pg. 207 Standard 5.1.4.3*

### Enforcement

*Because they may be needed for exit in the event of an emergency, stairways must be maintained free of ice and snow.*

*The Licensee will be allowed a reasonable amount of time during and immediately after a snowstorm to remove snow from outdoor exit areas, stairs, and walkways. In this case, the Licensee is no considered out of compliance unless there is a buildup of snow or ice on these surfaces.*

*If a facility has a walkway greater than 3' wide, the Licensee will be considered in compliance with this rule if the walkway is cleared to a width of at least 3'.*

*Level 2 Noncompliance if there is a buildup of ice in one of these areas.*

*Level 3 Noncompliance otherwise.*

## R430-100-6: OUTDOOR ENVIRONMENT

(1) There shall be an outdoor play area for children that is safely accessible to children.

### Rationale / Explanation

*The purpose of this rule is to prevent injury to children or a child escaping en route to the outdoor play area. A playground is considered safely accessible if it directly adjoins the building, if there is a fenced walkway from the building to the playground, or another way to ensure that the route from the building to the playground is free of potential hazards. CFOC 3<sup>rd</sup> Ed. pg. 265 Standard 6.1.0.1*

### Enforcement

*The purpose of this rule is to ensure that children cannot access streets, parking lots, ditches, etc. when going to the playground. A Licensee can be in compliance with this rule by:*

- *having a playground that is directly adjacent to the building, so that children exit the building straight onto the playground.*
- *having a fenced walkway from the building to the playground.*
- *having the entire area that holds both the building and the playground fenced, provided the area inside the fence does not include parking lots, driveways, or anywhere else cars may be.*
- *having a playground that can be accessed via a sidewalk, if the sidewalk does not pass through a parking lot, or near a busy street or water hazard.*
- *blocking off a portion of a parking lot with traffic cones to create a walkway to the outdoor play area.*

*Always Level 2 Noncompliance.*

(2) The outdoor play area shall have at least 40 square feet of space for each child using the playground at the same time as other children.

(3) The outdoor play area shall accommodate at least 33 percent of the licensed capacity at one time or shall be at least 1600 square feet.

### Rationale / Explanation

*The purpose of this rule is to allow children safe freedom of movement during active outdoor play. The American Academy of Pediatrics and the American Public Health Association recommend 75 square feet of outdoor space for each preschooler, 33 square feet for each infant, and 50 square feet for each toddler using the playground at one time. CFOC, 3<sup>rd</sup> Ed. pg. 265 Standard 6.1.0.1*

### Enforcement

*These measurements are taken, and capacity determined, at the time of initial licensure. The area is not re-measured on subsequent licensing inspections, unless the outdoor play area appears overly crowded during the inspection.*

*A Licensee can be in compliance with this rule by having more than one playground, as long as they are all safely accessible and fenced as required by R430-100-6(2)(3)(4).*

*Always Level 3 Noncompliance.*

(4) The outdoor play area shall be enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high. When children play outdoors, they must play in the enclosed play area except during off-site activities described in Section R430-100-20(5).

## R430-100-6: OUTDOOR ENVIRONMENT

### Rationale / Explanation

*The purpose of this rule is to prevent children from leaving the outdoor play area and to prevent their access to streets and other hazards. CFOC 3<sup>rd</sup> Ed. pg. 268 Standard 6.1.0.8*

*It also serves to keep unwanted people and animals out of the playground.*

### Enforcement

*This rule applies to exterior fences only.*

*A Licensee will not be considered out of compliance if a fence is less than 4 feet in height due to temporary weather conditions, such as snow on the ground at the base of the fence.*

*Level 1 Noncompliance if there is no fence or barrier or the fence or barrier is less than 3 feet high.*

*Level 3 Noncompliance otherwise.*

- (5) There shall be no gaps in fences greater than 5 inches at any point, nor shall gaps between the bottom of the fence and the ground be more than 5 inches.**

### Rationale / Explanation

*The purpose of this rule is to prevent children from escaping through gaps in a fence, thus defeating the purposes of the fence as explained in subsection (4) above. CFOC 3<sup>rd</sup> Ed. pg. 268 Standard 6.1.0.8*

*The 5" measurement is based on the diameter of a small toddler's head.*

### Enforcement

*This rule applies to exterior fences only.*

*In order for a Licensee to be consider out of compliance a gap would need to be at least both 5" in height and 5" in width.*

*Level 1 Noncompliance if there is a gap in the fence and there are hazards outside of the fence, such as heavy traffic or a water hazard.*

*Level 2 Noncompliance otherwise.*

- (6) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter anywhere in the outdoor play area where children's feet cannot touch the ground.**

### Rationale / Explanation

*Openings that fit these dimensions are called "entrapment hazards". An entrapment hazard is an opening that a child's body could fit through, but not his/her head. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough it may allow the body to pass through the opening and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be a head entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission (CPSC).*

## R430-100-6: OUTDOOR ENVIRONMENT

CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1; pg. 272 Standard 6.2.1.9

### **Enforcement**

*This rule applies to entrapments outside of the use zone(s) of any piece of playground equipment and to entrapments where a child's feet could not touch the ground.*

*Licensors will use the following measurements, taken from the ground up to the bottom of the entrapment, to determine if the entrapment is in a place where a child's feet could not touch the ground.*

- *Infant and toddler playgrounds: more than 23 1/4 inches above the ground*
- *Two-year-olds (for preschool playgrounds): more than 25 1/4 inches above the ground*
- *School age only playgrounds: more than 33 inches above the ground*

*If the entrapment is above the 4' from the ground required for fences, this rule does not include entrapments such as decorative openings in the tops of fences. This rule also does not include partially bounded openings, such as those found in picket fences.*

*Always Level 2 Noncompliance.*

- (7) When in use, the outdoor play area shall be free of animal excrement, harmful plants, objects, or substances, and standing water.**

### **Rationale / Explanation**

*The purpose of this rule is to prevent injury to children and the spread of disease.*

*Proper maintenance of outdoor play areas and outdoor play equipment is a key factor in ensuring a safe play environment for children. Each outdoor play area is unique and requires a routine maintenance check program developed specifically for that outdoor play area. CFOC, 3<sup>rd</sup> Ed. pg. 259 Standard 5.7.0.1*

*Standing water is a drowning hazard. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding grounds for mosquitos, which can spread disease. CFOC, 3<sup>rd</sup> Ed. pg. 68 Standard 2.2.0.4; pg. 228 Standard 5.2.8.2*

### **Enforcement**

*For the purposes of this rule:*

- *Animal excrement does not include isolated bird droppings.*
- *Standing water includes two inches or more of standing water in:*
  - *wading pools when the pool is not in use and/or not supervised*
  - *fountains, birdbaths, etc. a child's head could fit in*
  - *buckets or other containers of water a child's head could fit in (unless the containers are being used as part of a supervised project, such as painting on the sidewalk with water)*
  - *wheelbarrows*
  - *garbage cans or other similar containers*
- *Standing water does not include temporary puddles caused by rain or sprinklers.*
- *Harmful objects include:*
  - *Animal swings.*
  - *Unanchored swings or unanchored large metal slides.*
  - *A rope, cord, wire, or chain attached to a structure, that a child could strangle on (this*



## R430-100-6: OUTDOOR ENVIRONMENT

- does not include ropes used to suspend swings).*
- *Rebar/metal rods less than 48" sticking up from the ground or out of walls.*
- *Fence post stirrups.*
- *Standing ladders.*
- *Exposed live electrical wire.*
- *Dead animals.*

- *Harmful plants include thistles.*

*This rule does not prohibit preschoolers or school age children from using child-size gardening tools under adult supervision.*

*Level 1 Noncompliance for metal animal swings; or unanchored swings or large metal slides.*

*Level 2 Noncompliance otherwise.*

### **(8) The outdoor play area shall have a shaded area to protect children from excessive sun and heat.**

#### **Rationale / Explanation**

*The purpose of this rule is to prevent both sunburn and heat exhaustion.*

*It can take less than 10 minutes for a child's skin to burn, and it is estimated that 80% of a person's lifetime sun damage occurs before the age of 18. Individuals who suffer severe childhood sunburns are an increased risk for skin cancer. CFOC, 3<sup>rd</sup> Ed. pg. 267 Standard 6.1.0.7*

*Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. CFOC, 3<sup>rd</sup> Ed. pg. 93, Standard 3.1.3.2*

#### **Enforcement**

*Shade can come from trees, awnings, patio roofs or other structures. The side of the building can provide shade if children are taken outside during a time of the day when the building is providing some shade.*

*Because outdoor play is required each day, weather permitting, there must be some provision for shade year round.*

*Level 2 Noncompliance except in cold weather when children are mostly covered by cold weather clothing.*

*Level 3 Noncompliance in cold weather when children are mostly covered by cold weather clothing.*

### **(9) An outdoor source of drinking water, such as a drinking fountain, individually labeled water bottles, or a pitcher of water and individual cups that are taken outside, shall be available to children whenever the outside temperature is 75 degrees or higher.**

#### **Rationale / Explanation**

*The purpose of this rule is to prevent dehydration and heat exhaustion. Children do not adapt to extremes in temperature as effectively as adults. Children produce more metabolic heat per mass unit than adults when*

## R430-100-6: OUTDOOR ENVIRONMENT

walking or running. They also have a lower sweating capacity and cannot dissipate heat by evaporation as quickly. CFOC, 3<sup>rd</sup> Ed. pg. 93, Standard 3.1.3.2

The purpose of the requirement for individually labeled water bottles or individual drinking cups is to prevent the spread of disease.

### **Enforcement**

Level 1 Noncompliance if children do not have an outdoor source of drinking water and the temperature is 90 degrees or higher.

Level 3 Noncompliance otherwise.

- (10) All outdoor play equipment and areas shall comply with the following safety standards.
- (a) All stationary play equipment used by infants and toddlers shall meet the following requirements:
    - (i) There shall be no designated play surface that exceeds 3 feet in height.
    - (ii) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 18 inches, it shall have use zones that meet the following criteria:
      - (A) The use zone shall extend a minimum of 3 feet in all directions from the perimeter of each piece of equipment.
      - (B) Use zones may overlap if two pieces of equipment are positioned adjacent to one another, with a minimum of 3 feet between the perimeters of the two pieces of equipment.
      - (C) The use zone in front of a slide may not overlap the use zone of any other piece of equipment.
    - (iii) The use zone in the front and rear of all swings shall extend a minimum distance of twice the height from the swing seat to the pivot point of the swing, and shall not overlap the use zone of any other piece of equipment.
    - (iv) The use zone for the sides of a single-axis swing shall extend a minimum of 3 feet from the perimeter of the structure, and may overlap the use zone of a separate adjacent piece of equipment.
    - (v) The use zone of a multi-axis swing shall extend a minimum distance of 3 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.
    - (vi) The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.
    - (vii) The use zone for spring rockers shall extend a minimum of 3 feet from the at-rest perimeter of the equipment.

### **Rationale / Explanation**

These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. Injuries from falls are more likely to occur when equipment spacing is inadequate. CFOC, 3<sup>rd</sup> Ed. pg. 272 Standard 6.2.2.1; pg. 273 Standard 6.2.2.4

### **Enforcement**

If swing sets do not have a horizontal bar on the outside of the supporting pole or beam, the side use zone will be

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measured from the swing seat, not from the supporting side pole or beam.

Side supporting poles or beams from two swing sets may be placed right next to each other. They do not have to share a supporting pole or beam.

A use zone is not required for sand diggers.

If a preschooler or school age child plays on infant/toddler equipment, the equipment must have the use zone required for preschool or school age children.

Always Level 1 Noncompliance.

- (10) (a) All stationary play equipment used by infants and toddlers shall meet the following requirements:
- (viii) Swings shall have enclosed seats.

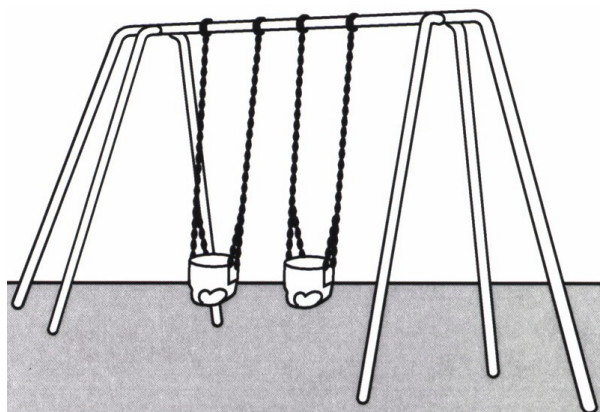
### Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to infants and toddlers from falling out of a swing.

### Enforcement

An enclosed seat means a bucket seat, as specified by CPSC. Below are pictures of two acceptable enclosed seats. The seat on the right has a T-strap that goes between the child's legs.

Always Level 1 Noncompliance.



- (10) (b) All stationary play equipment used by preschoolers or school age children shall meet the following requirements for use zones:
- (i) If the height of a designated play surface or climbing bar on a piece of equipment, excluding swings, is greater than 20 inches, it shall have use zones that meet the following criteria:
    - (A) The use zone shall extend a minimum of 6 feet in all directions from the perimeter

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- of each piece of equipment.
- (B) The use zones of two pieces of equipment that are positioned adjacent to one another may overlap if the designated play surfaces of each structure are no more than 30 inches above the protective surfacing underneath the equipment. In such cases, there shall be a minimum of 6 feet between the adjacent pieces of equipment.
  - (C) There shall be a minimum use zone of 9 feet between adjacent pieces of equipment if the designated play surface of one or both pieces of equipment is more than 30 inches above the protective surfacing underneath the equipment.
- (ii) The use zone in the front and rear of a single-axis swing shall extend a minimum distance of twice the height of the pivot point of the swing, and may not overlap the use zone of any other piece of equipment.
  - (iii) The use zone for the sides of a single-axis swing shall extend a minimum of 6 feet from the perimeter of the structure, and may overlap the use zone of a separate piece of equipment.
  - (iv) The use zone of a multi-axis swing shall extend a minimum distance of 6 feet plus the length of the suspending members, and shall never overlap the use zone of another piece of equipment.
  - (v) The use zone for merry-go-rounds shall never overlap the use zone of another piece of equipment.
  - (vi) The use zone for spring rockers shall extend a minimum of 6 feet from the at-rest perimeter of the equipment.

### Rationale / Explanation

*These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. Injuries from falls are more likely to occur when equipment spacing is inadequate. CFOC, 3<sup>rd</sup> Ed. pg. 272 Standard 6.2.2.1; pg. 273 Standard 6.2.2.4*

### Enforcement

*If swing sets do not have a horizontal bar on the outside of the supporting pole or beam, the side use zone will be measured from the swing seat, not from the supporting side pole or beam.*

*Side supporting poles or beams from two swing sets may be placed right next to each other. They do not have to share a supporting pole or beam.*

*A use zone is not required for sand diggers.*

*Always Level 1 Noncompliance.*

- (10) (c) Two-year-olds may play on infant and toddler play equipment.**

### Rationale / Explanation

*The use zones around equipment for infants and toddlers are smaller than those around equipment for preschoolers and school age children. This is because infants and toddlers do not jump or fall as far a distance from equipment as older children do. This rule allows two-year-olds to play on infant and toddler equipment with these smaller use zones.*

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**(10) (d) Protective cushioning is required in all use zones.**

### Rationale / Explanation

*Protective cushioning is material that is placed in the use zones under and around stationary play equipment in order to cushion a child's fall from the equipment. Acceptable cushioning materials include the following: sand, gravel, shredded tires, shredded wood products, and unitary cushioning material. Cushioning materials must meet ASTM Specification F 1292.*

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, packed earth, or grass are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. CFOC, 3<sup>rd</sup> Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

### Enforcement

*A rounded tunnel sitting on the ground is not considered playground equipment unless it has a flat 2" by 2" surface on it. This means that a rounded tunnel sitting on the ground does not require protective cushioning or a use zone. Raised tunnels do need use zones and cushioning.*

*An embankment slide does not require a use zone or cushioning except at the bottom of the slide chute. This use zone must be at least as wide as the slide chute.*

*Always Level 1 Noncompliance.*

**(10) (e) If sand, gravel, or shredded tires are used as protective cushioning, the depth of the material shall meet the CPSC guidelines in Table 1. The provider shall ensure that the material is periodically checked for compaction, and if compacted, shall loosen the material to the depth listed in Table 1. If the material cannot be loosened due to extreme weather conditions, the provider shall not allow children to play on the equipment until the material can be loosened to the required depth.**

### Rationale / Explanation

*Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. This is different than compaction of shredded wood products. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.*

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFOC, , 3<sup>rd</sup> Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

### Enforcement

*The following criteria will be used to determine whether sand is fine or coarse, and whether gravel is fine or medium:*

- *Fine Sand – Particles of white sand purchased in bags marked "play sand." 100% of the material must pass through a #16 screen.*
- *Coarse Sand – Usually obtained from a supplier to the landscaping and construction trades. 98% of*

## R430-100-6: OUTDOOR ENVIRONMENT

*the material must pass through a #4 screen.*

- *Fine Gravel – Gravel particles are rounded and 3/8 inch or less in diameter.*
- *Medium Gravel – Gravel particles are rounded and 1/2 inch or less in diameter.*

*Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. This is different than compaction of shredded wood products. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.*

*Level 1 Noncompliance if there is less than 75% of the required depth of protective cushioning.*

*Level 2 Noncompliance if there is 75% or more of the required depth of protective cushioning, or if there is 100% of the required protective cushioning, but it needs to be redistributed or if the protective cushioning is compacted and needs to be loosened.*

**TABLE 1**  
**Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires**

Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Fine Sand	Coarse Sand	Fine Gravel	Medium Gravel	Shredded Tires
4' high or less	6"	6"	6"	6"	6"
Over 4' up to 5'	6"	6"	6"	6"	6"
Over 5' up to 6'	12"	12"	6"	12"	6"
Over 6' up to 7'	12"	Not Allowed	9"	Not Allowed	6"
Over 7' up to 8'	12"	Not Allowed	12"	Not Allowed	6"
Over 8' up to 9'	12"	Not Allowed	12"	Not Allowed	6"
Over 9' up to 10'	Not Allowed	Not Allowed	12"	Not Allowed	6"
Over 10' up to 11'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"
Over 11' up to 12'	Not Allowed	Not Allowed	Not Allowed	Not Allowed	6"

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

### Rationale / Explanation

*Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. This is different than compaction of shredded wood products. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.*

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFOC, 3<sup>rd</sup> Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

**Enforcement**

Gardening bark mulch does not have the cushioning properties required by ASTM Specification F 1292, and cannot be used as playground cushioning material.

Level 1 Noncompliance if there is less than 75% of the required depth of protective cushioning.

Level 2 Noncompliance if there is 75% or more of the required depth of protective cushioning, or if there is 100% of the required protective cushioning, but it needs to be redistributed or if the protective cushioning is compacted and needs to be loosened.

Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point	Engineered Wood Fibers	Wood Chips	Double Shredded Bark Mulch
4' high or less	6"	6"	6"
Over 4' up to 5'	6"	6"	6"
Over 5' up to 6'	6"	6"	6"
Over 6' up to 7'	9"	6"	9"
Over 7' up to 8'	12"	9"	9"
Over 8' up to 9'	12"	9"	9"
Over 9' up to 10'	12"	9"	9"
Over 10' up to 11'	12"	12"	12"
Over 11'	12"	Not Allowed	Not Allowed

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- (10) (g) If wood products are used as cushioning material:
  - (i) the providers shall maintain documentation from the manufacturer verifying that the material meets ASTM Specification F 1292, which is adopted by reference; and

**Rationale / Explanation**

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFCO., 3<sup>rd</sup> Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1*

**Enforcement**

*Always Level 3 Noncompliance.*

- (10) (g) If wood products are used as cushioning material:
  - (ii) there shall be adequate drainage under the material.

**Rationale / Explanation**

*Inadequate drainage under wood cushioning material can result in trapped water freezing, which makes the*

## R430-100-6: OUTDOOR ENVIRONMENT

material unable to absorb the impact from falls. It can also lead to the growth of bacteria, mold, and the breeding of mosquitos.

### **Enforcement**

Adequate drainage will be assessed by digging into the wood product. If one of the following happens when the wood product is dug into, it means there is not adequate drainage under the wood:

- Water fills the hole that has been dug.
- In freezing weather, frozen water forms an ice block under the material.
- There is mold growing in the material.

Always Level 2 Noncompliance.

- (10) (h) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:
- (i) the licensee shall ensure that the material meets the standard established in ASTM Specification F 1292. The provider shall maintain documentation from the manufacturer that the material meets these specifications.

### **Rationale / Explanation**

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFOC, 3<sup>rd</sup> Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

### **Enforcement**

An embankment slide does not require a use zone or cushioning except at the bottom of the slide chute. This use zone must be at least as wide as the slide chute.

Always Level 3 Noncompliance.

- (10) (h) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:
- (ii) the licensee shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.

### **Rationale / Explanation**

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. CFOC 3<sup>rd</sup> Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

### **Enforcement**

This item is considered out of compliance if the unitary cushioning material is set on top of the ground and not secured in place, such that it could become displaced when children jump, run, walk, land, or move on it, or if children could easily pick it up and move it.



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*Always Level 1 Noncompliance.*

- (10) (i) Stationary play equipment that has a designated play surface less than the height specified in Table 3, and that does not have moving parts children sit or stand on, may be placed on grass, but shall not be placed on concrete, asphalt, dirt, or any other hard surface.

### Rationale / Explanation

*The purpose of this rule is to prevent injuries from falls onto a hard surface. Over 70% of all accidents on playgrounds are from children falling. CFOC, 3<sup>rd</sup> Ed. Pg. 237-238 Standard 5.3.1.1*

### Enforcement

*Always Level 1 Noncompliance.*

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

## R430-100-6: OUTDOOR ENVIRONMENT

- (10) (j) On stationary play equipment used by infants and toddlers, protective barriers shall be provided on all play equipment platforms that are over 18 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 24 inches above the surface of the platform.
- (10) (k) On stationary play equipment used by preschoolers, protective barriers shall be provided on all play equipment platforms that are over 30 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 29 inches above the surface of the platform.
- (10) (l) On stationary play equipment used by school age children, protective barriers shall be provided on all play equipment platforms that are over 48 inches above the ground. The bottom of the protective barrier shall be less than 3-1/2 inches above the surface of the platform, and there shall be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier shall be at least 38 inches above the surface of the platform.

### Rationale / Explanation

*A "protective barrier" is an enclosing structure such as bars, lattice, or a solid panel, around an elevated platform on a piece of play equipment. It is intended to prevent a child from either accidentally or deliberately falling or jumping from the platform.*

*These rules are based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. Over 70% of all accidents on playgrounds are from children falling. CFOC, 3<sup>rd</sup> Ed. Pg. 237-238 Standard 5.3.1.1*

## R430-100-6: OUTDOOR ENVIRONMENT

### **Enforcement**

*A provider has the option of adding more than the required amount of protective cushioning in order to lessen the height of a platform so that it does not need a protective barrier.*

*Level 1 Noncompliance if a play equipment platform over 48 inches does not have the required protective barrier.*

*Level 2 Noncompliance otherwise.*

**(10) (m) There shall be no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment, or within or adjacent to the use zone of any piece of stationary play equipment.**

### **Rationale / Explanation**

*Openings that fit these dimensions are called “entrapment hazards”. An entrapment hazard is an opening that a child’s body could fit through, but not their head. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough it may allow the body to pass through the opening and entrap the head. When the ground forms the lower boundary of an opening, it is not considered to be a head entrapment hazard. This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. CFOC, pgs. 216-217 Standard 5.075; pg. 261 Standard 5.186*

### **Enforcement**

*The use zone extends all the way up the height of the equipment, and on the top of the equipment. This means there cannot be tree branches or anything else that creates an entrapment hazard in the use zone above the equipment.*

*This rule does not include openings where one of the edges of the opening is on the ground. It only includes entrapment hazards where a child’s feet cannot touch the ground. The following measurements, taken from the ground up to the bottom of the entrapment hazard, will be used to determine if the entrapment hazard is in a place where a child’s feet could not touch the ground.*

- Infant and toddler playgrounds: more than 23 1/4 inches above the ground*
- Two-year-olds (for preschool playgrounds): more than 25 1/4 inches above the ground*
- School age only playgrounds: more than 33 inches above the ground*

*Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.*

*Always Level 1 Noncompliance.*

**(10) (n) There shall be no strangulation hazards on, within the use zone of, or adjacent to the use zone of any piece of stationary play equipment.**

### **Rationale / Explanation**

*This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children.*

*A strangulation hazard is something on which a child’s clothes or something around a child’s neck could become*

## R430-100-6: OUTDOOR ENVIRONMENT

caught on a component of playground equipment.

Other examples of protrusion and strangulation hazards include bolt ends that extend more than two threads beyond the face of the nut, hardware configurations that form a hook or leave a gap or space between components, and open "S" type hooks. Special attention should be paid to the area at the top of slides and sliding devices. Ropes should be anchored securely at both ends, and should not be capable of forming a loop or a noose. If they do not meet these criteria, they pose a strangulation hazard. CFOC, pgs. 216-217 Standard 5.075; pg. 260 Standard 5.185

### **Enforcement**

The use zone extends all the way up the height of the equipment, and on the top of the equipment. This means there cannot be tree branches or anything else that creates a strangulation hazard in the use zone above the equipment.

Specific strangulation hazards include:

- A bolt, screw, or other protrusion that passes the protrusion gauge test and which also project upward from a horizontal plane.
- A bolt, screw or other protrusion that increases in size or diameter as it moves away from the surface. (For example, a bolt with a washer on the outside of a nut, where the washer is greater in diameter than the nut. Or, a bolt with a large bolt head, where the bolt head is not flush with the surface.)
- Bolt ends that extend more than two threads beyond the face of the nut.
- On slides: a gap on the top or sides of sides of a slide that the 1/8", 2" diameter protrusion gauge could pass all the way through.
- On "S" hooks: a gap in an "S" hook that a dime could fit into.
- Hanging ropes, cords, or chains longer than 12" that can make a loop 5" in diameter, **except** ropes, cords, or chains with swings attached to the bottom of them
- Ropes, cords, or chains that hang into the use zone of a piece of playground equipment and are attached to something solid will be assessed as strangulation hazards.

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

Level 1 Noncompliance if there is a strangulation hazard on a slide, swing, or merry-go-round.

Level 2 Noncompliance otherwise.

**(10) (o) There shall be no crush, shearing, or sharp edge hazards on, within the use zone of, or adjacent to the use zone of any piece of stationary play equipment.**

### **Rationale / Explanation**

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children.

ASTM defines a crush hazard as a juncture at which the user could suffer contusion, laceration, abrasion, amputation, or fracture during use of the playground equipment.

A crush hazard is created when two parts of a piece of play equipment come together in such a way that they could crush a child's fingers, toes, or other body parts. A shearing hazard is created when two parts of a piece of

## R430-100-6: OUTDOOR ENVIRONMENT

play equipment move against each other in such a way that they could sever a child's fingers or other body parts. A sharp edge hazard is created when there is a sharp point or edge on a piece of play equipment that could cut or puncture a child's skin. CFOC, pgs. 216-217 Standard 5.075; pg. 260 Standard 5.184, 5.185

### **Enforcement**

The use zone extends all the way up the height of the equipment, and on the top of the equipment. This means there cannot be tree branches or anything else that creates a crush, shearing, or sharp edge hazard in the use zone above the equipment.

Directly adjacent to the use zone of a piece of stationary play equipment means within 6 inches of the perimeter of the use zone.

Always Level 2 Noncompliance.

**(10) (p) There shall be no tripping hazards, such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.**

### **Rationale / Explanation**

This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to children. CFOC, pgs. 216-217 Standard 5.075

### **Enforcement**

Always Level 3 Noncompliance.

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

### **Rationale / Explanation**

Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. CFOC, pgs. 216-217 Standard 5.075; pgs. 262-263 Standard 5.194, 5.196

### **Enforcement**

Adequate maintenance includes the following:

- Ensuring that there are no missing, bent, broken, or worn out components that could cause equipment to fail.
- Ensuring that all hardware is secure, and there are no missing nuts or bolts that could cause the equipment to fail.
- Ensuring that equipment does not have excessive wear that could cause the equipment, or a component of it, to fail.
- Ensuring that metal is not rusted or corroded to the point that it could cause the structure to fail.
- Ensuring that wood on children's play equipment is not rough or splintery.

### **R430-100-6: OUTDOOR ENVIRONMENT**

- *Ensuring that all equipment and equipment parts are stable.*

*Level 1 Noncompliance if the lack of maintenance could cause equipment failure.*

*Level 3 Noncompliance otherwise.*

## R430-100-7: PERSONNEL.

- (1) The center must have a director who is at least 21 years of age.

### Rationale / Explanation

*The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC 3<sup>rd</sup> Ed. pg.11 Standard 1.3.1.1.*

### Enforcement

*Two directors may be listed on a center's license, as long as both meet director qualifications.*

*Always Level 2 Noncompliance.*

- (1) The center must have a director who is at least 21 years of age and who has one of the following educational credentials:
- (a) an associates, bachelors, or graduate degree from an accredited college and successful completion of at least 12 semester credit hours of early childhood development courses;
  - (b) valid proof of a level 8, 9, or 10 Utah Early Childhood Career Ladder certification issued by the Utah Office of Child Care or the Utah Child Care Professional Development Institute;
  - (c) a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition, or other credential that the licensee demonstrates as equivalent to the Department; or
  - (d) a currently valid National Administrator Credential (NAC) issued by the National Child Care Association, plus one of the following:
    - (i) valid proof of successful completion of 12 semester credit hours of early childhood development courses from an accredited college; or
    - (ii) valid proof of completion of the following six Utah Early Childhood Career Ladder courses offered through Child Care Resource and Referral: Child Development Ages and Stages, Learning in the Early Years, A Great Place for Kids, Strong and Smart, Learning to Get Along, and Advanced Child Development.
  - (e) Center directors who used only the National Administrator Credential (NAC) to meet the director qualifications prior to 1 July 2006 have until 30 June 2011 to obtain the required additional training in early childhood development.

### Rationale / Explanation

*The director of a center plays a pivotal role in ensuring the day-to-day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC 3<sup>rd</sup> Ed. pg.11 Standard 1.3.1.1.*

*College level coursework has been shown to have a measurable, positive effect on quality child care, whereas experience by itself has not. CFOC 3<sup>rd</sup> Ed. pg.11 Standard 1.3.1.1.*

## R430-100-7: PERSONNEL.

### **Enforcement**

*Successful completion of a college course means a passing grade of C or better.*

*Continuing Education Units (CEU) are different from college credits. In order to count as college credit, a course must appear on an official transcript from an accredited college or university.*

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*There are online courses, such as CARE courses and classes from NACCRRA, that can be used to be in compliance with this rule. Check with your local Child Care Resource and Referral office for more information.*

*Level 2 Noncompliance except as described below.*

*Level 3 Noncompliance if directors have expired NAC, CDA, or CCP credentials.*

**(2) All caregivers shall be at least 18 years of age.**

### **Rationale / Explanation**

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

*The American Academy of Pediatrics and the American Public Health Association recommend that lead caregivers be at least 21 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 12, Standard 1.3.2.2.*

### **Enforcement**

*Always Level 2 Noncompliance.*

**(3) All assistant caregivers shall be at least 16 years of age, and shall work under the immediate supervision of a caregiver who is at least 18 years of age.**

**(4) Assistant caregivers may be included in caregiver to child ratios, but shall not be left unsupervised with children.**

### **Rationale / Explanation**

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

*Eighteen is the age of legal consent. Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgement, than*

## R430-100-7: PERSONNEL.

adult responses. For more information on this research, see:

<http://www.nimh.nih.gov/Publicat/teenbrain.cfm>

<http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/>

### **Enforcement**

*To determine if a space or area is considered a room which needs a caregiver who is 18 years of age or older with the children, refer to the definition of Direct Supervision in Section 2 of this manual.*

*Always Level 2 Noncompliance.*

- (5) Assistant caregivers shall meet all of the caregiver requirements under this rule, except the caregiver age requirement of 18 years.**

### **Rationale / Explanation**

*This rule clarifies that assistant caregivers must meet the caregiver requirements for background screening, orientation training, annual training, and all other requirements for caregivers contained in the rules.*

### **Enforcement**

*To determine if a space or area is considered a room which needs a caregiver who is 18 years of age or older with the children, refer to the definition of Direct Supervision in Section 2 of this manual.*

*Caregivers under the age of eighteen must not be left unsupervised with child(ren) at any time.*

*The Noncompliance Level depends on the caregiver requirement(s) with which the assistant caregiver failed to comply.*

- (6) A volunteer may be included in the provider to child ratio only if the volunteer meets all of the caregiver requirements of this rule.**

### **Rationale / Explanation**

*A volunteer is anyone who provides care to a child but does not receive direct or indirect compensation for doing so.*

### **Enforcement**

*The child care licensing statute defines child care as care for children through age 12 and children with disabilities through age 18. Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).*



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- (7) Whenever there are more than 8 children at the center, there shall be at least two caregivers present who can demonstrate the English literacy skills needed to care for children and respond to emergencies. If there is only one caregiver present because there are 8 or fewer children at the center, that caregiver must be able to demonstrate the English literacy skills needed to care for children and respond to emergencies.

### Rationale / Explanation

*Caregivers need English literacy skills in order to perform essential functions to protect children's health and safety, such as reading warning labels on chemicals, instructions on medications and medication authorization forms, emergency information on child enrollment forms, information on a child's health assessment, instructions on a fire extinguisher, etc.*

*English skills are also important in dealing with poison control and emergency response (911).*

### Enforcement

*If there is a question about whether or not caregivers with the required English literacy skills are present, the Licensor may give caregivers material printed in English and ask them to read it.*

*Level 1 Noncompliance if there is an emergency and a caregiver is unable to get the needed emergency assistance.*

*Level 2 Noncompliance otherwise.*

- (8) Each new director, assistant director, caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the caregiver's file and shall include the following topics:
- (a) job description and duties;
  - (b) the center's written policies and procedures;
  - (c) the center's emergency and disaster plan;
  - (d) the current child care licensing rules found in Sections R430-100-11 through 24;
  - (e) introduction and orientation to the children assigned to the caregiver;
  - (f) a review of the information in the health assessment for each child in their assigned group;
  - (g) procedure for releasing children to authorized individuals only;
  - (h) proper clean up of body fluids;
  - (i) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
  - (j) obtaining assistance in emergencies, as specified in the center's emergency and disaster plan.
  - (k) If the center provides infant or toddler care, new caregiver orientation training topics shall also include:
    - (i) preventing shaken baby syndrome and coping with crying babies; and

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### (ii) preventing sudden infant death syndrome.

#### Rationale / Explanation

*The purpose of this 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. CFOC 3<sup>rd</sup> Ed. pgs. 21-22 Standard 1.4.2.1.*

*A yearly review of the center's written policies encourages administrators to keep this information current. CFOC 3<sup>rd</sup> Ed. pg. 349 Standard 9.2.1.2.*

#### Enforcement

*Licensees may have up to 5 working days after a new caregiver starts working with children to complete the required orientation training, provided the new caregiver is never left alone with children until all of the required orientation training is completed.*

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

*Because they interact with the children and specific health and safety rules apply to their work, van drivers and cooks are required to complete orientation training.*

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

*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. 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.*

*Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios, and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).*

*Level 2 Noncompliance if a new caregiver does not have orientation training or documentation of orientation training, in:*

- *the center's emergency and disaster plan*
- *the child care licensing rules for:*
  - *supervision and ratios.*
  - *injury prevention*
  - *parent notification and child security*
  - *child health*

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- *infection control*
- *medications*
- *napping*
- *child discipline*
- *transportation*
- *diapering*
- *infant and toddler care*
- *introduction and orientation to the children assigned to the caregiver*
- *a review of the information in the health assessment for each child in their assigned group*
- *procedures for releasing children to authorized individuals only*
- *proper clean up of body fluids*
- *signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation*
- *obtaining assistance in emergencies, as specified in the center's emergency and disaster plan*
- *SIDS, coping with crying babies, and Shaken Baby Syndrome, if the center cares for infants*

*Level 3 Noncompliance if a new caregiver does not have orientation training, or documentation of orientation training, in:*

- *job description and duties*
- *the center's written policies and procedures*
- *the child care licensing rules for:*
  - *child nutrition*
  - *activities*
  - *animals*

- (9) The following individuals shall complete a minimum of 20 hours of child care training each year, based on the center's license date:**
- (a) the director;**
  - (b) the assistant director, if the center has one;**
  - (c) all caregivers;**
  - (d) all substitutes who work an average of 10 hours a week or more, as averaged over any three month period; and**
  - (e) all volunteers that the provider includes in the provider to child ratio.**
- (10) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.**
- (11) Caregivers who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the center's relicense date.**

### Rationale / Explanation

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

## **R430-100-7: PERSONNEL.**

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

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

### **Enforcement**

*A substitute is someone who provides care on an irregular or sporadic basis. A person with a regular schedule is considered a regular caregiver, not a substitute.*

*Van drivers, cooks, secretaries, receptionists, bookkeepers, custodians, and maintenance workers do not need to complete annual training, unless they help out in a classroom an average of 10 hours per week or more, as averaged over a three month period.*

*Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only that portion of the staff meeting during which training was given (as opposed to business matters, such as assigning tasks or work schedules, etc.) can be counted as required training hours.*

*In-house training conducted at staff meetings may be documented in a log that includes all of the required information. There must be a certificate or other documentation from the agency delivering the training for training from outside sources, such as CCR&R or outside workshops or conferences.*

*College and high school students may count clock time spent in child development courses as hours of annual training. One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

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

*Watching reality TV and talk shows is not considered to be child care training.*

*Level 2 Noncompliance if caregivers don't have the required hours of training.*

*Level 3 Noncompliance if caregivers have documentation of receiving the required hours of training, but the training documentation does not include all of the information required in the rule (name of the training organization, the date, the training topic, and the total hours or minutes of training).*

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- (12) Annual training hours shall include the following topics:
- (a) the current child care licensing rules found in Sections R430-100-11 through 24;
  - (b) a review of the center's written policies and procedures and emergency and disaster plans, including any updates;
  - (c) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
  - (d) principles of child growth and development, including development of the brain; and
  - (e) positive guidance.
- (13) If the center provides infant or toddler care, annual training topics for the center director and all infant and toddler caregivers shall also include:
- (a) preventing shaken baby syndrome and coping with crying babies; and
  - (b) preventing sudden infant death syndrome.

### Rationale / Explanation

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

*A yearly review of the center's written policies encourages administrators to keep this information current. CFOC 3<sup>rd</sup> Ed. pg.349 Standard 9.2.1.2.*

### Enforcement

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

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*Watching reality TV and talk shows is not considered to be child care training.*

*Always Level 3 Noncompliance.*

- (14) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.

## **R430-100-7: PERSONNEL.**

### **Rationale / Explanation**

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

*Face-to-face training is important because class members can engage in discussion with one another and ask questions about the class content.*

### **Enforcement**

*Examples of face-to-face training include time spent in center staff meeting trainings, conferences, and workshops. College and high school students may count clock time spent in child development courses as face-to-face training if the class is in-person (as opposed to online or take-home packets).*

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of training. One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*Always Level 2 Noncompliance.*

## R430-100-8: ADMINISTRATION.

- (1) The licensee is responsible for all aspects of the operation and management of the center.

### Rationale / Explanation

*The Licensee may delegate responsibilities under this rule to staff in the child care center. However, ultimate responsibility for compliance with all licensing rules rests with the Licensee. The Licensee must ensure that he or she has adequate oversight of staff to whom duties have been delegated to ensure the delegated duties are completed as assigned.*

### Enforcement

*This rule will be considered out of compliance if a Licensee instructs an employee to disregard or be out of compliance with a licensing rule or rules.*

*Level 1 Noncompliance if the lack of adequate oversight resulted in noncompliance with one or more rules that have been identified as Level 1 Noncompliance rules.*

*Level 2 Noncompliance if the lack of adequate oversight resulted in noncompliance with one or more rules that have been identified as Level 2 Noncompliance rules.*

*Level 3 Noncompliance if the lack of adequate oversight resulted in noncompliance with one or more rules that have been identified as Level 3 Noncompliance rules.*

- (2) The licensee shall comply with all federal, state, and local laws and rules pertaining to the operation of a child care center.

### Rationale / Explanation

*This rule is intended to address problems which are not already addressed in other child care licensing rules, but which involve the violation of a federal, state, or local law or administrative rule of another agency that applies to the operation of a child care center.*

### Enforcement

*Level 1 Noncompliance if a Licensee fails to submit the Annual Immunization Report or children in care are using cribs that do not meet the CPSC standard.*

*A finding for this rule is issued only when there is not another licensing rule that addresses the situation. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing rules.*

- (3) The provider shall not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care.

### Rationale / Explanation

*This rule is intended to address problems which are not already specifically mentioned in other child care licensing rules but which jeopardize children's well-being.*

## R430-100-8: ADMINISTRATION.

### **Enforcement**

*A finding for this rule is issued only when there is not another licensing rule that addresses the situation. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing rules.*

- (4) The provider shall take all reasonable measures to protect the safety of children in care. The licensee shall not engage in activity or allow conduct that unreasonably endangers children in care.**

### **Rationale / Explanation**

*This rule is intended to address problems which may arise that are not specifically mentioned in other child care licensing rules but which jeopardize children's safety.*

### **Enforcement**

*Noncompliance to this rule includes jerking, pulling, lifting or swinging a child by the arm(s), which can cause a partial dislocation of the elbow, also referred to as Nursemaid's Elbow.*

*A finding for this rule is issued only when there is not another licensing rule that addresses the situation. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar child care licensing rules, except for the situations below:*

*Level 2 Noncompliance for open, unscreened second floor or higher windows.*

*Level 3 Noncompliance for open, unscreened first floor windows.*

- (5) Either the center director or a designee with authority to act on behalf of the center director shall be present at the facility whenever the center is open for care.**

### **Rationale / Explanation**

*The purpose of this rule is to ensure that there is always a qualified individual on-site who assumes responsibility for the management of the center and the protection of children's health and safety. Lines of responsibility need to be clearly delineated, including the presence at all times of an individual who is designated to have ultimate responsibility for the functioning of the center. CFOC, 3<sup>rd</sup> Ed. pg. 347 Standard 9.1.0.1*

### **Enforcement**

*A finding to this rule will be issued during any on-site inspection at which a qualified director or director designee is not present.*

*Level 1 Noncompliance if there is noncompliance (due to an absent director or designee) with one or more rules that have been identified as Level 1 Noncompliance rules.*

*Level 2 Noncompliance if there is noncompliance (due to an absent director or designee) with one or more rules that have been identified as Level 2 Noncompliance rules.*



## R430-100-8: ADMINISTRATION.

*Level 3 Noncompliance if there is noncompliance (due to an absent director or designee with one or more rule that have been identified as Level 3 Noncompliance rules, or if no director or designee is present.*

- (6) Director designees shall be at least 21 years of age, and shall have completed their orientation training.**

### Rationale / Explanation

*The director of a center plays a pivotal role in ensuring the day to day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, 3<sup>rd</sup> Ed. pgs. 10-11 Standard 1.3.1.1*

*Completion of orientation training prior to assuming director designee duties helps to ensure the smooth functioning of the center, and is essential in order to protect the health and safety of the children in care. CFOC, 3<sup>rd</sup> Ed. pgs. 21-22 Standard 1.4.2.1*

### Enforcement

*Level 2 Noncompliance if the director designee has not completed his or her orientation training or is less than 18 years old.*

*Level 3 Noncompliance if the director designee is at least 18 years old, but not yet 21 years old.*

- (7) The center director shall be on-site at the center for at least 20 hours per week during operating hours in order to fulfill the duties specified in this rule, and to ensure compliance with this rule.**

### Rationale / Explanation

*The director of a center plays a pivotal role in ensuring the day to day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, 3<sup>rd</sup> Ed. pgs. 10-11 Standard 1.3.1.1.*

### Enforcement

*Time that center directors spend on bus runs or running center related errands can count towards the required 20 on-site hours per week.*

*If a center director will be absent from the center for longer than three months (for example, due to maternity leave), the Licensee must apply for a change of director and have a qualified director present during the regular director's leave of absence.*

*Level 1 Noncompliance if the director is not on-site at least 20 hours per week and there is noncompliance (due to an absent director) with one or more rules that have been identified as Level 1 Noncompliance rules.*

*Level 2 Noncompliance if the director is not on-site at least 20 hours per week and there is noncompliance (due to an absent director) with one or more rules that have been identified as Level 2 Noncompliance rules.*

## R430-100-8: ADMINISTRATION.

*Level 3 Noncompliance if the director is not on-site at least 20 hours per week and there is noncompliance (due to an absent director) with one or more rules that have been identified as Level 3 Noncompliance rules or if the director is not present at least 20 hours per week.*

- (8) The center director must have sufficient freedom from other responsibilities to manage the center and respond to emergencies.**

### Rationale / Explanation

*The purpose of this rule is to ensure that the center director is available and has sufficient freedom to perform the many duties that are required in order to supervise caregivers, ensure adequate communication with parents, monitor and correct health and safety hazards, and otherwise maintain compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg. 12 Standard 1.3.1.2.*

### Enforcement

*Level 1 Noncompliance if there is noncompliance (due to a director with insufficient freedom from other responsibilities) with one or more rules that have been identified as Level 1 Noncompliance rules.*

*Level 2 Noncompliance if there is noncompliance (due to a director with insufficient freedom from other responsibilities) with one or more rules that have been identified as Level 2 Noncompliance rules.*

*Level 3 Noncompliance if there is noncompliance (due to a director with insufficient freedom from other responsibilities) with one or more rules that have been identified as Level 3 Noncompliance rules or if no director or designee is present.*

- (9) There shall be a working telephone at the facility, and the center director shall inform a parent and the Department of any changes to the center's telephone number within 48 hours of the change.**

### Rationale / Explanation

*The purpose of the rule is to ensure that staff can contact the parents of children in care, that the parents of children in care can contact staff, and that staff can always contact emergency personnel (fire, police, ambulance, etc.) if needed. CFOC, 3<sup>rd</sup> Ed. pg. 243 Standard 5.3.1.12*

### Enforcement

*Level 1 Noncompliance if there is an emergency and there is not a working telephone at the facility.*

*Level 2 Noncompliance if there is no working telephone at the facility.*

*Level 3 Noncompliance if there is working phone at the facility but staff does not notify parents or the department staff of a change in phone number.*

- (10) The provider shall call the Department within 24 hours to report any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent. The provider shall also mail or fax a written report to the Department within five days of the incident.**

## R430-100-8: ADMINISTRATION.

### Rationale / Explanation

*The purpose of this rule is so that the Department staff can work with center staff to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. CFOC, 3<sup>rd</sup> Ed. pg. 383 Standard 9.4.1.10*

### Enforcement

*For the purposes of this rule, emergency medical response means a call to 911 (or the police, ambulance, or fire department, if any of these are called because of an injury to a child).*

*Attention from a health care provider means a visit to a hospital or doctor. Center staff must report injuries that require attention from a health care provider as soon as they become aware of the visit to the health care provider (for example, in situations where the parent took the child to a health care provider after leaving the center).*

*In the event of a serious injury that requires the parent to take their child to a health care provider, the parent may sign the accident report the next time they are at the center.*

*Always Level 3 Noncompliance.*

- (11) The duties and responsibilities of the center director include the following:**
- (a) appoint one or more individuals who meet the background screening and training requirements of this rule to be a director designee, with authority to act on behalf of the center director in his or her absence;**

### Rationale / Explanation

*The director of a center plays a pivotal role in ensuring the day to day smooth functioning of the facility within the framework of appropriate child development principles. The well-being of the children in the facility depends largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-term and immediate needs, and who is able to engage staff in appropriate decision making that affects their day to day practices with children. CFOC, 3<sup>rd</sup> Ed. pgs. 10-11 Standard 1.3.1.1.*

### Enforcement

*Always Level 3 Noncompliance.*

- (11) The duties and responsibilities of the center director include the following:**
- (b) train and supervise staff to:**
    - (i) ensure their compliance with this rule;**
    - (ii) ensure they meet the needs of the children in care as specified in this rule; and**

### Rationale / Explanation

*The purpose of this rule is to ensure that all center staff have the training and ongoing supervision needed to ensure they protect children's health and safety as required in the licensing rules. CFOC, 3<sup>rd</sup> Ed. pgs. 21-22 Standard 1.4.2.1, pgs. 23-24 Standard 1.4.2.3, pgs. 43-44 Standards 1.8.2.2, 1.8.2.3, 1.8.2.4*

### Enforcement

*Level 1 Noncompliance if a caregiver is not adequately trained or supervised to comply with any rule and a child is*

## R430-100-8: ADMINISTRATION.

*harmed as a result of this.*

*Level 3 Noncompliance otherwise, including if a caregiver is not adequately trained to report child abuse and neglect to the proper authorities.*

- (11) **The duties and responsibilities of the center director include the following:**
- (b) **train and supervise staff to:**
  - (iii) **ensure that children are not subjected to emotional, physical, or sexual abuse while in care.**

### **Enforcement**

*Always Level 1 Noncompliance.*

- (12) **The provider shall establish and follow written policies and procedures for the health and safety of the children in care.**

### **Rationale / Explanation**

*The purpose of this rule is to ensure that there are written policies in place to protect children's health and safety. An organized, comprehensive approach to ensuring children's health and safety is necessary in child care centers. Such an approach requires written plans, policies, and procedures, and adequate record-keeping so that there is consistency over time and across staff, as well as an understanding between parents and caregivers. This allows clear expectations to be communicated to staff, and helps center directors train and hold staff responsible for following the written policies. CFOC, 3<sup>rd</sup> Ed. pgs. 348-350 Standards 9.2.1.1, 9.2.1.2, 9.2.1.3, pg. 351 Standard 9.2.1.6*

*A yearly review of the center's written policies encourages administrators to keep this information current. Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. CFOC, 3<sup>rd</sup> Ed. pg. 349 Standard 9.2.1.2*

### **Enforcement**

*A finding to this rule is issued if the provider does not have any written policies or has them but does not follow them.*

*Level 2 Noncompliance if the provider does not follow his/her written policies for (a)-(d) or (g)-(k).*

*Level 3 Noncompliance if the provider does not follow his/her written policies for (e) or (f).*

- (12) **The provider shall establish and follow written policies and procedures for the health and safety of the children in care. The written policies and procedures shall address at least the following areas:**
- (a) **direct supervision and protection of children at all times, including when they are sleeping, using the bathroom, in a mixed group activity, on the playground, and during off-site activities;**
  - (b) **maintaining required caregiver to child ratios when the center has more than the expected number of children, or fewer than the scheduled number of caregivers;**
  - (c) **procedures to account for each child's attendance and whereabouts;**
  - (d) **procedures to ensure that the center releases children to authorized individuals only;**
  - (e) **confidentiality and release of information;**
  - (f) **the use of movies and video or computer games, including what industry ratings the center**

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- allows;
- (g) recognizing early signs of illness and determining when there is a need for exclusion from the center;
  - (h) ensuring that food preparation and diapering handwashing are not done in the same sink in infant and toddler areas;
  - (i) discipline of children, including behavioral expectations of children and discipline methods used;
  - (j) transportation to and from off-site activities, or to and from home, if the center offers these services; and
  - (k) if the program offers transportation to or from school, policies addressing:
    - (i) how long children will be unattended before and after school;
    - (ii) what steps will be taken if children fail to meet the vehicle;
    - (iii) how and when parents will be notified of delays or problems with transportation to and from school; and
    - (iv) the use of size-appropriate safety restraints.

### Rationale / Explanation

*The purpose of this rule is to ensure that there are written policies in place to protect children's health and safety. An organized, comprehensive approach to ensuring children's health and safety is necessary in child care centers. Such an approach requires written plans, policies, and procedures, and adequate record-keeping so that there is consistency over time and across staff, as well as an understanding between parents and caregivers. This allows clear expectations to be communicated to staff, and helps center directors train and hold staff responsible for following the written policies. CFOC, 3<sup>rd</sup> Ed. pgs. 348-350 Standards 9.2.1.1, 9.2.1.2, 9.2.1.3, pg. 351 Standard 9.2.1.6*

*A yearly review of the center's written policies encourages administrators to keep this information current. Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. CFOC, 3<sup>rd</sup> Ed. pg. 349 Standard 9.2.1.2*

### Enforcement

*A finding to this rule is issued if the provider has written policies but they are missing one or more of the required topics.*

*For the purpose of this rule, walking the children to and from school is considered transporting them. In this situation, the provider should have written policies addressing each item in (k) except for (iv). For (ii) the provider can substitute the word "provider" for the word "vehicle".*

*Always Level 3 Noncompliance.*

- (13) The provider shall ensure that the written policies and procedures are available for review by parents, staff, and the Department during business hours.**

### Rationale / Explanation

*Current information on health and safety practices that is developed cooperatively among caregivers and parents invites better compliance with health and safety procedures. CFOC, 3<sup>rd</sup> Ed. pg. 349 Standard 9.2.1.2.*

*Access to these written policies by parents and staff is important to ensure that all parties understand the center's*

## **R430-100-8: ADMINISTRATION.**

*policies and expectations, and to help staff remember and follow the policies. Review of the written policies by the Department is used to determine, in part, the Licensee's compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg. 380 Standard 9.4.1.5*

### **Enforcement**

*This means the policies and procedures must be available at the center and can be provided to parents, employees, or Child Care Licensing staff upon request.*

*Always Level 3 Noncompliance.*

## R430-100-9: RECORDS.

- (1) The provider shall maintain the following general records on-site for review by the Department:
- (a) documentation of the previous 12 months of fire and disaster drills as specified in R430-100-10(11)(12)(13)(14);

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*All children of all ages, and all staff, must exit the building during evacuation drills.*

*The center staff must hold a fire drill each month unless the center is closed for the whole month.*

*If the center is evacuated due to an emergency situation, this can count as a fire or disaster drill provided the required information is documented.*

*If a center is open six months of the year or less (for example, a ski resort), only one disaster drill is required.*

*Always Level 3 Noncompliance.*

- (1) The provider shall maintain the following records on-site for review by the Department:
- (b) current animal vaccination records as required in R430-100-22(3);

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*A veterinary tag that includes the required information and shows that the vaccination is current may be used in lieu of an animal vaccination record.*

*Always Level 3 Noncompliance.*

- (1) The provider shall maintain the following records on-site for review by the Department:
- (c) a six week record of child attendance, including sign-in and sign-out records;

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

*Always Level 3 Noncompliance.*

## R430-100-9: RECORDS.

- (1) The provider shall maintain the following records on-site for review by the Department:
- (d) a current local health department inspection;

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Documentation of a kitchen inspection is not required if food is not served.*

*Always Level 3 Noncompliance.*

- (1) The provider shall maintain the following records on-site for review by the Department:
- (e) a current local fire department inspection;

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Always Level 3 Noncompliance.*

- (1) The provider shall maintain the following records on-site for review by the Department:
- (f) if the licensee has been licensed for one year or longer, the most recent "Request for Annual Renewal of CBS/LIS Criminal History Information for Child Care" listing the licensee and all current providers, caregivers, volunteers, directors, owners, and members of the governing body; and
- (g) if the licensee has been licensed for one year or longer, the most recent criminal background "Disclosure & Consent Statement" listing the licensee and all current providers, caregivers, volunteers, directors, owners, and members of the governing body.

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Individuals who must submit background clearance documents ("covered individuals") include:*

1. **Owners & Members of the Governing Body.**

- *Owners mean anyone who has a 25% or greater share in the business, or anyone with less than a 25% share if they are in the center anytime during hours of operation. If a center's legal structure is a corporation, a state or local government, or a private non-profit agency, and the organization operates other programs in addition to the child care program (for example, a ski resort, a recreation center, or a domestic violence shelter), the owners and members of the governing board include any owners*



## R430-100-9: RECORDS.

and board members who perform one or more of the functions listed below.

- A. They have unsupervised access to the children in care at the center, or are present in the center during hours of operation.
- B. They make decisions regarding the day-to-day operations of the center.
- C. They hire and fire child care staff.
- D. The child care staff report to them and/or they conduct personnel evaluations of the child care staff.
- E. They are involved in writing the center's policies and procedures.

2. **Directors.** This means the person who is the director, director designee, and/or assistant director of the center.

3. **Employees.** This includes anyone employed to work in the child care center. For child care centers located in buildings that also house other activities (for example, a city or county recreation center, a community center, a church, or a school), non-child care staff (staff who do not have any duties working with child care children), are not required to submit background clearances, provided that the center first submits a written policy explaining how they ensure that non-child care staff do not have unsupervised access to child care children, including when child care children are in the bathroom.

If a person is on leave, for example, maternity leave, but the center still considers them an employee, they should be included on the renewal background screening forms. If a person quits and then returns to work, or is on leave and the center does **not** still consider them an employee, they will need to submit a new initial CBS/LIS Form when they return from leave.

4. **Providers of care.** This means anyone who provides direct care to one or more children in the center.

5. **Volunteers, except parents of children enrolled.** This includes any volunteer who works with the children or is present in the child care facility when care is being provided to children. If a parent volunteer at a program receives compensation (either monetary, or free child care) for volunteering in the center, they are considered an employee under #3 above. A parent of an enrolled child who has not passed a background screening may not have unsupervised access to any child in care except their own child.

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 only, and not interact with them. If the student only observes the children and does not interact with them, they do not need to pass a background screening. If a student is being paid to complete a practicum, they are considered an employee under #4 above.

The child care licensing statute defines child care as care for children through age 12, and children with disabilities through age 18. Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios, and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).

6. **Anyone who has unsupervised contact to a child in care.**

If parents or guardians of children with an IEP or an IFSP have an agreement with a school or other agency to have their child receive services while in the child care center, the individual providing these services is not required to have a background screening through Child Care Licensing. The children will be considered to be under the care of the school or other agency during the time they are receiving services.

## R430-100-9: RECORDS.

*Employees who take a leave of absence for 3 months or less (for example, maternity leave) and remain in Utah do not have to complete new initial CBS/LIS forms upon returning to the center. Employees who quit and are re-hired must complete new initial CBS/LIS forms.*

*Employees of seasonal programs (such as those that follow the school calendar, those that offer care only in the summer, or those that offer care only during ski seasons) can be listed on renewal CBS/LIS forms if they remain in Utah while the program is closed.*

*Level 3 Noncompliance.*

*For additional information on the background screening rules, see the background screening section of the Interpretation Manual available at: <http://health.utah.gov/licensing/rules.htm#Manuals>*

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
- (a) **an admission form containing the following information for each child:**
    - (i) **name;**
    - (ii) **date of birth;**
    - (iii) **the parent's name, address, and phone number, including a daytime phone number;**
    - (iv) **the names of people authorized by the parent to pick up the child;**
    - (v) **the name, address and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent;**
    - (vi) **if available, the name, address, and phone number of an out of area/state emergency contact person for the child; and**
    - (vii) **current emergency medical treatment and emergency medical transportation releases with the parent's signature;**

### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Names of individuals authorized to pick children up are needed to prevent children from being taken by unauthorized individuals. Emergency treatment consent is needed in order to obtain medical care for children in emergencies. Admission of children without this information can leave the staff unprepared to deal with children's daily and emergent health needs. CFOC, 3<sup>rd</sup> Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6*

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

*This rule is in compliance if the information required in the admission form is on another form.*

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

*Level 2 Noncompliance if there is not an admission form.*

## R430-100-9: RECORDS.

*Level 3 Noncompliance if the admission form is missing any information.*

- (2) The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:
- (b) a current annual health assessment form as required in R430-100-14(5);

### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. CFOC, 3<sup>rd</sup> Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.*

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

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

*Always Level 3 Noncompliance.*

- (2) The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:
- (c) for each infant, toddler, and preschooler, current immunization records or documentation of a legally valid exemption, as specified in R430-100-14(4);

### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. .CFOC, 3<sup>rd</sup> Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.*

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Records must be kept for all enrolled children, including the providers' children and "drop-in" children.*

*Acceptable immunization records can either be on the pink state immunization form, the yellow card from the local health department, or any immunization record from a health care provider.*

*Immunization rule for students R396-100(6) requires providers to have current immunization records for **all** of the*

## R430-100-9: RECORDS.

*children and submit an annual report.*

*Always Level 3 Noncompliance.*

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
- (d) **a transportation permission form, if the center provides transportation services;**

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

*For the purposes of this rule, transportation services include transportation to and from off-site activities, home, or school (including walking children to and from school).*

*Always Level 3 Noncompliance.*

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
- (e) **a six week record of medication permission forms, and a six week record of medications actually administered; and**

### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. CFOC, 3<sup>rd</sup> Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.*

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

*Always Level 3 Noncompliance.*

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
- (f) **a six week record of incident, accident, and injury reports;**

### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and*

## R430-100-9: RECORDS.

available to staff on a need-to-know basis. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. CFOC, 3<sup>rd</sup> Ed. pgs. 386-391 Standards 9.4.2.1, 9.4.2.2, 9.4.2.3, 9.4.2.4, 9.4.2.5, 9.4.2.6.

Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5

### **Enforcement**

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

Always Level 3 Noncompliance.

- (2) **The provider shall maintain the following records for each currently enrolled child on-site for review by the Department:**
- (g) **a six week record of eating, sleeping, and diaper changes as required in R430-100-23(12), R430-100-24(15).**

### **Rationale / Explanation**

Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5

### **Enforcement**

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

Always Level 3 Noncompliance.

- (3) **The provider shall ensure that information in children's files is not released without written parental permission.**

### **Rationale / Explanation**

Prior informed, written consent of the parent is required for the release of written or verbal records and information about his/her child. The purpose of this rule is to prevent unauthorized individuals from accessing confidential information about a child, and to prevent discrimination against a child due to the release of confidential information about the child or his or her family. CFOC, 3<sup>rd</sup> Ed. pgs. 356-357 Standard 9.2.3.6, pgs. 386-387 Standard 9.4.2.1.

### **Enforcement**

Level 1 Noncompliance if the information released results in a prohibited person having contact with a child.

Level 2 Noncompliance if the information released results in discrimination against a child or humiliation of a child.

Level 3 Noncompliance if information is released but it does not result in harm to a child.

- (4) **The provider shall maintain the following records for each staff member on-site for review by the Department:**
- (a) **date of initial employment;**

## R430-100-9: RECORDS.

### Rationale / Explanation

Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5

### Enforcement

Date of initial employment means the first day the employee is paid. Documentation of the initial date of employment is used to verify compliance with background screening requirements.

Always Level 3 Noncompliance.

- (4) **The provider shall maintain the following records for each staff member on-site for review by the Department:**  
(b) **approved initial "CBS/LIS Consent and Release of Liability for Child Care" form;**

### Rationale / Explanation

Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5

### Enforcement

Individuals who must submit background clearance documents ("covered individuals") include:

1. **Owners & Members of the Governing Body.**  
Owners mean anyone who has a 25% or greater share in the business, or anyone with less than a 25% share if they are in the center anytime during hours of operation. If a center's legal structure is a corporation, a state or local government, or a private non-profit agency, and the organization operates other programs in addition to the child care program (for example, a ski resort, a recreation center, or a domestic violence shelter), the owners and members of the governing board include any owners and board members who perform one or more of the functions listed below.
  - A. They have unsupervised access to the children in care at the center, or are present in the center during hours of operation.
  - B. They make decisions regarding the day-to-day operations of the center.
  - C. They hire and fire child care staff.
  - D. The child care staff report to them and/or they conduct personnel evaluations of the child care staff.
  - E. They are involved in writing the center's policies and procedures.
2. **Directors.** This means the person who is the director, director designee, and/or assistant director of the center.
3. **Employees.** This includes anyone employed to work in the child care center. For child care centers located in buildings that also house other activities (for example, a city or county recreation center, a community center, a church, or a school), non-child care staff (staff who do not have any duties working with child care children), are not required to submit background clearances, provided that the center first submits a written policy explaining how they ensure that non-child care staff do not have unsupervised access to child care children, including when child care children are in the bathroom.  
If a person is on leave, for example, maternity leave, but the center still considers them an employee, they should be included on the renewal background screening forms. If a person quits and then returns to work, or is on leave and the center does **not** still consider them an employee, they will need to submit a new initial

## R430-100-9: RECORDS.

*CBS/LIS Form when they return from leave.*

4. **Providers of care.** *This means anyone who provides direct care to one or more child in the center.*
5. **Volunteers, except parents of children enrolled.** *This includes any volunteer who works with the children or is present in the child care facility when care is being provided to children. If a parent volunteer at a facility receives compensation (either monetary, or free child care) for volunteering in the center, they are considered an employee under #3 above. A parent of an enrolled child who has not passed a background screening may not have unsupervised access to any child in care except their own child. 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 only, and not interact with them. If the student only observes the children and does not interact with them, they do not need to pass a background screening. If a student is being paid to complete a practicum, they are considered an employee under #4 above. The child care licensing statute defines child care as care for children through age 12, and children with disabilities through age 18. Children age 13 and older who help out in a classroom of younger children are not included in caregiver ratios, and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form).*
6. **Anyone who has unsupervised contact to a child in care.** *If parents or guardians of children with an IEP or an IFSP have an agreement with a school or other agency to have their child receive services while in the child care center, the individual providing these services is not required to have a background screening through Child Care Licensing. The children will be considered to be under the care of the school or other agency during the time they are receiving services.*

*R430-6-3(3) requires the center to submit background clearance documents for newly hired individuals within five days of the first day of work for which the employee is paid, or for the first day of volunteer work for volunteers. This is required no matter how long the individual remains as an employee or volunteer at the center.*

*If a center owner owns more than one center and a staff member works in more than one of these centers, the staff member does not need to have initial and annual background clearances done at each center. They may photocopy their background clearance documentation from one center and keep the photocopies in their file at the other center.*

*Employees who take a leave of absence 3 months or less (for example, maternity leave) and remain living in Utah do not have to complete new initial CBS/LIS forms upon returning to the center. Employees who quit and are re-hired have to complete new initial CBS/LIS forms.*

*Employees of seasonal facilities (such as those that follow the school calendar, those that offer care only in the summers, and those that offer care only during ski seasons) can be listed on renewal CBS/LIS forms if they remain living in Utah while the facility is closed.*

*Always Level 3 Noncompliance.*

*For additional information on the background screening rules, see the background screening section of the Interpretation Manual available at:*

*<http://health.utah.gov/licensing/rules.htm#Manuals://health.utah.gov/licensing/rules.htm#Manuals>*

## R430-100-9: RECORDS.

(4) The provider shall maintain the following records for each staff member on-site for review by the Department:

(c) a six week record of days and hours worked, and the times worked each day;

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Licensees must keep a written record of days and hours worked for all staff, including directors. The record must include the times worked each day.*

*Always Level 3 Noncompliance.*

(4) The provider shall maintain the following records for each staff member on-site for review by the Department:

(d) orientation training documentation for caregivers, and for volunteers who work at the center at least once each month;

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*Children age 13 and older who help out in a classroom of younger children are not included in caregiver to child ratios and are considered to be volunteers. This means they need to meet the volunteer requirements including a department background screening (completion of a CBS/LIS Form) and orientation training.*

*Always Level 3 Noncompliance.*

(4) The provider shall maintain the following records for each staff member on-site for review by the Department:

(e) annual training documentation for all providers and substitutes who work an average of 10 hours or more a week, as averaged over any three month period; and

### Rationale / Explanation

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### Enforcement

*This rule is not out of compliance unless the annual training has not been completed **by the center's license expiration date** (not the date of their Annual Announced Inspection.)*

*One semester hour of credit from a college or university is considered to be equivalent to 15 clock hours of*



## R430-100-9: RECORDS.

*training.*

*One quarter hour of credit from a college or university is considered to be equivalent to 10 clock hours of training.*

*Watching reality TV and talk shows is not considered to be child care training.*

*Always Level 3 Noncompliance.*

**(4) The provider shall maintain the following records for each staff member on-site for review by the Department:**

**(f) current first aid and CPR certification, if applicable as required in R430-100-10(2), R430-100-20(5)(d), and R430-100-21(2).**

### **Rationale / Explanation**

*Review of center records by Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5*

### **Enforcement**

*The expiration date on the first aid and CPR card determines whether or not the certification is current.*

*The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.*

*The CPR cards or certificates must indicate that the course covered Infant and child CPR.*

*Equivalent CPR certification must include hands-on skills testing.*

*Always Level 3 Noncompliance.*

## R430-100-10: EMERGENCY PREPAREDNESS.

- (1) **The provider shall post the center's street address and emergency numbers, including ambulance, fire, police, and poison control, near each telephone in the center.**

### Rationale / Explanation

*It is easy for caregivers to panic in an emergency situation. The purpose of this rule is so that caregivers have easy and immediate access to phone numbers they might need to use in an emergency, and can give emergency personnel, such as the police or the fire department, the center's street address. CFOC, 3<sup>rd</sup> Ed. pgs. 380-381 Standard 9.4.1.6*

### Enforcement

*The rule is in compliance if "911" is posted ambulance, fire, and police, but not poison control.*

*If a telephone will not make outgoing phone calls, the emergency numbers do not have to be posted near that telephone. If a classroom telephone is programmed such that it will only dial 911, the only thing that needs to be posted at that telephone is the center's physical address.*

*If only a cell phone is used, this information needs to be posted in plain view in an obvious place in the facility so that anyone needing the information can find it.*

*Level 1 Noncompliance if failure to post this information resulted in an emergency situation in which emergency personnel were not contacted or able to respond in a timely manner.*

*Level 3 Noncompliance otherwise.*

- (2) **At least one person at the facility at all times when children are in care shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification. Equivalent CPR certification must include hands-on testing.**

### Rationale / Explanation

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

### Enforcement

*The expiration date on the first aid and CPR card determines whether the certification is current.*

*The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.*

*Level 2 Noncompliance for no CPR certification.*

*Level 3 Noncompliance for no first aid certification.*

## R430-100-10: EMERGENCY PREPAREDNESS.

- (3) The licensee shall maintain first-aid supplies in the center, including at least antiseptic, band-aids, and tweezers.

### Rationale / Explanation

*The purpose of this rule is to ensure there are supplies needed to respond to minor injuries of children. CFOC, 3<sup>rd</sup> Ed. pg. 257-258 Standard 5.6.0.1*

### Enforcement

*Always Level 3 Noncompliance.*

- (4) The provider shall have a written emergency and disaster plan which shall include at least the following:
- (a) procedures for responding to medical emergencies and serious injuries that require treatment by a health care provider;
  - (b) procedures for responding to fire, earthquake, flood, power failure, and water failure;
  - (c) the location of and procedure for emergency shut off of gas, electricity, and water;
  - (d) an emergency relocation site where children may be housed if the center is uninhabitable;
  - (e) a means of posting the relocation site address in a conspicuous location that can be seen even if the center is closed;
  - (f) the transportation route and means of getting staff and children to the emergency relocation site;
  - (g) a means of accounting for each child's presence in route to and at the relocation site;
  - (h) a means of accessing children's emergency contact information and emergency releases; including contact information for an out of area/state emergency contact person for the child, if available;
  - (i) provisions for emergency supplies, including at least food, water, a first aid kit, diapers if the center cares for diapered children, and a cell phone;
  - (j) procedures for ensuring adequate supervision of children during emergency situations, including while at the center's emergency relocation site; and
  - (k) staff assignments for specific tasks during an emergency.

### Rationale / Explanation

*Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgement in the stress of an emergency situation. CFOC, 3<sup>rd</sup> Ed. pgs. 366-368 Standard 9.2.4.3.*

*The requirement for posting the relocation site address in a conspicuous location is so that, in the event of an emergency when the center has been evacuated, parents coming to the center will know where the children have been evacuated to.*

*Additional helpful (but not mandatory) emergency supplies could include blankets, a flashlight, and books, toys, or activities to occupy children.*

## R430-100-10: EMERGENCY PREPAREDNESS.

### **Enforcement**

*Level 2 Noncompliance if there is no written emergency and disaster plan, but this has not resulted in injury to a child.*

*Level 3 Noncompliance otherwise.*

- (5) The provider shall ensure that the emergency and disaster plan is followed in the event of an emergency.**

### **Rationale / Explanation**

*This rule is closely tied to R430-100-8(5), which requires that either the center director or a designee with authority to act on behalf of the center director is present at the facility whenever the center is open for care. In an emergency situation, it is crucial that there be a clearly designated line of authority, and that the person in charge directs all staff to carry out the emergency plan as written and practiced. This cannot happen unless staff have regular training in the plan and practice in carrying it out.*

### **Enforcement**

*Level 2 Noncompliance.*

- (6) The provider shall review the emergency and disaster plan annually, and update it as needed. The provider shall note the date of reviews and updates to the plan on the plan.**

### **Rationale / Explanation**

*The purpose of this rule is to ensure that the information in the emergency and disaster plan is up-to-date, so that staff do not attempt to follow an out-of-date plan in the event of an emergency.*

### **Enforcement**

*Always Level 3 Noncompliance.*

- (7) The emergency and disaster plan shall be available for immediate review by staff, parents, and the Department during business hours.**

### **Rationale / Explanation**

*Maintaining calm and composed thinking can be difficult in emergency situations. It is crucial for staff to have access to the written plan to refer to in the event of an emergency. Parents need access to the plan to ensure they understand what procedures the center will follow in the event of an emergency. CFOC, 3<sup>rd</sup> Ed. pgs. 366-368 Standard 9.2.4.3 , pgs. 349-350 Standard 9.2.1.3.*

*Review of records by the Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg. 380 Standard 9.4.1.5*

### **Enforcement**

*Always Level 3 Noncompliance.*

## R430-100-10: EMERGENCY PREPAREDNESS.

- (8) The provider shall conduct fire evacuation drills monthly. Drills shall include complete exit of all children and staff from the building.

### Rationale / Explanation

*Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgements made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. CFOC, 3<sup>rd</sup> Ed. pgs. 366-368 Standard 9.2.4.3*

*It is easy for caregivers to panic in an emergency situation. The purpose of this rule is so that caregivers can practice any additional procedures that are needed for children who might need extra attention. If these procedures are not in place, caregivers are in danger of neglecting some children or paying too much attention to others while they are in charge of evacuating **all** children.*

*Furthermore, explicit attention to special needs children in practicing drills and in the evacuation plan itself is needed since there is such a wide variety of what might occur in the variety of emergencies. Some children are physically vulnerable. They may be in wheelchairs or rely on feeding tubes. Others have intellectual and/or emotional challenges such as autism. Any disruption in their routines can pose serious challenges. If a disaster strikes, these children are the most vulnerable, least able to protect themselves. Therefore, identification of the children with special needs; and the practice of evacuating them along with all the other children are both critical for adequate preparation. Save the Children National Guidance, October 2012*

### Enforcement

*The center must hold a fire drill each month unless the center is closed for the whole month.*

*If the staff conduct an actual evacuation due to an emergency situation, this can count as a fire drill provided the required information is documented.*

*Level 1 Noncompliance if there were not any drills conducted for each of the previous 12 months and there is an actual fire in which children were not effectively evacuated.*

*Level 2 Noncompliance if there were no drills conducted for 1 to 7 of the previous 12 months.*

*Level 3 Noncompliance if there were no drills conducted for 8 to 11 of the last previous months.*

- (9) The provider shall document all fire drills, including:
- (a) the date and time of the drill;
  - (b) the number of children participating;
  - (c) the name of the person supervising the drill;
  - (d) the total time to complete the evacuation; and
  - (e) any problems encountered.

### Rationale / Explanation

*Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it*

## R430-100-10: EMERGENCY PREPAREDNESS.

*is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgements made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. CFOC, 3<sup>rd</sup> Ed. pgs. 366-368 Standard 9.2.4.3*

*Review of records by the Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg. 380 Standard 9.4.1.5*

### **Enforcement**

*To be in compliance with this rule, providers must document all required information.*

*Always Level 3 Noncompliance.*

**(10) The provider shall conduct drills for disasters other than fires at least once every six months.**

### **Rationale / Explanation**

*Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a practiced plan can prevent poor judgements made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. CFOC, 3<sup>rd</sup> Ed. pgs. 366-368 Standard 9.2.4.3*

### **Enforcement**

*If the center staff conduct an actual evacuation due to an emergency situation, this can count as a fire or disaster drill provided the required information is documented.*

*If a center is open six months of the year or less (for example, a ski resort), only one disaster drill is required.*

*Level 1 Noncompliance if two drills have not been conducted during the previous 12 months and there is an actual disaster in which children were not effectively evacuated.*

*Level 2 Noncompliance if two drills have not been conducted during the previous 12 months.*

- (11) The provider shall document all disaster drills, including:**
- (a) the type of disaster, such as earthquake, flood, prolonged power outage, tornado;**
  - (b) the date and time of the drill;**
  - (c) the number of children participating;**
  - (d) the name of the person supervising the drill; and**
  - (e) any problems encountered.**

### **Rationale / Explanation**

*Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that staff can refer to. Having such a*

## **R430-100-10: EMERGENCY PREPAREDNESS.**

*practiced plan can prevent poor judgements made in the stress of an emergency situation. Practicing the plan also provides opportunities to identify and work out any problems that arise during practice, before actual emergencies occur. CFOC, 3<sup>rd</sup> Ed. pgs. 366-368 Standard 9.2.4.3*

*Review of records by the Department staff is used to determine, in part, compliance with the licensing rules. CFOC, 3<sup>rd</sup> Ed. pg. 380 Standard 9.4.1.5*

### **Enforcement**

*To be in compliance with this rule, providers must document all required information.*

*Always Level 3 Noncompliance.*

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

### **Rationale / Explanation**

*The purpose of this rule is so that all staff and children, including part-time staff and children, have opportunities to practice the emergency drills and to ensure that drills are practiced during different routine times, such as meal times, nap times, etc.*

### **Enforcement**

*In order for the day and time of the drills to be considered "varied", drills must be held on at least two different days of the week and two different times of the day.*

*Always Level 3 Noncompliance.*

## R430-100-11: SUPERVISION AND RATIOS.

- (1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.

### Rationale / Explanation

*Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Caregivers are to regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location or a child wandered off when a door was open. Regular counting of children can alert the caregiver to a missing child. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1.*

### Enforcement

*This rule is out of compliance if there is no qualified caregiver in the room with the children. This rule is not out of compliance if there is a qualified caregiver in the room but his or her back is turned to the children or if a caregiver sends a school age child to do a brief errand out the classroom (for example, take something to the kitchen or office).*

*If a classroom does not have a bathroom in or adjacent to it, children age 3 and older may be go to the bathroom by themselves, as long as the Licensee has and follows a written policy that includes the following:*

- *Only one child at a time from a classroom may be allowed to go to the bathroom by himself/herself. Another child cannot be allowed to leave to use the bathroom until the previous child has returned.*
- *To make sure each child returns in a reasonable amount of time, the classroom caregiver must track the time each child is gone to use the bathroom,*
- *Building exits must be effectively monitored to ensure that children sent to the bathroom do not leave the building.*
- *If the children use a bathroom that is shared by the public (for example a gym, rec center, park bathroom, etc.), information regarding the supervision of children while in the bathroom.*

*Level 1 Noncompliance except as listed below for Level 2.*

*Level 2 Noncompliance if a large room is completely separated into smaller classrooms (so that children and caregivers do not have an opening or an open gate through which they can move freely between the divided classrooms) and one of the divided rooms does not have a caregiver present or if school age only children are unsupervised .*

- (2) Caregivers shall actively supervise children on the playground to minimize the risk of injury to a child.

### Rationale / Explanation

*Children like to test their skills and abilities. This is particularly true in outdoor playgrounds with playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1.*



## R430-100-11: SUPERVISION AND RATIOS.

### Enforcement

*Actively supervising children means the caregivers' attention is focused on the children at all times, and not on personal interests (such as visiting with other caregivers, talking on a cell phone, text messaging, reading, etc.) or non-caregiving duties. Caregivers are also to maintain awareness of the entire group even when interacting with small groups or individual children and position themselves so that all children playing on the playground are supervised.*

*If there are children on separate playgrounds and there is not an open gate between them, there must be a caregiver(s) in each of the playgrounds.*

*Children age 3 and older may be allowed to leave the playground to use the bathroom by themselves, as long as the Licensee has and follows a written policy that includes the following:*

- *Only one child at a time from each group on the playground may be allowed to go to the bathroom by themselves. Another child cannot be allowed to leave to use the bathroom until the previous child has returned.*
- *The caregiver must track the time each child is gone to use the bathroom, to make sure each child returns in a reasonable amount of time.*
- *Building exits must be effectively monitored to ensure that children sent to the bathroom do not leave the building.*
- *If the children use a bathroom that is shared by the public (for example a gym, rec center, park bathroom, etc.), information regarding the supervision of children while in the bathroom.*

*Always Level 1 Noncompliance.*

- (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.**

### Rationale / Explanation

*The purpose of this rule is so that there will be a second caregiver available to respond to emergencies if needed, while the other caregiver supervises the children. CFOC, 3<sup>rd</sup> Ed. pgs. 4-6 Standard 1.1.1.2*

### Enforcement

*If ratios are in compliance with one caregiver and there are not more than 2 infants/toddlers in the group of children, the second caregiver can be any place at the facility and does not have to be with the group of children.*

*When infants and/or toddlers are combined with older children, the room/area will be assessed as an infant/toddler classroom and must meet the requirements for an infant/toddler room. For example, it must have a diaper changing station [100-23(1)] and sinks [100-4(5)], it cannot be used as access to other areas [100-4(6)].*

*This rule includes infants and toddlers who are children of center employees.*

*Level 1 Noncompliance if there are 2 or more infants or toddlers included in the group of more than 8 children, or if the group of children exceeds ratios.*

*Level 2 Noncompliance otherwise.*

## R430-100-11: SUPERVISION AND RATIOS.

- (4) The licensee shall maintain the minimum caregiver to child ratios and group sizes in Table 4 for single age groups 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

### Rationale / Explanation

*An October 2005 legislative audit of the Child Care Licensing Program examined Utah's ratio rule specifically, and found that Utah's requirements are consistent with other states. The audit stated that Utah ratios are actually on the less restrictive end of the range used by states, and fall below the national standards for every age group. The audit concluded that Utah's rules are reasonable and justifiable.*

*The purpose of required caregiver to child ratios is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Low caregiver to child ratios are most critical for infants and toddlers. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC, 3<sup>rd</sup> Ed. pgs. 4-6 Standard 1.1.1.2 .*

*It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. CFOC, 3<sup>rd</sup> Ed. pgs. 4-6 Standard 1.1.1.2 .*

*The American Academy of Pediatrics and the American Public Health Association recommend the following maximum caregiver to child ratios and group sizes. CFOC, 3<sup>rd</sup> Ed. pgs. 4-6 Standard 1.1.1.2*

<u>Age</u>	<u>Staff to Child Ratio</u>	<u>Maximum Group Size</u>
Birth – 12 months	1:3	6
13 – 30 months	1:4	8
31 – 35 months	1:5	10
3-year-olds	1:7	14
4- and 5-year-olds	1:8	16
6 – 8-year-olds	1:10	20
9 – 12-year-olds	1:12	24

## R430-100-11: SUPERVISION AND RATIOS.

### **Enforcement**

A group with more than one caregiver may be temporarily out of ratio for brief periods of time if one caregiver leaves the room but remains in the center in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, helping a child in the bathroom, helping a child change soiled clothing, etc. (Examples of tasks **not** related to meeting the immediate needs of the children in the group include: doing laundry or other housekeeping duties, making personal phone calls, taking a work break, etc.) **However, when this is done, Licensees must always remember that no caregiver under the age of 18 can ever be left alone with children, even for brief periods of time.**

A group with more than one caregiver may be temporarily out of ratio very briefly if a staff person needs to use the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.

Preschoolers and school age children may temporarily be in groups that exceed maximum group sizes for outdoor play, meal times, nap times, or if there is a special activity such as a puppet show, provided the required staff to child ratios are maintained.

#### Level 1 Noncompliance:

- Infant/toddler groups: over ratio or group size by any amount
- Twos: over ratio or group size by 2 or more children
- Threes & Fours: over ratio or group size by 4 or more children
- Fives & School Age: over ratio or group size by 6 or more children

#### Level 2 Noncompliance:

- Twos: over ratio or group size by 1 child
- Threes & Fours: over ratio or group size by 3 children
- Fives & School Age: over ratio or group size by 4-5 children

#### Level 3 Noncompliance:

- Threes & Fours: over ratio or group size by 1-2 children
- Fives & School Age: over ratio or group size by 1-3 children
- When there is enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios.

(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 specified in Tables 5-15.

### **Rationale / Explanation**

See Rationale / Explanation for subsection (4) above. CFOC, 3<sup>rd</sup> Ed. pgs. 4-6 Standard 1.1.1.2.

### **Enforcement**

A group with more than one caregiver may be temporarily out of ratio very briefly if a staff person needs to use

## **R430-100-11: SUPERVISION AND RATIOS.**

*the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.*

### *Level 1 Noncompliance:*

- *any group with infants or toddlers in it is over ratio or group size by any amount*
- *2s and 3s are over ratio or group size by 3 or more children*
- *3s and 4s are over ratio or group size by 4 or more children*
- *4s and 5s/school age are over ratio or group size by 5 or more children*
- *2s, 3s, and 4s are over ratio or group size by 3 or more children*
- *3s, 4s, and 5s/school age are over ratio or group size by 5 or more children*
- *2s, 3s, 4s, and 5s/school age are over or group size by 4 or more children*

### *Level 2 Noncompliance:*

- *2s and 3s are over ratio or group size by 2 children*
- *3s and 4s are over ratio or group size by 3 children*
- *4s and 5s/school age are over ratio or group size by 4 children*
- *2s, 3s, and 4s are over ratio or group size by 2 children*
- *3s, 4s, and 5s/school age are over ratio or group size by 4 children*
- *2s, 3s, 4s, and 5s/school age are over or group size by 3 children*

### *Level 3 Noncompliance:*

- *2s and 3s are over ratio or group size by 1 child*
- *3s and 4s are over ratio or group size by 1-2 children*
- *4s and 5s/school age are over ratio or group size by 1-3 children*
- *2s, 3s, and 4s are over ratio or group size by 1 child*
- *3s, 4s, and 5s/school age are over ratio or group size by 1-3 children*
- *2s, 3s, 4s, and 5s/school age are over or group size by 1-2 children*
- *When there is enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios*

TABLE 5 Two-year-olds and Three-year-olds			TABLE 6 Two-year-olds and Four-year-olds		
# Caregivers Required	Age	# Children Present	# Caregivers Required	Age	# Children Present
1	2	1-6	1	2	1-6
	3	1-9		4	1-10
		<b>Total Children: up to 10</b>			<b>Total Children: up to 11</b>
2	2	1-13	2	2	1-13
	3	1-19		4	1-21
		<b>Total children: up to 20</b>			<b>Total children: up to 22</b>

TABLE 7 Two-year-olds and Five-twelve Year-olds			TABLE 8 Three-year-olds and Four-year-olds		
# Caregivers Required	Age	# Children Present	# Caregivers Required	Age	# Children Present
1	2	1-6	1	3	1-11
	5-12	1-13		4	1-13
		<b>Total Children: up to 14</b>			<b>Total Children: up to 14</b>
2	2	1-13	2	3	1-23
	5-12	1-27		4	1-27
		<b>Total children: up to 28</b>			<b>Total children: up to 28</b>

TABLE 9 Three-year-olds and Five-twelve Year-olds			TABLE 10 Four-year-olds and Five-twelve Year-olds		
# Caregivers Required	Age	# Children Present	# Caregivers Required	Age	# Children Present
1	3	1-11	1	4	1-14
	5-12	1-15		5-12	1-17
		<b>Total Children: up to 16</b>			<b>Total Children: up to 18</b>
2	3	1-23	2	4	1-29
	5-12	1-31		5-12	1-35
		<b>Total children: up to 32</b>			<b>Total children: up to 36</b>

TABLE 11 Two-year-olds, Three-year-olds, and Four-year-olds			TABLE 12 Two-year-olds, Three-year-olds, and Five-twelve Year-olds		
# Caregivers Required	Age	# Children Present	# Caregivers Required	Age	# Children Present
1	2	1-6	1	2	1-6
	3	1-9		3	1-11
	4	1-9		5-12	1-11
		<b>Total Children: up to 11</b>			<b>Total Children: up to 13</b>
2	2	1-13	2	2	1-13
	3	1-20		3	1-24
	4	1-20		5-12	1-24
		<b>Total children: up to 22</b>			<b>Total children: up to 26</b>

TABLE 13 Two-year-olds, Four-year-olds, and Five-twelve Year-olds			TABLE 14 Three-year-olds, Four-year-olds, and Five-twelve Year-olds		
# Caregivers Required	Age	# Children Present	# Caregivers Required	Age	# Children Present
1	2	1-6	1	3	1-11
	4	1-12		4	1-14
	5-12	1-12		5-12	1-14
		<b>Total Children: up to 14</b>			<b>Total Children: up to 16</b>
2	2	1-13	2	3	1-23
	4	1-26		4	1-30
	5-12	1-26		5-12	1-30
		<b>Total children: up to 28</b>			<b>Total children: up to 32</b>

TABLE 15 Two-year-olds, Three-year-olds, Four-year-olds, and Five-twelve Year-olds		
# Caregivers Required	Age	# Children Present
1	2	1-6
	3	1-11
	4	1-11
	5-12	1-11
		<b>Total Children: up to 14</b>
2	2	1-13
	3	1-25
	4	1-25
	5-12	1-25
		<b>Total children: up to 28</b>

For your convenience, this is a condensed version of the tables. The following pages have a bigger size version of the same tables.

<b>TABLE 5</b>		
<b>Two-year-olds and Three-year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	2	1-6
	3	1-9
		<b>Total children: up to 10</b>
2	2	1-13
	3	1-19
		<b>Total children: up to 20</b>
<b>TABLE 6</b>		
<b>Two-year-olds and Four-year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	2	1-6
	4	1-10
		<b>Total children: up to 11</b>
2	2	1-13
	4	1-21
		<b>Total children: up to 22</b>
<b>TABLE 7</b>		
<b>Two-year-olds and Five-twelve Year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	2	1-6
	5-12	1-13
		<b>Total children: up to 14</b>
2	2	1-13
	5-12	1-27
		<b>Total children: up to 28</b>
<b>TABLE 8</b>		
<b>Three-year-olds and Four-year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	3	1-11
	4	1-13
		<b>Total children: up to 14</b>
2	3	1-23
	4	1-27
		<b>Total children: up to 28</b>

<b>TABLE 9</b>		
<b>Three-year-olds and Five-twelve Year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	3	1-11
	5-12	1-15
		<b>Total children: up to 16</b>
2	3	1-23
	5-12	1-31
		<b>Total children: up to 32</b>
<b>TABLE 10</b>		
<b>Four-year-olds and Five-twelve Year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	4	1-14
	5-12	1-17
		<b>Total children: up to 18</b>
2	4	1-29
	5-12	1-35
		<b>Total children: up to 36</b>
<b>TABLE 11</b>		
<b>Two-year-olds, Three-year-olds, and Four-year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	2	1-6
	3	1-9
	4	1-9
		<b>Total children: up to 11</b>
2	2	1-13
	3	1-20
	4	1-20
		<b>Total children: up to 22</b>
<b>TABLE 12</b>		
<b>Two-year-olds, Three-year-olds, and Five-twelve Year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	2	1-6
	3	1-11
	5-12	1-11
		<b>Total children: up to 13</b>
2	2	1-13
	3	1-24
	5-12	1-24
		<b>Total children: up to 26</b>

<b>TABLE 13</b>		
<b>Two-year-olds, Four-year-olds, and Five-twelve Year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	2	1-6
	4	1-12
	5-12	1-12
		<b>Total children: up to 14</b>
2	2	1-13
	4	1-26
	5-12	1-26
		<b>Total children: up to 28</b>
<b>TABLE 14</b>		
<b>Three-year-olds, Four-year-olds, and Five-twelve Year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	3	1-11
	4	1-14
	5-12	1-14
		<b>Total children: up to 16</b>
2	3	1-23
	4	1-30
	5-12	1-30
		<b>Total children: up to 32</b>
<b>TABLE 15</b>		
<b>Two-year-olds, Three-year-olds, Four-year-olds, and Five-twelve Year-olds</b>		
<b># Caregivers Required</b>	<b>Age</b>	<b># Children Present</b>
1	2	1-6
	3	1-11
	4	1-11
	5-12	1-11
		<b>Total children: up to 14</b>
2	2	1-13
	3	1-25
	4	1-25
	5-12	1-25
		<b>Total children: up to 28</b>



## R430-100-11. SUPERVISION AND RATIOS.

- (7) Infants and toddlers may be included in mixed age groups only when 8 or fewer children are present in the group.

### Rationale / Explanation

*Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. CFOC, 3<sup>rd</sup> Ed. pg. 59 Standard 2.1.2.4*

*Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, 3<sup>rd</sup> Ed. pg. 59 Standard 2.1.2.4*

### Enforcement

*If there are toddlers and twos in a group, the room where these children are cared for must be in compliance with requirements for a toddler room. For example, it must have a diaper changing station [100-23(1)] and sinks [100-4(5)]; it cannot be used as access to other areas [100-4(6)].*

*A group with more than one caregiver may be temporarily out of ratio very briefly if a staff person needs to use the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.*

*This rule includes infants and toddlers who are children of center employees.*

*Infants and toddlers may be with older children for occasional special visitors and center programs but not for regularly scheduled activities.*

*Employees children age 4 and older do not count in ratios, but **do** count in the group size.*

- (8) If more than 2 infants or toddlers are included in a mixed age group, there shall be at least 2 caregivers with the group.

### Rationale / Explanation

*The purpose of this rule is so that there will be enough adults present to evacuate all children in the group, including infants and toddlers who must be carried, in the event of an emergency. CFOC, 3<sup>rd</sup> Ed. pgs. 4-6 Standard 1.1.1.2*

### Enforcement

*A group with more than one caregiver may be temporarily out of ratio very briefly if a staff person needs to use the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break. During this time all children need to be directly supervised.*

## R430-100-11. SUPERVISION AND RATIOS.

*Employees children age 4 and older do not count in ratios, but **do** count in the group size.*

*This rule is out of compliance only when there are 8 or fewer children present in the group and the group includes more than 2 infants or toddlers and there is only one caregiver in the room with the children.*

*Always Level 1 Noncompliance.*

- (9) During nap time the caregiver to child ratio may double for not more than two hours for children age 18 months and older, if the children are in a restful or non-active state, and if a means of communication is maintained with another caregiver who is on-site. The caregiver supervising the napping children must be able to contact the other on-site caregiver without having to leave children unattended in the napping area.**

### Rationale / Explanation

*Napping children require less supervision than awake children. However, there must still be enough caregivers present and available, without leaving children unattended, to evacuate all children from the facility in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. CFOC, 3<sup>rd</sup> Ed. pgs. 4-6 Standard 1.1.1.2, pgs. 64-66 Standard 2.2.0.1.*

### Enforcement

*This rule applies only to nap times. For example, it does not apply to TV or movie times, or other less active times that are not nap times. If center staff have school age children nap as outlined in R430-100-18, then ratios in those school age rooms may be doubled during nap time. If center staff provide quiet time for homework, movies, etc., this is not considered to be a nap time and ratios cannot be doubled during these times.*

*If infants and toddlers are included in mixed age groups, the only time ratios can be doubled during nap time is if all the children are 18 months and older.*

*The rule does not allow doubling the ratio for infants at any time.*

*As children begin to wake up from naps, if less than half the group is awake and engaged in a quiet activity, such as looking at a book, putting together a puzzle, drawing or coloring, or using play dough, a classroom can still have half of the required number of caregivers. However, once half or more of the children are awake and off their nap mats or cots, the classroom must meet the required non-nap time ratios. This applies only to the maximum two hour nap time period.*

*Employees children age 4 and older do not count in ratios, but **do** count in the group size.*

*Always Level 1 Noncompliance.*

- (10) The children of the licensee or any employee, age four or older, are not counted in the caregiver to child ratios when the parent of the child is working at the center, but are counted in the maximum group size.**

## **R430-100-11. SUPERVISION AND RATIOS.**

### **Rationale / Explanation**

*This rule will be used to determine if a Licensee is in compliance with the rules on required capacity, caregiver to child ratios, and maximum group sizes.*

### **Enforcement**

*A child's parent is considered to be "working at the center" if they are on the clock at the center but have left to perform a work-related duty (for example, a bus run or buying center supplies) or if they are on a lunch or work break.*

## 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.

### Rationale / Explanation

*Proper maintenance is a key factor in trying to ensure a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. Regular maintenance checks and appropriate corrective actions documented in writing can reduce the risk of potential injury and provide a mechanism for periodic monitoring and improvements. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 259-260 Standard 5.7.0.2, pg. 260 Standard 5.7.0.4, pg. 277 Standard 6.2.5.1, pg. 375 Standard 9.2.6.3*

*The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. Children's environments must also be protected from exposure to moisture, dust, and excessive temperatures. CFOC, 3<sup>rd</sup> Ed. pg. 261 Standard 5.7.0.7*

*The American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. CFOC, 3<sup>rd</sup> Ed. pgs. 204-205 Standard 5.1.3.2.*

*Constant direct supervision is also needed in order to ensure that even well-maintained equipment is not used in unsafe ways. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1*

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*Level 2 Noncompliance if melting wax, such as in a candle warmer, is accessible to children.*

*Other than above, a finding to this rule is issued only when there is not another rule that specifically addresses an observed lack of safe maintenance or use of the building, grounds, toys, and equipment. The noncompliance level depends on what was observed.*

- (2) The provider shall ensure that walkways are free of tripping hazards such as unsecured flooring or cords.

### Rationale / Explanation

*The purpose of this rule is to prevent injuries to children from tripping and falling. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1*

### **Enforcement**

*This rule does not prevent the use of throw rugs.*

*Always Level 2 Noncompliance.*

## R430-100-12: INJURY PREVENTION.

- (3) Areas accessible to children shall be free of unstable heavy equipment, furniture, or other items that children could pull down on themselves.

### Rationale / Explanation

Children have suffered serious injuries and death due to unstable heavy equipment falling on them. The Consumer Product Safety Commission (CPSC) estimates that at least 3000 children under age 5 were treated in U.S. hospital emergency rooms during 2005 for injuries associated with television tip-overs. In addition, between 2000 and 2005, CPSC received reports of 65 furniture tip-over deaths and 36 television tip-over deaths. Over 80% of these deaths involved young children. Secure anchoring of heavy equipment is essential for safe, stable installation. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pg. 270 Standard 6.2.1.4

### Enforcement

*This rule applies to both indoor and outdoor areas that are accessible to children.*

*Always Level 2 Noncompliance.*

- (4) The following items shall be inaccessible to children:
- (a) firearms, ammunition, and other weapons on the premises. Firearms shall be stored separately from ammunition, in a 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;

### Rationale / Explanation

*The purpose of this rule is to prevent child injuries or deaths from firearms. Children have a natural curiosity about firearms and have often seen their use glamorized on television. Firearms pose a great potential for tragic accidents with children. CFOC, 3<sup>rd</sup> Ed. pg. 257 Standard 5.5.0.8, pg. 363 Standard 9.2.3.16.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*Firearms include guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns.*

*Firearms must be stored separately from ammunition, in a cabinet or area that is locked with a key or combination lock. Use of a trigger lock is not an acceptable alternative to storing firearms in a locked cabinet or area.*

*A weapon is defined as an item for which the intended use can cause harm or death to people or animals. Paintball guns, BB guns, and Airsoft guns are considered weapons, and must be inaccessible to children in care.*

*Level 2 Noncompliance if a firearm with a trigger lock is inaccessible.*

*Level 1 Noncompliance otherwise.*

- (4) The following items shall be inaccessible to children:
- (b) tobacco, alcohol, illegal substances, and sexually explicit material;

## R430-100-12: INJURY PREVENTION.

### Rationale / Explanation

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

*Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. CFOC, 3<sup>rd</sup> Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*Unsmoked cigarettes, cigarette butts, electronic cigarettes and chewing tobacco must be inaccessible because they contain tobacco and harmful substances.*

*Level 1 Noncompliance if children have access to tobacco, alcohol, or illegal substances*

*Level 2 Noncompliance otherwise.*

- (4) The following items shall be inaccessible to children:**  
**(c) when in use, portable space heaters, fireplaces, and wood burning stoves;**

### Rationale / Explanation

*Portable space heaters, fireplaces, and wood burning stoves are all hot enough to burn children when in use. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. CFOC, 3<sup>rd</sup> Ed. pgs. 215-216 Standards 5.2.1.11, 5.2.1.12, 5.2.1.13*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*Level 1 Noncompliance for accessible wood burning stoves or fireplaces.*

*Level 2 Noncompliance for accessible portable space heaters.*

- (4) The following items shall be inaccessible to children:**  
**(d) toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials;**

### Rationale / Explanation

*All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many non-house fire flash burn admissions to burn units. CFOC, 3<sup>rd</sup> Ed. pgs. 226-229 Standards*

## R430-100-12: INJURY PREVENTION.

5.2.8.1, 5.2.9.1, pgs. 234-235 Standard 5.2.9.11, pg. 256 Standard 5.5.0.5

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*Sanitizers, including bleach water, are considered to be hazardous chemicals.*

*Level 2 Noncompliance if any of the following are accessible to children:*

- insecticide
- insect repellent
- pesticide
- weed killer
- gasoline
- kerosene
- paint thinner
- turpentine
- linseed oil
- jewelry cleaner
- bleach
- nail polish remover
- rubbing alcohol
- anti-freeze
- windshield washer fluid
- gunpowder
- WD-40
- super glue
- liquid correction fluids, such as White Out
- Aqua MSDS (for fish tanks)
- rubber cement
- spray paint
- gun solvent
- water sealant
- fertilizer with weed killer (such as Weed and Feed)
- iodine
- model glue
- drain cleaners
- ammonia

*Level 3 Noncompliance if household cleaners, sanitizers or motor oil are accessible to children.*

- (4) The following items shall be inaccessible to children:**  
**(e) poisonous plants;**

### **Rationale / Explanation**

*Plants are among the most common household substances that children ingest. Poisonous plants can also cause skin rashes. CFOC, 3<sup>rd</sup> Ed. pg. 234 Standard 5.2.9.10*

## R430-100-12: INJURY PREVENTION.

See CFOC, 3<sup>rd</sup> Ed. pgs. 470-471, Appendix Y for a list of safe and poisonous plants.

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*Poisonous plants include: poison ivy, poison oak, stinging nettle, mushrooms, toadstools, jimson weed, castor bean, and oleander.*

*Level 2 Noncompliance if there are accessible poisonous plants in rooms with mobile infants or toddlers.*

*Level 3 Noncompliance otherwise.*

- (4) The following items shall be inaccessible to children:**  
**(f) matches or cigarette lighters;**

### **Rationale / Explanation**

*Accidental fires are often started by children playing with matches and cigarette lighters. CFOC, 3<sup>rd</sup> Ed. pg. 256 Standard 5.5.0.6*

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*Always Level 2 Noncompliance.*

- (4) The following items shall be inaccessible to children:**  
**(g) open flames;**

### **Rationale / Explanation**

*Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle. CFOC, 3<sup>rd</sup> Ed. pg. 256 Standard 5.5.0.6*

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*This rule does not prevent a caregiver from having a birthday cake or cupcakes with candles, provided there is constant direct supervision of the lit candles until they are blown out.*

*Always Level 1 Noncompliance.*

- (4) The following items shall be inaccessible to children:**  
**(h) sharp objects, edges, corners, or points which could cut or puncture skin;**



## R430-100-12: INJURY PREVENTION.

### Rationale / Explanation

*The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. CFOC, 3rd E. pgs. 237-238 Standard 5.3.1.2, pgs. 284-285 Standard 6.4.1.2*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*This rule does not include hammers, screw drivers, staples, staplers, staple removers, or scrap booking scissors with decorative pattern edges. In rooms used for school age children only, this rule also does not include adult scissors or sewing needles.*

*Child scissors are defined as scissors that have a blunt edge and are not more than 6" in length and can be accessible to children.*

*Sharp objects also include items such as cactus, thumb tacks or push pins on the floor, and a running fan with a guard through which children's fingers can fit.*

*This rule is not meant to prohibit preschoolers from engaging in supervised woodworking activities.*

*Always Level 2 Noncompliance.*

- (4) The following items shall be inaccessible to children:**
- (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;**

### Rationale / Explanation

*Window covering cords are frequently associated with strangulation of children under five years of age. Cords and ribbons tied to pacifiers can become tightly twisted, or can catch on crib corner posts or other protrusions, causing strangulation. CFOC, 3<sup>rd</sup> Ed. pg. 129 Standard 3.4.6.1.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*This rule is not meant to prohibit preschoolers or school age children from engaging in activities with any of the following: lacing cards; stringing beads; yarn; ribbon; boondoggle; scarves; string; shoelaces; jump ropes; or dress-up clothing, purses, and jewelry.*

*Pacifier cords longer than 12 inches must be inaccessible to children.*

*Always Level 2 Noncompliance.*

- (4) The following items shall be inaccessible to children:**
- (j) for children age 4 and under, plastic bags large enough for a child's head to fit inside, latex gloves, and balloons; and**

## R430-100-12: INJURY PREVENTION.

### Rationale / Explanation

*Plastic bags pose a suffocation risk for children. Rubber balloons and latex gloves can cause choking if children accidentally swallow them, or bite off parts of them and swallow them. CFOC, 3<sup>rd</sup> Ed. pg. 257 Standard 5.5.0.7, pgs. 284-285 Standards 6.4.1.2, 6.4.1.5.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*This rule applies to empty, loose plastic bags only, not plastic bags with something in them, or a supply of unused plastic bags on a roll or in a box. This rule does not apply to latex gloves that are on a changing table, if they are only within reach of the child on the changing table. This rule does not apply to latex gloves that are in a closed first aid kit. This rule does not apply to unopened boxes of latex gloves. This rule also does not apply to trash can liners that are inside of a trash can.*

*This rule applies to latex or rubber balloons whether or not inflated. This rule does not apply to Mylar balloons.*

*Level 1 Noncompliance if a child is observed playing with an empty plastic bag large enough for a child's head to fit inside, latex gloves, or balloons.*

*Level 3 Noncompliance otherwise.*

- (4) The following items shall be inaccessible to children:**
- (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.**

### Rationale / Explanation

*These items pose a choking hazard for small children. CFOC, 3<sup>rd</sup> Ed. pgs. 284-285 Standard 6.4.1.2.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*This rule does not apply to two-year-olds having access to crayons or chalk. This rule also does not apply to items 1/2" in diameter or smaller, such as rice, beans, small macaroni, small beads, sequins, single small Lite-Brite pegs, and small craft eyes, because they are small enough that if a child swallows one, it would not be large enough to block the airway and make a child unable to breathe. For this same reason, paper clips, rubber bands, bobby pins, and feathers accessible to children are not a violation of this rule.*

*If children age two and under are in a carefully supervised activity, such as an art activity with a caregiver sitting at the art table with them, they may use art materials smaller than the allowed size, such as pom-poms, cotton balls, large macaroni, or craft eyes larger than 1/2" in diameter. However, these items may not be accessible to these children unless a caregiver is at the table with the children supervising their use of these items.*

*This rule does not prohibit children age 3 and older from engaging in activities or games that have small*

## R430-100-12: INJURY PREVENTION.

pieces, as long as these items are not left on the floor with children age 2 and under in the room, or left out on a surface under 36" high, where children age 2 and under could pick them up without opening a drawer, cupboard, lid, or closet.

*Always Level 2 Noncompliance.*

**(5) The provider shall store all toxic or hazardous chemicals in a container labeled with its contents.**

### Rationale / Explanation

*The purpose of this rule is so that a toxic or hazardous chemical is not mistaken for a harmless material. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. CFOC, 3<sup>rd</sup> Ed. pgs. 228-229 Standard 5.2.9.1*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*Toxic or hazardous chemicals include sanitizing solutions.*

*Always Level 2 Noncompliance.*

**(6) Electrical outlets and surge protectors accessible to children age four and younger shall have protective caps or safety devices when not in use.**

### Rationale / Explanation

*Preventing children from placing fingers or sticking objects into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. The combination of electricity and mouth moisture closes the electrical circuit, and can lead to serious life-long injuries. CFOC, 3<sup>rd</sup> Ed. pgs. 219-220 Standard 5.2.4.2.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*Accessible outlets include any outlet within 36" of a surface a child in care sleeps on, and any outlet within 36" from any surface in a bathroom a child in care could climb on, such as a bathtub, toilet or counter.*

*A tamper resistant outlet is considered to be a safety device. The outlet must be marked with "TR" or the words "tamper resistant". A grounded outlet is an outlet that has holes for three prongs. Grounded outlets still need safety covers, unless they are also tamper resistant.*

*Always Level 2 Noncompliance.*

**(7) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.**

## R430-100-12: INJURY PREVENTION.

### Rationale / Explanation

Tap water burns are the leading cause of nonfatal burns, and children under 5 years of age are the most frequent victims. Water heated to 130 degrees Fahrenheit takes only 30 seconds to burn the skin. Water heated to 120 degrees takes 2 minutes to burn the skin. CFOC, 3<sup>rd</sup> Ed. pg. 216 Standard 5.2.1.14

### Enforcement

This rule applies to both indoor and outdoor areas.

This rule refers to water in sinks used by children.

Due to the variable accuracy of hot water thermometers, this rule is not considered out of compliance unless the temperature measures 123 degrees or hotter.

Level 2 Noncompliance if the hot water temperature is 128 degrees or higher.

Level 3 Noncompliance if the temperature is between 123 and 127 degrees.

- (8) High chairs shall have T-shaped safety straps or devices that are used whenever a child is in the chair.**

### Rationale / Explanation

The purpose of this rule is to prevent children from sliding out of a high chair and falling to the ground, or sliding partway out and becoming entrapped, which poses a strangulation hazard. CFOC, 3<sup>rd</sup> Ed. pgs. 241-242

### Enforcement

This rule applies to both indoor and outdoor areas.

If the chair is low enough to the ground that the child's feet can touch the ground while sitting in the chair, a T-shaped strap or other device is not required.

Level 1 Noncompliance if the high chair is used by infants or toddlers.

Level 2 Noncompliance otherwise.

- (9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.**

### Rationale / Explanation

This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2

## R430-100-12: INJURY PREVENTION.

### **Enforcement**

*This rule only applies to stationary gross motor play equipment, such as a climber, slide, swing (not an infant swing), merry-go-round, or spring rocker.*

*A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.*

*Level 1 Noncompliance if indoor play equipment exceeds the allowed height and does not have the required cushioning.*

*Level 2 Noncompliance if indoor play equipment exceeds the allowed height but has the required cushioning.*

- (9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.**
- (a) If such equipment has an elevated designated play surface less than 18 inches in height, it shall not be placed on a hard surface, such as wood, tile, linoleum, or concrete, and shall have a three foot use zone.**

### **Rationale / Explanation**

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2*

*There are several different types of ASTM compliant cushioning that can be used under indoor play equipment. These include certain mats, carpeting, and unitary cushioning materials. For examples of possible ASTM compliant indoor cushioning materials, see:*

- <http://www.safelandings.com>
- <http://www.surfaceplay.com>
- <http://www.baplaysets.com/shopping/cfmodularmats.asp>
- [http://www.daycaremall.com/softplay\\_3.html](http://www.daycaremall.com/softplay_3.html)

### **Enforcement**

*This rule does not apply to equipment that is 6" or less from the floor, such as low balance beams.*

*A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.*

*The use zone is measured from the outermost point of the equipment.*

*See the last page of this document for examples of the kinds of equipment that do and do not require cushioning under Subsections (9)(a)-(b) and (10)(a)-(b) of this rule.*

*Level 1 Noncompliance if the equipment is on a hard surface.*

## R430-100-12: INJURY PREVENTION.

*Level 2 Noncompliance otherwise.*

- (9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.**
- (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.**

### Rationale / Explanation

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2*

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- [http://www.daycaremall.com/softplay\\_3.html](http://www.daycaremall.com/softplay_3.html)

### Enforcement

*This rule does not apply to equipment that is 6" or less from the floor, such as low balance beams.*

*A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.*

*Level 1 Noncompliance if the equipment is on a hard surface.*

*Level 2 Noncompliance otherwise.*

- (10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.**

### Rationale / Explanation

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2*

### Enforcement

*This rule only applies to stationary gross motor play equipment, such as a climber, slide, swing, merry-go-round,*

## R430-100-12: INJURY PREVENTION.

*or spring rocker.*

*A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.*

*Level 1 Noncompliance if indoor play equipment exceeds the allowed height and does not have the required cushioning.*

*Level 2 Noncompliance if indoor play equipment exceeds the allowed height but has the required cushioning.*

- (10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.**
- (a) If such equipment has an elevated designated play surface less than 3 feet in height, it shall be surrounded by protective cushioning material, such as mats at least 1 inch thick, in a six foot use zone.**

### Rationale / Explanation

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2*

*There are several different types of ASTM compliant cushioning that can be used under indoor play equipment. These include certain mats, carpeting, and unitary cushioning materials. For examples of possible ASTM compliant indoor cushioning materials, see:*

- <http://www.safelandings.com>
- <http://www.surfaceplay.com>
- <http://www.baplaysets.com/shopping/cfmodularmats.asp>
- [http://www.daycaremall.com/softplay\\_3.html](http://www.daycaremall.com/softplay_3.html)

### Enforcement

*This rule does not apply to equipment that is 6" or less from the floor, such as low balance beams.*

*A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.*

*Level 1 Noncompliance if the equipment is on a hard surface.*

*Level 2 Noncompliance otherwise.*

- (10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.**
- (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.**

## R430-100-12: INJURY PREVENTION.

### Rationale / Explanation

*This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, 3<sup>rd</sup> Ed. pgs. 237-238 Standard 5.3.1.1, pgs. 273-274 Standard 6.2.3.1, pgs. 277-278 Standard 6.2.5.2*

*There are several different types of ASTM compliant cushioning that can be used under indoor play equipment. These include certain mats, carpeting, and unitary cushioning materials. For examples of possible ASTM compliant indoor cushioning materials, see:*

- <http://www.safelandings.com>
- <http://www.surfaceplay.com>
- <http://www.baplaysets.com/shopping/cfmodularmats.asp>
- [http://www.daycaremall.com/softplay\\_3.html](http://www.daycaremall.com/softplay_3.html)

### Enforcement

*This rule does not apply to equipment that is 6" or less from the floor, such as low balance beams..*

*A piece of equipment will be assessed as both a waterfall climber and a climber if one side of the climber has gradual tiers and the other side has a straight drop off.*

*Level 1 Noncompliance if the equipment is on a hard surface.*

*Level 2 Noncompliance otherwise.*

## **(11) There shall be no trampolines on the premises that are accessible to any child in care.**

### Rationale / Explanation

*Trampolines pose serious safety hazards. The Consumer Product Safety Commission estimates that in 1998 there were 95,000 hospital emergency room-treated injuries associated with trampolines. About 75% of the victims are under 15 years of age, and 10% are under five years of age. The hazards that result in injuries and deaths are:*

- *falling or jumping off the trampoline.*
- *falling on the trampoline springs or frame.*
- *colliding with another person on the trampoline.*
- *landing improperly while jumping or doing stunts on the trampoline.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*This rule includes full size above-ground trampolines, built into the ground trampolines, and mini-trampolines.*

*Always Level 1 Noncompliance.*



## R430-100-12: INJURY PREVENTION.

- (12) If there is a swimming pool on the premises that is not emptied after each use:
- (a) the provider shall ensure that the pool is enclosed within a fence or other solid barrier at least six feet high that is kept locked whenever the pool is not in use;

### Rationale / Explanation

*The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*For a swimming pool fence to be considered locked, it must have a key or combination lock.*

*Always Level 1 Noncompliance.*

- (12) If there is a swimming pool on the premises that is not emptied after each use:
- (b) the provider shall maintain the pool in a safe manner;

### Rationale / Explanation

*The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*A finding to this rule is issued only when there is not another licensing rule that addresses a problem. The noncompliance level depends on the problem. Child Care Licensing staff will compare the seriousness of the problem with the noncompliance levels of the most similar child care licensing rules.*

- (12) If there is a swimming pool on the premises that is not emptied after each use:
- (c) the provider shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool; and

### Rationale / Explanation

*The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4*

*This rule is intended to address problems which are not already addressed in other child care licensing rules, but*

## R430-100-12: INJURY PREVENTION.

*which involve the violation of a federal, state, or local law or administrative rule of another agency that applies to the operation of a child care facility.*

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*Always Level 3 Noncompliance.*

**(12) If there is a swimming pool on the premises that is not emptied after each use:**

- (d) If the pool is over four feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the licensee can demonstrate to the Department to be equivalent to Red Cross certification, any time children have access to the pool.**

### **Rationale / Explanation**

*The purpose of this rule is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4*

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*Always Level 1 Noncompliance.*

**(13) If wading pools are used:**

- (a) a caregiver must be at the pool supervising children whenever there is water in the pool;**

### **Rationale / Explanation**

*The purpose of this rule is to prevent drowning. Small children can drown within 30 seconds in as little as 2 inches of water. CFOC, 3<sup>rd</sup> Ed. pgs. 68-29 Standard 2.2.0.4, pg. 283 Standard 6.3.5.3*

*The licensee should check with their local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-100-8(2) requires providers to comply with local laws and rules such as these.*

### **Enforcement**

*This rule applies to both indoor and outdoor areas.*

*Supervising at the pool means that a caregiver is close enough to see the entire bottom of the pool.*

*Always Level 1 Noncompliance.*

**(13) If wading pools are used:**

- (b) diapered children must wear swim diapers and rubber pants while in the pool; and**

## R430-100-12: INJURY PREVENTION.

### Rationale / Explanation

*The purpose of this rule is to minimize the risk of spreading cryptosporidiosis, a diarrheal disease caused by a microscopic parasite. Utah Department of Health rule requires any child under three years old, any child not toilet trained, and anyone who lacks control of defecation shall wear a water resistant swim diaper and waterproof swimwear. Swim diapers and waterproof swimwear shall have waist and leg openings fitted such that they are in contact with the waist or leg around the entire circumference (R392-302-30).*

*The licensee should check with their local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-100-8(2) requires providers to comply with local laws and rules such as these.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*Always Level 2 Noncompliance.*

- (13) If wading pools are used:**  
**(c) the pool shall be emptied and sanitized after each use by a separate group of children.**

### Rationale / Explanation

*The purpose of this rule is to minimize the risk of spreading disease through shared wading pool water. CFOC, 3rd Ed. pg. 283 Standard 6.3.5.3*

*The licensee should check with their local health department before allowing children to use a wading pool, because some local health departments prohibit the use of wading pools in child care facilities. R430-100-8(2) requires providers to comply with local laws and rules such as these.*

### Enforcement

*This rule applies to both indoor and outdoor areas.*

*Always Level 2 Noncompliance.*

**R430-100-12. INJURY PREVENTION.**

Examples of the kinds of equipment that do and do not require cushioning under Subsections (9)(a)-(b) and (10)(a)-(b) of this rule.



**Waterfall Climber – Follow the Enforcement Instructions for Waterfall Climbers**



**Requires Cushioning and Use Zone**



**Requires Cushioning and Use Zone**



**Requires Cushioning and Use Zone**



**Requires Cushioning and Use Zone**

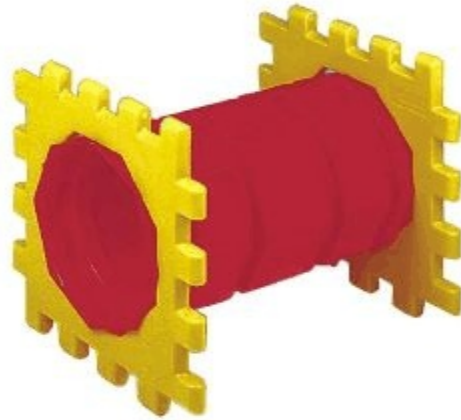


**Does Not Require Cushioning or Use Zone  
(Furniture, not gross motor play equipment.)**

**R430-100-12. INJURY PREVENTION.**



If this unit sits in a corner, so that the right-hand side of the slide is next to the wall, cushioning is only needed at the bottom of the slide. If it does not sit in a corner, cushioning would also be needed on the right-hand side of the slide. (We do not have a rule requiring cushioning at the bottom of stairs.)



**Does Not Require Cushioning or Use Zone**



**Does Not Require Cushioning or Use Zone**



**Does Not Require Cushioning or Use Zone**

**R430-100-12. INJURY PREVENTION.**



**Does Not Require Cushioning or Use Zone**



**Requires Cushioning and Use Zone**



**Does Not Require Cushioning or Use Zone**

**R430-100-12. INJURY PREVENTION.**



**Does Not Require Cushioning and Use Zone**



**Requires Cushioning and Use Zone**



**Requires Cushioning and Use Zone**

## 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.

### Rationale / Explanation

*The purpose of this rule is to inform parents of the existence of child care licensing regulations, and how they can contact the Department if they have a complaint regarding a licensing violation in a regulated child care facility. CFOC, 3<sup>rd</sup> Ed. pgs. 380-381 Standard 9.4.1.6*

### Enforcement

*The entire Department's child care guide (not just one side of it) must be posted to be in compliance with this rule.*

*In order for the child care guide to be posted where parents can review it, the guide must be posted in an area parents can see as they come and go.*

*Always Level 3 Noncompliance.*

- (2) Parents shall have access to the center and their child's classroom at all times their child is in care.

### Rationale / Explanation

*Allowing parents unrestricted access to the center and their child's classroom at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. CFOC, 3<sup>rd</sup> Ed. pg. 78 Standard 2.3.1.2, pgs. 380-381 Standard 9.4.1.6*

### Enforcement

*If a center's door is locked for security reasons and parents must ring a doorbell for someone inside to come and let them in, there must always be someone at the front desk or in the entry area to immediately let parents into the center.*

*The Licensee is not in compliance with this rule if there are periods of time when the front desk or entry area is not staffed and parents have to wait for someone to come and let them into the center.*

*The Licensee is in compliance with this rule if the center is locked with a coded key pay and parents have the code.*

*Always Level 3 Noncompliance.*

- (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.

### Rationale / Explanation

*Proper departure procedures and identification are necessary to prevent unauthorized individuals from taking a*



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

*child from the center. CFOC, 3<sup>rd</sup> Ed. pgs. 371-372 Standards 9.2.4.8, 9.2.4.9*

*Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the center at any given time, and how many caregivers are needed. CFOC, 3<sup>rd</sup> Ed. pgs. 372-373 Standard 9.2.4.10*

### **Enforcement**

*An electronic computer system which uses an identification code to sign children in and out meet the intent of this rule.*

*Level 1 Noncompliance if there is a sign-in or sign-out procedure.*

*Level 3 Noncompliance otherwise.*

- (3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:**
- (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.**

### **Rationale / Explanation**

*Proper departure procedures and identification are necessary to prevent unauthorized individuals from taking a child from the center. CFOC, 3<sup>rd</sup> Ed. pgs. 371-372 Standards 9.2.4.8, 9.2.4.9*

*Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the center at any given time, and how many caregivers are needed. CFOC, 3<sup>rd</sup> Ed. pgs. 372-373 Standard 9.2.4.10*

### **Enforcement**

*An electronic computer system which uses an identification code to sign children in and out meet the intent of this rule.*

*There is no age requirement for the person picking up a child in care. The only requirement is that the person picking up a child has written authorization from the parent and has a photo ID if they are unknown to the provider.*

*Level 1 Noncompliance if failure to follow these procedures results in:*

- a lost child*
- a child being left on an off-site activity*
- a child being left unattended in a vehicle*
- a child being left at the center after it closes*
- harm to a child*

*Level 2 Noncompliance otherwise.*

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

- (3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:
- (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.

### Rationale / Explanation

*Proper departure procedures and identification are necessary to prevent unauthorized individuals from taking a child from the center. CFOC, 3<sup>rd</sup> Ed. pgs. 371-372 Standards 9.2.4.8, 9.2.4.9*

*Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the center at any given time, and how many caregivers are needed. CFOC, 3<sup>rd</sup> Ed. pgs. 372-373 Standard 9.2.4.10*

### **Enforcement**

*An electronic computer system which uses an identification code to sign children in and out meet the intent of this rule.*

*Level 1 Noncompliance if an unauthorized person is allowed to take a child from the center and the parent does not give approval after the fact.*

*Level 3 Noncompliance if an unauthorized person took a child and the parent gave approval after the fact.*

- (3) The provider shall ensure the following procedures are followed when children arrive at the center or leave the center:
- (e) School age children may sign themselves in and out of the center with written permission from their parent.

### Rationale / Explanation

*Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the center at any given time, and how many caregivers are needed. CFOC, 3<sup>rd</sup> Ed. pgs. 372-373 Standard 9.2.4.10*

### **Enforcement**

*Always Level 3 Noncompliance.*

- (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.

### Rationale / Explanation

*The purpose of this rule is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without an injury report, parents may not know to watch their*

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

*child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall, but may actually have a concussion. Incident reports can also allow providers to recognize injury patterns and possible abuse to a child. CFOC, 3<sup>rd</sup> Ed. pg. 382 Standard 9.4.1.9*

### **Enforcement**

*The following are examples of incidents for which a incident, accident, or injury report must be completed:*

- *any injury that requires medical treatment (a copy must also be submitted to licensing).*
- *two children fighting such that one needs medical treatment (incident reports should be completed for both children).*
- *any bites that break the skin, or one child being bitten frequently or biting frequently.*
- *any abuse or inappropriate touching that happens in the child care, even when the perpetrator is a child.*
- *forgetting to pick up a child from school.*
- *a child escaping or leaving the premises without a provider.*

*If the person picking up a child refuses to sign or take the incident report, Licensees will not be found out of compliance with this rule, provided they can demonstrate that they have an effective process in place to get same-day signatures on reports and have made a good faith effort to follow that process.*

*If the parent does not pick up the child (for example, if the provider dropped the child off at school and the parent picked the child up at school) or if there is a serious injury that requires the parent to take his/her child to a health care provider, the provider may get the parent signature and give the parent a copy of the report the next time the parent is at the center.*

*If the parent does not bring the child back for care, the provider may write on the report "child is no longer enrolled and/or the parent refused to sign."*

*Always Level 3 Noncompliance.*

- (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.**

### **Rationale / Explanation**

*The purpose of this rule is to ensure that parents are informed of and can make decisions regarding the care of their child after a serious injury.*

### **Enforcement**

*Level 1 Noncompliance if the parent is not notified.*

*Level 3 Noncompliance if the parent is not notified immediately.*

- (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.**

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

### **Rationale / Explanation**

*A delay in contacting emergency personnel in the case of a life threatening injury could result in permanent disability or death. This is why emergency personnel must be contacted before anyone else when a child has a potentially life threatening injury. CFOC, 3<sup>rd</sup> Ed. pg. 458 Appendix P.*

### **Enforcement**

*Always Level 1 Noncompliance.*

## R430-100-14: CHILD HEALTH.

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

### Rationale / Explanation

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

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

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

### Enforcement

*Always Level 1 Noncompliance.*

- (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.

### Rationale / Explanation

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

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

### Enforcement

*It is acceptable if the caregiver discusses the suspected abuse with the director prior to reporting and the director and caregiver together conclude that it is not abuse. For example, if the director knows about a fall a child had that resulted in an injury and the caregiver does not know about the fall, and suspects the injury may have resulted from abuse.*

*The Licensee is not in compliance with this rule if suspected abuse or neglect is reported to a company's attorney.*

*Always Level 1 Noncompliance.*

- (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.

## R430-100-14: CHILD HEALTH.

### Rationale / Explanation

*Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. CFOC, 3<sup>rd</sup> Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15*

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

### Enforcement

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

- A. *the entrance/exit of the building*
- B. *an open window*
- C. *the outdoor play area*
- D. *a child*

*Level 2 Noncompliance otherwise.*

- (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.**

### Rationale / Explanation

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

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

*Acceptable immunization records can either be on the pink state immunization form, the yellow card from the local health department, or any immunization record from a health care provider.*

*Immunization rule for students R396-100(6) requires providers to have current immunization records for **all** of the children and submit an annual report.*

*Immunization exemption forms are not required to be updated annually.*

## R430-100-14: CHILD HEALTH.

*Always Level 3 Noncompliance.*

- (5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:**
- (a) allergies;**
  - (b) food sensitivities;**
  - (c) acute and chronic medical conditions;**
  - (d) instructions for special or non-routine daily health care;**
  - (e) current medications; and,**
  - (f) any other special health instructions for the caregiver.**

### Rationale / Explanation

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

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

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

### Enforcement

*Records must be kept for all enrolled children, including the provider's children under age 4 and "drop-in" children.*

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

*The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. This rule is in compliance if the health assessment form has a place to document any medical conditions the child has.*

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

*Level 1 Noncompliance if lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.*

*Level 3 Noncompliance otherwise.*

- (6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.**

## R430-100-14: CHILD HEALTH.

### Rationale / Explanation

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

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

### Enforcement

*Always Level 3 Noncompliance.*



## 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.

### Rationale / Explanation

*The purpose of this rule is to ensure that food preparation and service are sanitary in order to reduce the possibility of foodborne illness. Minimum standards for food safety are based on scientific data that demonstrate the conditions required to prevent contamination of food with infectious or toxic substances that cause foodborne illness.*

### Enforcement

*A finding to this rule would be issued if a provider serves food and does not have a kitchen inspection from their local health department.*

*Always Level 3 Noncompliance.*

- (1) If food service is provided:
- (b) Foods served by centers not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, menus provided by the CACFP, or menus approved by a registered dietician. Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years.

### Rationale / Explanation

*Nourishing food is the cornerstone for children's health, growth, and development. Because young children grow and develop more rapidly during the first few years of life than at any other time, they must be provided food that is adequate in amount and type to meet their basic metabolic, growth, and energy needs. The CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition. CFOC, 3<sup>rd</sup> Ed. pgs. 152-154, Standards 4.2.0.1, 4.2.0.3*

### Enforcement

*This rule is in compliance if there is documentation that the children receive food from a public school in good standing with a federal food program.*

*The Licensee must be in compliance with this rule if the only food served is snacks.*

*Licensees using CACFP menus may mix and match components of the CACFP menus, so that the day-to-day menu may vary from the CACFP menu, as long as each meal contains all of same nutritional components as the CACFP menus.*

*Level 3 Noncompliance if the provider is using non-approved menus not signed and/or dated by a registered dietician but the meals served meet CACFP nutritional requirements.*

*Level 2 Noncompliance otherwise.*

## R430-100-15: CHILD NUTRITION.

(1) If food service is provided:

- (c) Centers not currently participating and in good standing with the CACFP shall keep a six week record of foods served at each meal or snack.

### Rationale / Explanation

*The purpose of this rule is to verify that foods actually served to children by centers not participating in CACFP meet children's basic nutritional requirements. CFOC, 3<sup>rd</sup> Ed. pgs. 152-154, Standards 4.2.0.1, 4.2.0.3*

### Enforcement

*The six week record of foods served at each meal must be dated so Licensing Specialists can determine which foods were served on which dates.*

*If the only food service provided is a snack, the center staff must keep a six week record of food served for snacks.*

*Always Level 3 Noncompliance.*

(1) If food service is provided:

- (d) The provider shall post the current week's menu for parent review.

### Rationale / Explanation

*Making menus available to parents by posting them in a prominent area helps to inform parents about proper nutrition, and allows parents to know if a food is being served that their child has an allergy to. It also allows parents to plan meals at home that do not duplicate what the child ate at the center that day. CFOC, 3<sup>rd</sup> Ed. pgs. 159-160 Standard 4.2.0.9*

### Enforcement

*In order for the menu to be posted where parents can review it, it must be posted in an area parents can see as they come and go.*

*If a rotating menu is used, the date needs to be on each week so the parents know which menu is being served this week.*

*A snack menu must be posted if the only food service provided is a snack.*

*Always Level 3 Noncompliance.*

(2) The provider shall offer meals or snacks at least once every three hours.

### Rationale / Explanation

*Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake of food. CFOC, 3<sup>rd</sup> Ed. pgs. 156-157 Standard 4.2.0.5.*

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### **Enforcement**

*Meal times will be counted from the end of one meal time to the start of the next meal time. An extra 30 minutes will be allowed at the end of nap time, if needed, to allow children time to wake up from their nap and get ready for snack.*

*For centers who provide late evening or overnight care, meals or snacks do not need to be served every three hours after children have gone to bed for the night.*

*If a center is open until 7:00 p.m., there may be up to but not more than four hours between the afternoon meal or snack and the center's closing time. If the center is open later than 7 p.m., a meal or snack must be offered at least every three hours.*

*Always Level 3 Noncompliance.*

- (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.**

### **Rationale / Explanation**

*Using clean food service dishes and utensils prevents the spread of microorganisms that can cause disease. The surfaces that are in contact with food must be sanitary. Food should not be put directly on the table surface for two reasons. First, even washed and sanitized tables are more likely to be contaminated than washed and sanitized dishes or disposable plates. Second, eating from plates reduces contamination of the table surface when children put down their partially eaten food. CFOC, 3<sup>rd</sup> Ed. pg. 178 Standard 4.5.0.2*

*Highchair trays function as plates for seated children. Therefore, they should be washed and sanitized the same way as plates and other food service utensils. CFOC, 3<sup>rd</sup> Ed. pg. 178 Standard 4.5.0.2*

### **Enforcement**

*Always Level 3 Noncompliance.*

- (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.**

### **Rationale / Explanation**

*Food allergies are common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergies are being reported in increasing numbers. For all of these reasons, vigilant efforts to avoid exposure to the offending foods are necessary. CFOC, 3<sup>rd</sup> Ed. pg. 182 Standard 4.6.0.1.*

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### **Enforcement**

*If a child just doesn't like a particular food (but the child doesn't have any negative physical reaction to it) that is considered a food preference, not a food allergy or sensitivity.*

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

*Level 1 Noncompliance if a child is served food to which he or she is allergic.*

*Level 2 Noncompliance otherwise.*

- (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.**

### **Rationale / Explanation**

*The purposes of this rule are to ensure that children are not accidentally served food brought by another child, and to ensure that food brought from home does not cause foodborne illness. Foodborne illness and poisoning is a common occurrence when food has not been properly refrigerated and covered. Although many of these illnesses are limited to vomiting and diarrhea, some are life-threatening. CFOC, 3<sup>rd</sup> Ed. pg. 182 Standard 4.6.0.1*

### **Enforcement**

*Food and drink brought from home can be labeled with the child's first name only, unless there is more than one child in the center with food or drink brought from home who has the same first name. When this is the case, the food and drink can be labeled with the child's first name and last initial. If there is more than one child in the center with food or drink brought in from home who has the same first name and last initial, the food and drink must be labeled with the child's full first and last name.*

*Refrigerated can include being in a lunch container with a cold pack, as long as the cold pack is at least cool to the touch.*

*Level 1 Noncompliance if a child is served food to which he or she is allergic.*

*Level 2 Noncompliance otherwise.*

## R430-100-16: INFECTION CONTROL.

- (1) Staff shall wash their hands thoroughly with liquid soap and warm running water at the following times:
- (a) before handling or preparing food or bottles;
  - (b) before and after eating meals and snacks or feeding children;
  - (c) before and after diapering a child;
  - (d) after using the toilet or helping a child use the toilet;
  - (e) before administering medication;
  - (f) after coming into contact with body fluids, including breast milk;
  - (g) after playing with or handling animals;
  - (h) when coming in from outdoors; and
  - (i) after cleaning or taking out garbage.

### Rationale / Explanation

*Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, 3<sup>rd</sup> Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1*

*Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people and people may be a source of infection for animals. CFOC, 3<sup>rd</sup> Ed. pgs. 100-111 Standard 3.2.2.1.*

*Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:*

- *in human waste (urine, stool)*
  - *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
  - *through cuts or skin sores*
  - *by direct skin-to-skin contact*
  - *by touching an object that has germs on it*
  - *in drops of water that travel through the air, such as those produced by sneezing or coughing.*
- CFOC, 3<sup>rd</sup> Ed. pgs. 100-111 Standard 3.2.2.1*
- 

*Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, 3<sup>rd</sup> Ed. pgs. 100-111 Standard 3.2.2*

*Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.*

*Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily*

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*contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, 3<sup>rd</sup> Ed. pgs. 258-259 Standard 5.6.0.3*

*Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, 3<sup>rd</sup> Ed. pgs. 111-112 Standard 3.2.2.2*

### **Enforcement**

*Water will be considered warm if it is between 60 degrees and 120 degrees Fahrenheit.*

*Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.*

*Level 2 Noncompliance if handwashing does not take place after a caregiver uses the toilet.*

*Level 3 Noncompliance otherwise.*

- (2) The provider shall ensure that children wash their hands thoroughly with liquid soap and warm running water at the following times:**
- (a) before and after eating meals and snacks;**
  - (b) after using the toilet;**
  - (c) after coming into contact with body fluids;**
  - (d) after playing with animals; and**
  - (e) when coming in from outdoors.**

### **Rationale / Explanation**

*Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, 3<sup>rd</sup> Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1*

*Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people and people may be a source of infection for animals. CFOC, 3<sup>rd</sup> Ed. pgs. 100-111 Standard 3.2.2.1*

*Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:*

- in human waste (urine, stool)*

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- *in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)*
  - *through cuts or skin sores*
  - *by direct skin-to-skin contact*
  - *by touching an object that has germs on it*
  - *in drops of water that travel through the air, such as those produced by sneezing or coughing.*
- CFOC, 3<sup>rd</sup> Ed. pgs. 100-111 Standard 3.2.2.1 .

*Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, 3<sup>rd</sup> Ed. pgs. 100-111 Standard 3.2.2.1*

*Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands*

*Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with *Pseudomonas* and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, 3<sup>rd</sup> Ed. pgs. 258-259 Standard 5.6.0.3*

*Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. 3<sup>rd</sup> Ed. pgs. 111-112 Standard 3.2.2.2*

### **Enforcement**

*Water will be considered warm if it is between 60 degrees and 120 degrees Fahrenheit.*

*Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.*

*Always Level 2 Noncompliance.*

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

### **Rationale / Explanation**

*Shared hand drying towels can transmit infectious disease. Preventing shared use of individual towels assigned to a single child is difficult. The use of a cloth towel roller is not recommended for two reasons. First, children often use cloth roll dispensers improperly, resulting in more than one child using the same section of towel. And*

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*second, incidents of accidental strangulation in these devices have been reported. CFOC, 3<sup>rd</sup> Ed. pgs. 111-112 Standard 3.2.2.2.*

### **Enforcement**

*This rule does not apply to paper towels used for activities other than drying hands, such as cleaning up spills.*

*Always Level 3 Noncompliance.*

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

### **Rationale / Explanation**

*The purpose of this rule to prevent the spread of disease through fecal matter. If toilet paper is not on a dispenser, children pick it up with hands that may be contaminated with fecal matter, which remains on the roll and is transferred to the next child when he or she picks the roll up. CFOC, 3<sup>rd</sup> Ed. pgs. 258-259 Standard 5.6.0.3*

### **Enforcement**

*Toilet paper is not considered accessible unless the child can reach it while he/she is sitting on the toilet.*

*Level 2 Noncompliance if a toilet has no toilet paper and there are no spare rolls of toilet paper available in the facility or if toilet paper is not kept on a dispenser.*

*Level 3 Noncompliance If a toilet has no toilet paper but there are spare rolls of toilet paper available in the facility.*

- (5) The provider shall post handwashing procedures that are readily visible from each handwashing sink, and they shall be followed.**

### **Rationale / Explanation**

*The purpose of the rule is so staff and children have visual handwashing reminders. Pictures of the steps to proper handwashing remind children who cannot yet read of the proper handwashing steps.*

### **Enforcement**

*This rule only applies to sinks that are used for handwashing.*

*Always Level 3 Noncompliance.*

- (6) Caregivers shall teach children proper hand washing techniques and shall oversee hand washing whenever possible.**



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### Rationale / Explanation

*Children need to be taught effective handwashing procedures, and helped to use them in actual practice. This will help to ensure that proper handwashing takes place at needed times. For more information on the importance of proper handwashing, see numbers (1) and (2) above. CFOC, 3<sup>rd</sup> Ed. pgs. 112-113 Standards 3.2.2.3, 3.2.2.4.*

### Enforcement

*Always Level 3 Noncompliance.*

- (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.**

### Rationale / Explanation

*Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. CFOC, 3<sup>rd</sup> Ed. pgs. 102-103 Standard 3.1.5.2 pg. 136 Standard 3.6.1.5.*

### Enforcement

*Personal hygiene items include make-up and lip balm (such as Chap Stick).*

*Always Level 3 Noncompliance.*

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

### Rationale / Explanation

*Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can wash and sanitize the surfaces. CFOC, 3<sup>rd</sup> Ed. pgs. 116-118, Standards 3.3.0.1, 3.3.0.2*

### Enforcement

*This rule is out of compliance if toys or materials are visibly dirty during an inspection or if providers indicate they*

## R430-100-16: INFECTION CONTROL.

*do not clean and sanitize all washable toys and materials at least weekly. Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.*

*Always Level 3 Noncompliance.*

- (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.**

### Rationale / Explanation

*Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. CFOC, 3<sup>rd</sup> Ed. pgs. 116-118, Standards 3.3.0.1, 3.3.0.2*

*Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in fabric, but can be killed by frequent washing and drying in a heated dryer. CFOC, 3<sup>rd</sup> Ed. pg. 239 Standard 5.3.1.4*

*Lice, scabies, and ringworm can also be spread through fabrics. CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

### Enforcement

*This rule is out of compliance if these items are visibly dirty during an inspection or if providers indicate that they do not wash them at least weekly.*

*Large stuffed animals meant to be used as pillows need to be machine washable or have removable covers that are machine washable.*

*Level 2 Noncompliance if an item is visibly dirty with feces.*

*Level 3 Noncompliance otherwise.*

- (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.**

### Rationale / Explanation

*The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. CFOC, 3<sup>rd</sup> Ed. pg. 275 Standard 6.2.4.2.*

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### **Enforcement**

*Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.*

*Always Level 3 Noncompliance.*

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

### **Rationale / Explanation**

*The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, 3<sup>rd</sup> Ed. pgs. 39-40 Standard 1.7.0.1*

### **Enforcement**

*Always Level 1 Noncompliance.*

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

### **Rationale / Explanation**

*Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. CFOC, 3<sup>rd</sup> Ed. pgs. 108-110 Standard 3.2.1.5.*

*This rule is also intended to minimize the embarrassment of children who have toileting accidents.*

### **Enforcement**

*Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:*

- the child is changed immediately if spare clothing is available.*
- if no spare clothing is available, the child's parent is called and asked to bring spare clothing.*
- if no spare clothing is available, the child is separated from other children until his/her parent can bring spare clothing.*

*Always Level 2 Noncompliance.*

**(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 leakproof container, labeled with the child's name, and returned to the**

## R430-100-16: INFECTION CONTROL.

parent.

### Rationale / Explanation

*Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, 3<sup>rd</sup> Ed. pgs. 108-110 Standard 3.2.1.5.*

### Enforcement

*Plastic grocery bags may be used for wet or soiled clothing if they don't have holes in the bottom or sides. Grocery bags with holes in the bottom or sides cannot be used, because they are not leakproof. A bag without holes that still leaks when holding wet or soiled clothes cannot be used.*

*A provider may meet the intent of this rule by putting soiled clothing in a leakproof container and then putting the container in that child's diaper bag or cubbie.*

*When a child has a bathroom accident and the sheets and/or the clothing used belong to the Licensee, the center staff can and should wash the sheets and/or the clothing. The rule prohibiting washing the clothing only pertains to clothing belonging to the children. Staff can also take soiled clothing home for laundering.*

*Level 2 Noncompliance if children's clothing soiled with fecal matter is rinsed or washed at the center.*

*Level 3 Noncompliance otherwise.*

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

### Rationale / Explanation

*The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. CFOC, pg. 105 Standard 3.029.*

*Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association recommend that they not be used.*

### Enforcement

*A toilet training seat is only considered a potty chair if it collects and holds urine or feces. Toddler toilet seats that are placed over the regular toilet seat, where the urine and feces are flushed, are not considered to be potty*

## R430-100-16: INFECTION CONTROL.

chairs.

Always Level 2 Noncompliance.

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

### Rationale / Explanation

*The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. Larger quantities of food take longer to heat or cool to safe temperatures and thus spend more time in the danger of temperature zones between 41 and 135 degrees Fahrenheit where more rapid multiplication of microorganisms occurs. CFOC, 3<sup>rd</sup> Ed. pgs. 188-189 Standard 4.9.0*

### Enforcement

*This rule is out of compliance when a staff member who will be preparing food goes into a diapered group of children to assume caregiving duties. Caregivers who serve or heat up food for children other than the children in their own classrooms cannot be staff who change diapers or assist in toileting.*

*If needed, a staff person may cook immediately upon coming into the center each day, and after cooking move to caregiving duties in a classroom in which they change diapers or assist in toileting children, provided they do not go back to cooking or working in the kitchen at any time during the day after they have assumed these caregiving duties.*

Always Level 3 Noncompliance.

**(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.**

### Rationale / Explanation

*Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in*

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human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, 3<sup>rd</sup> Ed. pgs. 30-31 Standard 1.4.5.3 pgs. 114-116 Standard 3.2.3.4

Suggested contents for a body fluid clean up kit include:

- (1) disposable gloves;
- (2) clumping cat litter, sawdust, or other absorbent material;
- (3) plastic garbage bags with ties or fasteners;
- (4) a plastic scoop and dustpan, or other tools to clean up absorbed body fluids;
- (5) paper towels; and
- (6) disinfectant.

See CFOC, 3<sup>rd</sup> Ed. pg. 444 Appendix for an instruction page on proper clean up of body fluids. See CFOC, 3<sup>rd</sup> Ed. pg. 428 Appendix D for information on removing disposable gloves after cleaning up body fluids.

### **Enforcement**

Droplets of body fluid are not considered a "spill" of body fluids.

Level 2 Noncompliance if a body fluid spill is not properly cleaned up or no one at the center knows the location of the kit or how to properly use it.

Level 3 Noncompliance otherwise.

**(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.**

### **Rationale / Explanation**

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help to limit transmission of the disease by preventing the development of new cases. CFOC, 3<sup>rd</sup> Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

Symptoms which may indicate an infectious disease include:

- (1) a fever of 101 degrees or higher for infants younger than 4 months of age, or a fever of 102 or greater for children age 4 months and older
- (2) an unexplained rash
- (3) irritability
- (4) lethargy
- (5) a persistent cough

## R430-100-16: INFECTION CONTROL.

- (6) vomiting
- (7) diarrhea
- (8) infected eyes with discharge

### **Enforcement**

A free informational guide for controlling communicable diseases in child care centers can be found and printed at: <http://health.utah.gov/epi/cdepi/daycarebook.pdf>

This guide is published by the Utah Department of Health, Office of Epidemiology. It includes:

1. A parent letter that can be copied and filled in whenever a provider needs to notify parents of a communicable disease.
2. A one page fact sheet on each disease that can be posted at the center, given to parents, or used in staff training. These fact sheets include
  1. Incubation period
  2. Signs and symptoms
  3. Methods of transmission
  4. Minimum control measures
  5. Guidelines for exclusion of ill children from a child care program
  6. Information on body substance clean up
  7. A listing of all local health departments.

Always Level 2 Noncompliance.

**(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.**

### **Rationale / Explanation**

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular classroom activities. CFOC, 3<sup>rd</sup> Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

### **Enforcement**

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## R430-100-16: INFECTION CONTROL.

1. Incubation period
2. Signs and symptoms
3. Methods of transmission
4. Minimum control measures
5. Guidelines for exclusion of ill children from a child care program
6. Information on body substance clean up
7. A listing of all local health departments.

*Always Level 2 Noncompliance.*

**(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.**

### Rationale / Explanation

*The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular classroom activities. CFOC, 3<sup>rd</sup> Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4*

### Enforcement

*Always Level 3 Noncompliance.*

**(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.**

### Rationale / Explanation

*Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. CFOC, 3<sup>rd</sup> Ed. pg. 355 Standard 9.2.3.3*

*The following is a sample of diseases which may be required to be reported to local health departments. Providers should check with the local health department in their area for exact reporting requirements.*

- Chickenpox
- Diarrheal diseases, if two or more children or staff members in one classroom experience diarrhea within a 48 hour period.
- Diphtheria
- Giardiasis
- Hepatitis A, B, and C



## R430-100-16: INFECTION CONTROL.

- *HIV and AIDS*
- *Influenza*
- *Measles*
- *Meningococcal infections*
- *Mumps*
- *Rubella*
- *Sexually transmitted diseases*
- *Shigellosis*
- *Viral Meningitis*
- *Whooping Cough*

*A free informational guide for controlling communicable diseases in child care centers can be found and printed at: <http://health.utah.gov/epi/cdepi/daycarebook.pdf>*

*This guide is published by the Utah Department of Health, Office of Epidemiology. It includes:*

1. *A parent letter that can be copied and filled in whenever a provider needs to notify parents of a communicable disease.*
2. *A one page fact sheet on each disease that can be posted at the center, given to parents, or used in staff training. These fact sheets include*
  1. *Incubation period*
  2. *Signs and symptoms*
  3. *Methods of transmission*
  4. *Minimum control measures*
  5. *Guidelines for exclusion of ill children from a child care program*
  6. *Information on body substance clean up*
  7. *A listing of all local health departments.*

### **Enforcement**

*Always Level 3 Noncompliance.*

- (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.**

### **Rationale / Explanation**

*Notification of parents also allows them to closely observe their child for early signs and symptoms of illness. Early identification and treatment of infectious disease are important in reducing further transmission of the disease. CFOC, 3<sup>rd</sup> Ed. pg. 145 Standard 3.6.4.2.*

## **R430-100-16: INFECTION CONTROL.**

*The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.*

*When posting notices, the center should be careful to maintain confidentiality by not posting the names of sick children. The informational guide found at: <http://health.utah.gov/epi/cdepi/daycarebook.pdf> contains a parent letter that can be copied and filled in whenever a provider needs to notify parents of a communicable disease, and a one page fact sheet on each disease that can be posted at the center and given to parents.*

### **Enforcement**

*Posting the notice of illness on a computerized sign-in program so that all parents automatically see it when they sign their children in and out meets the requirement of this rule.*

*Always Level 2 Noncompliance.*

## 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.

### Rationale / Explanation

*The purpose of this rule is to avoid harm to children through errors in administering medications. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

*If the medication to be administered does not require any special instructions, then annual training in the licensing rules for administering medication qualifies a provider as being “trained in the administration of medications” for the purposes of this rule. If medication requires specialized administration (for example, an EPI pen or a nebulizer), then the person administering the medication must have been trained to administer it by either the child’s parent or a health care professional.*

### Enforcement

*Licensees may request a variance to this rule if parents give written permission for their child to administer their own medication (for example, insulin shots).*

*Level 1 Noncompliance if administration of medication by an untrained caregiver results in harm to a child.*

*Level 3 Noncompliance otherwise.*

- (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.

### Rationale / Explanation

*The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*If over-the-counter medication is provided for siblings, the medication needs the last name and all of the children's first names.*

*The following are suggestions for labeling small medication, for example a small vial:*

- *Until the medication is used, keep it in the box with the prescription information on it.*
- *Write the name on the bottom of the medication.*
- *Use a clear address label.*
- *Attach a label to a twist tie or zip tie, attach the zip-tie around the neck of the medication.*
- *Keep the vial in a container and label the container.*

*Providers do not have to label medication owned by the Licensee or medication for staff.*

## R430-100-17: MEDICATIONS.

*Always Level 2 Noncompliance.*

- (3) All non-refrigerated medications shall be inaccessible to children and stored in a container or area that is locked, such as a locked room, cupboard, drawer, or a lockbox. The provider shall store all refrigerated medications in a leakproof container.

### Rationale / Explanation

*The purpose of this rule is to prevent children from getting into and ingesting medications by themselves, and to prevent contamination of refrigerated food. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*A nebulizer apparatus that does not have the medication does not have to be inaccessible. If the medication is in the apparatus, it must be inaccessible and locked.*

*A refrigerated vial of medication that cannot be removed from the container except with a hypodermic needle does not need an additional leakproof container.*

*For the purposes of storing medications, "locked" can include a cupboard or drawer that is secured with a child safety lock.*

*Always Level 2 Noncompliance.*

- (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.

### Rationale / Explanation

*The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. CFOC, 3<sup>rd</sup> Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

*A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).*

### Enforcement

*This rule is out of compliance if a child is given a medication without parental permission.*

*Always Level 1 Noncompliance.*

- (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;

## R430-100-17: MEDICATIONS.

- (iii) the times and dates to be administered; and
- (iv) the disease or condition being treated; and
- (d) the parent signature and the date signed.

### Rationale / Explanation

*The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. CFOC, 3<sup>rd</sup> Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

*A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).*

### Enforcement

*This rule is out of compliance if medication is given and there is parental permission, but the permission form does not include all required information.*

*For the purposes of this rule, a parent can leave over-the-counter medication with the provider with an ongoing permission form asking that the medication be given as indicated by the parents.*

*If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.*

*Always Level 2 Noncompliance.*

- (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.**

### Rationale / Explanation

*The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without parental knowledge and permission. CFOC, 3<sup>rd</sup> Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

### Enforcement

*Always Level 2 Noncompliance.*

- (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.**

## R430-100-17: MEDICATIONS.

### Rationale / Explanation

*The purpose for this rule is so that parents do not drop a child off at the center thinking their child will be given medication as requested, if the child will in fact not be given the medication.*

### Enforcement

*Level 1 Noncompliance if the condition being treated could be life threatening.*

*Level 2 Noncompliance otherwise.*

- (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**

### Rationale / Explanation

*The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.*

*Level 1 Noncompliance if the provider does not follow (d) and this results in harm to a child.*

*Level 2 Noncompliance otherwise.*

- (7) **When administering medication, the provider administering the medication shall:**
- (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.**

### Rationale / Explanation

*The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.*

## R430-100-17: MEDICATIONS.

*Level 2 Noncompliance if failure to record the administration of medication results in a child being given an extra dose of a medication or missing a needed dose of medication.*

*Level 3 Noncompliance otherwise.*

- (8) The provider shall report any adverse reaction to a medication or error in administration to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.**

### **Rationale / Explanation**

*The purpose of this rule is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### **Enforcement**

*Always Level 1 Noncompliance.*

## 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.

### Rationale / Explanation

*Most preschool children benefit from scheduled rest periods. This rest may take the form of actual napping, or a quiet time. Children who are overly tired can exhibit behavior problems. School age children should have the opportunity for periods of more restful activities, such as reading or board games. Conditions conducive to rest and sleep include a quiet place, a regular time for rest, and a consistent caregiver. CFOC, 3rd Ed. pgs.100-101 Standard 3.1.4.4*

### Enforcement

*Always Level 3 Noncompliance.*

- (2) Scheduled nap times shall not exceed two hours daily.

### Rationale / Explanation

*The purpose of limiting scheduled nap times to two hours is so that children are not forced to lie still on a mat when they are no longer tired or in need of rest.*

### Enforcement

*Children who are tired may sleep more than two hours, but awake children should not be forced to remain on a cot or mat beyond the scheduled nap time, not to exceed two hours.*

*Always Level 3 Noncompliance.*

- (3) A separate crib, cot, or mat shall be used for each child during nap times.

### Rationale / Explanation

*Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if children share sleeping equipment. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

*Providing separate sleeping equipment also prevents young children from injuring one another or spreading disease by breathing directly into each other's faces during rest time. CFOC, 3<sup>rd</sup> Ed. pgs. 251-253 Standard 5.4.5.1.*

### Enforcement

*Level 2 Noncompliance if a separate crib, cot, or mat is not used with mobile infants and toddlers.*

*Level 3 Noncompliance if a separate crib, cot, or mat is not used with children other than mobile infants and toddlers.*



## R430-100-18: NAPPING.

**(4) Mats and mattresses used for napping shall have a smooth, waterproof surface.**

### Rationale / Explanation

*Mats and mattresses need smooth waterproof surfaces so they can be adequately cleaned and disinfected. CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 3.3.0.5, pgs. 251-253 Standard 5.4.5.1*

### Enforcement

*One side of a mat, including a crib mattress, can be taped, as long as the children do not sleep on the side with the tape on it and the mats are not stored on top of each other.*

*Always Level 3 Noncompliance.*

**(5) The provider shall maintain sleeping equipment in good repair.**

### Rationale / Explanation

*The purpose of this rule is to prevent injury to children from broken equipment.*

### Enforcement

*Examples of noncompliance with this rule include an unstable crib or a crib with missing slats or a broken railing.*

*Porta cribs will not be considered to be in good repair if they have tears greater than 2-3/8 inches in the sides of them.*

*Level 1 Noncompliance if infant/toddler sleeping equipment is in poor repair to a degree that the equipment could fail.*

*Level 2 Noncompliance otherwise.*

**(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.**

### Rationale / Explanation

*Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, pg. 110 Standard 3.039; pgs. 226-227 Standard 5.094*

### Enforcement

*Level 2 Noncompliance if an item is visibly dirty with feces.*

*Level 3 Noncompliance otherwise.*

**(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.**

## R430-100-18: NAPPING.

### Rationale / Explanation

*Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

### Enforcement

*Blankets in a cubbie labeled with the child's name can be considered assigned to one child. Mats or cots can be clearly assigned to an individual child by having names on them, by numbering them and having a chart showing which number is assigned to which child or by labeling the container in which the mats or cots are stored. Mats that are not assigned to one child in this way must be cleaned and sanitized prior to each use.*

*Always Level 2 Noncompliance.*

- (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.**

### Rationale / Explanation

*Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if the sleeping equipment and bedding children use are stored together. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

### Enforcement

*Nap mats may be stored on top of each other as long as the surface the child sleeps on does not touch another mat. In other words, the top of the mat cannot touch the bottom of the mat stacked above it.*

*Always Level 2 Noncompliance.*

- (9) A sheet and blanket or acceptable alternative shall be used by each child during nap time.**

### Rationale / Explanation

*Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

### Enforcement

*Always Level 3 Noncompliance.*

- (9) A sheet and blanket or acceptable alternative shall be used by each child during nap time. These items shall be:**
- (a) clearly assigned to one child;**
  - (b) stored separately from other children's when not in use; and,**
  - (c) laundered as needed, but at least once a week, and prior to use by another child.**

## R430-100-18: NAPPING.

### Rationale / Explanation

*Lice, scabies, and ringworm are among the most common infectious diseases in child care. These diseases can be spread if the sleeping equipment and bedding children use are stored together. Providing separate sleeping equipment and bedding for each child, and storing it separately, can prevent the spread of these diseases. CFOC, 3<sup>rd</sup> Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

### Enforcement

*Blankets in a cubbie labeled with the child's name can be considered assigned to one child.*

*Always Level 3 Noncompliance.*

**(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.**

### Rationale / Explanation

*The American Academy of Pediatrics and the American Public Health Association recommend a distance of at least 3 feet between children's sleeping equipment, to reduce the spread of infectious diseases by children breathing in one another's faces during sleep. Adequate spacing between sleeping equipment is also necessary to facilitate evacuation of sleeping children in case of an emergency. CFOC, 3<sup>rd</sup> Ed. pgs. 251-253 Standard 5.4.5.1*

### Enforcement

*If a classroom does not have the space needed to place mats or cots 2 feet apart, mats may be placed 1 foot apart and children placed head to toe on alternating mats so that they are not breathing into each other's faces and there are at least 2 feet of space between their faces. When this is done, there must still be at least 1 foot of space between mats or cots to allow an adult to access children quickly in case of an emergency evacuation and **rows** of mats or cots still need to be placed 2 feet apart so children from one row are not breathing less than 2 feet from the faces of the children in the row above or below them.*

*Cribs may be spaced end to end if the end of the crib is solid (wood, plexiglass, etc, so children do not breath on each other. If the end or side of a crib is not solid, staff may hang a blanket over the side or end of the crib to serve the same function, provided the blanket entirely covers the side or end of the crib. When this is done enough space (at least 2 feet) must still be maintained on at least one side of the crib for caregivers to have quick and easy access to children in case of an emergency. Porta cribs may be placed side by side with a barrier between each crib if the ends are the same height as the sides. In this case, 2 feet will not be required between the cribs since the provider has access to the child and the barrier is preventing children from breathing on each other.*

*Level 2 Noncompliance if there is not at least 1 foot between cribs, mats, or cots.*

*Level 3 Noncompliance if there is at least 1 foot between the sleeping equipment, but children's faces are not 2 feet apart.*

**(11) Cots and mats may not block exits.**

## **R430-100-18: NAPPING.**

### **Rationale / Explanation**

*The purpose of this rule is to allow quick exit from the building in the event of an emergency, and to avoid sleeping children getting stepped on by people exiting or entering the room. CFOC, 3rd Ed. pg. 207 Standard 5.1.4.3*

### **Enforcement**

*Always Level 2 Noncompliance.*

## R430-100-19: CHILD DISCIPLINE.

- (1) **The provider shall inform caregivers, parents, and children of the center's behavioral expectations for children.**

### Rationale / Explanation

*The purpose of this rule is to ensure that all parties involved, including parents, children, and caregivers understand the center's behavioral expectations. Children cannot be expected to conform to behavioral expectations if they do not know what those expectations are. CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 21.2.0.6, pgs. 349-350 Standard 9.2.1.3*

### Enforcement

*The provider may inform caregivers, parents, and children of the center's behavioral expectations in a variety of ways. Examples of this include making it part of the orientation information for new enrolling parents, putting it in a parent handbook, posting it in the center, and discussing it at parent meetings.*

*Always Level 3 Noncompliance.*

- (2) **The provider may discipline children using positive reinforcement, redirection, and by setting clear limits that promote children's ability to become self-disciplined.**

### Rationale / Explanation

*The word "discipline" originates from a Latin root that implies learning and education. The modern dictionary defines discipline as "training that develops self-control, character, or orderliness and efficiency." Unfortunately, common usage has corrupted the word so that many consider discipline synonymous with punishment, most particularly corporal punishment. CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 2.2.0.6*

*Discipline is most effective when it is consistent, recognizes and reinforces desired behaviors, and offers natural consequences (for example, when a child breaks a toy, the toy no longer works) and logical consequences (for example, not being able to play in the sandbox for a period of time as a consequence for throwing sand) for negative behaviors. Research studies have found that corporal punishment has limited effectiveness and potentially harmful side effects. Time out should not be used with infants and toddlers because they are too young to cognitively understand this consequence. CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 2.2.0.6*

*Discipline should be an ongoing process of teaching that helps children develop inner control so that they can manage their own behavior in a socially acceptable manner. Children must be given understandable guidelines for their behavior if they are to develop inner control of their actions. The aim of discipline is to develop personal self-discipline. CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 2.2.0.6*

*Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3<sup>rd</sup> Ed. pgs. 75-76*

## R430-100-19: CHILD DISCIPLINE.

Standard 2.2.0.9

- (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.**

### Rationale / Explanation

*Children in out of home care in the United States have been shown to demonstrate more aggressive behavior than children reared at home or children in child care facilities in other countries. Children mimic adult behavior: adults who demonstrate loud or violent behavior serve as models for children. Caregiver intervention when children behave aggressively protects children and encourages them to exhibit more acceptable behavior. CFOC, 3<sup>rd</sup> Ed. pgs. 72-73 Standard 2.2.0.7*

*When a child's behavior makes it necessary, for his or her own or others' protection, to restrain the child, the most desirable method of restraint is holding the child as gently as possible to accomplish the restraint. The child should not be physically restrained any longer than is necessary to control the situation. No bonds, ties, or straps should be used to restrain children. CFOC, 3<sup>rd</sup> Ed. pg. 76 Standard 2.2.0.10*

- (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;**

### Rationale / Explanation

*These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

*Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

### Enforcement

*Corporal punishment includes squirting a child with water or putting hot sauce or soap in a child's mouth.*

*Always Level 1 Noncompliance.*

- (4) Discipline measures shall not include any of the following:**
- (b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds that specified in Subsection (3) above.**

## R430-100-19: CHILD DISCIPLINE.

### Rationale / Explanation

*These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

*Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

### Enforcement

*Placing a child in a harness or leash is considered restraining a child's movements.*

*Always Level 1 Noncompliance.*

- (4) Discipline measures shall not include any of the following:**  
**(c) shouting at children;**

### Rationale / Explanation

*These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

### Enforcement

*This rule is not intended to prevent a caregiver from shouting to a child in an emergency situation where there is a danger of imminent serious physical harm (for example, to prevent a child from running into the street).*

*Always Level 1 Noncompliance.*

- (4) Discipline measures shall not include any of the following:**  
**(d) any form of emotional abuse;**

### Rationale / Explanation

*These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

*Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or*

## R430-100-19: CHILD DISCIPLINE.

*redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

### **Enforcement**

*A provider's use of profanity in the presence of children is considered emotional abuse and inappropriate discipline.*

*For the purposes of this rule, using humiliation to discipline a child, such as putting an older child in a highchair or crib, or putting an older child in a younger classroom, to make the child look like a "baby" is considered emotional abuse.*

*Always Level 1 Noncompliance.*

- (4) Discipline measures shall not include any of the following:**  
**(e) forcing or withholding of food, rest, or toileting; and,**

### **Rationale / Explanation**

*These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

*When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 2.2.0.6*

### **Enforcement**

*Always Level 1 Noncompliance.*

- (4) Discipline measures shall not include any of the following:**  
**(f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.**

### **Rationale / Explanation**

*These prohibited methods of discipline are considered psychologically and emotionally abusive, and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9*

*Appropriate alternatives to corporal punishment vary as children grow and develop. As infants become more mobile, caregivers must create a safe space and impose limitations by encouraging activities that distract or redirect children from harmful situations. Brief verbal expressions of disapproval can help prepare older infants and toddlers for later use of reasoning. However, caregivers cannot expect infants and toddlers to be controlled*



### **R430-100-19: CHILD DISCIPLINE.**

*by verbal reprimands. Preschoolers have begun to develop an understanding of rules and can be expected to understand natural and logical consequences and brief time out (out-of-group activity) as the result of undesirable behavior. School age children begin to develop a sense of personal responsibility and self-control, and will recognize the removal of privileges (such as the loss of participation in an activity). CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9.*

#### **Enforcement**

*A child may not be put in an enclosure for time out purposes. This is considered confining a child.*

*Always Level 1 Noncompliance.*

## 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.

### Rationale / Explanation

*All child care facilities need a written description of the planned daily activities so staff and parents have a common understanding of the services and activities being provided to children. CFOC, 3<sup>rd</sup> Ed. pgs. 49-50 Standard 2.1.1.1*

*The posted daily schedule also allows licensors to verify that meals and snacks are served at minimal required intervals, that scheduled nap times do not exceed 2 hours, and that outdoor play is offered daily, weather permitting.*

### Enforcement

*A provider could have a combined daily schedule (required in this rule) and activity plan [required in (3) below], if it includes both the times of day activities occur and the specific activities offered to children.*

*If the center staff post all of the daily schedules together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, this rule will be considered in compliance.*

*If infants and/or toddlers are in the group, a schedule for the older children must still be posted. However, infants and toddlers must follow their own pattern of eating and sleeping as required in 100-24(14).*

*School-age groups do not need to have a scheduled nap time but should have a scheduled time for quiet activities for children who need a break from busier activities.*

*Always Level 3 Noncompliance.*

- (2) Daily activities shall include outdoor play if weather permits.

### Rationale / Explanation

*Outdoor play is not only an opportunity for learning in a different environment. It also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than in indoor air. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. CFOC, 3<sup>rd</sup> Ed. pgs. 93-94 Standard 3.1.3.2*

### Enforcement

*On days when air quality is rated poor/red due to a winter inversion, children are not required to have outdoor play time.*

*For information about air quality visit:*

- [www.ksl.com](http://www.ksl.com)
- <http://www.airquality.utah.gov>
- [www.cleanair.utah.com](http://www.cleanair.utah.com)

## R430-100-20: ACTIVITIES.

*Always Level 3 Noncompliance.*

- (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.**

### Rationale / Explanation

*The purpose of this rule is to ensure that providers have and carry out a plan for supporting children's healthy development, and they communicate this plan to parents. Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, 3<sup>rd</sup> Ed. pg. 50 Standard 2.1.1.2, pgs. 61-63 Standards 2.1.3.1-2.1.2.7, pgs. 63-64 Standards 2.1.4.1 - 2.1.4.4*

*Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997*

### Enforcement

*A provider can have a combined daily schedule [required in (1)] and activity plan (required in this rule), if it includes both the times of day activities occur and the specific activities offered to children.*

*If the center staff posts all of the activity plans together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, this rule will be considered in compliance.*

*Always Level 2 Noncompliance.*

- (4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.**

### Rationale / Explanation

*The purpose of this rule is to ensure that providers have and carry out a plan for supporting children's healthy development, and they communicate this plan to parents. Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, 3<sup>rd</sup> Ed. pg. 50 Standard 2.1.1.2, pgs. 61-63 Standards 2.1.3.1-2.1.2.7, pgs. 63-64 Standards 2.1.4.1 - 2.1.4.4*

*Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at*

## R430-100-20: ACTIVITIES.

*heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997*

### **Enforcement**

*Always Level 2 Noncompliance.*

#### **(5) If off-site activities are offered:**

- (a) the provider shall obtain written parental consent for each activity in advance;**

### **Rationale / Explanation**

*An off-site activity means any activity in which children leave the center premises. This includes walking field trips. The purpose of this rule is to protect both children and providers by ensuring that children are never taken off-site without written parental permission. CFOC, 3<sup>rd</sup> Ed. pg. 338 Standard 9.4.2.3*

*Examples of possible harm when this happens include a child who has a health care need that is not met because his/her parent didn't know he/she was being taken on an off-site activity. (For example, if a child with an ear infection is taken swimming.)*

### **Enforcement**

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*This rule means that parents must be informed of the days and times when children will be taken on off-site activities. If providers have a regularly repeating off-site activity, they may get permission once for all instances of that activity, provided the permission informs the parents of both the day and time when the activity will occur. For example, a provider may get permission to take the children on a neighborhood walk every Tuesday morning at 10 am, or to take the children to swimming lessons every Wednesday afternoon at 4 pm.*

*Prior written parental permission is not needed for spontaneous walking field trips when the children are away from the facility for no more than 60 minutes and are within ½ mile of the facility, if a notice is posted that includes when the children left the facility, the time children will return to the facility, the final destination of the trip, and the route to and from that location.*

*Always Level 3 Noncompliance.*

#### **(5) If off-site activities are offered:**

- (b) caregivers shall take written emergency information and releases with them for each child in the group, which shall include:**
- (i) the child's name;**
  - (ii) the parent's name and phone number;**
  - (iii) the name and phone number of a person to notify in the event of an emergency if the parent cannot be contacted;**
  - (iv) the names of people authorized by the parents to pick up the child; and**
  - (v) current emergency medical treatment and emergency medical transportation releases;**

## R430-100-20: ACTIVITIES.

### Rationale / Explanation

*Injuries are more likely to occur when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety rules. Emergency information is the key to obtaining needed care in emergency situations. Both caregivers and emergency personnel must have access to this information in an emergency. CFOC, 3<sup>rd</sup> Ed. pgs. 287-288 Standard 6.5.1.1, pgs. 387-388 Standard 9.4.2.2.*

### Enforcement

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*Caregivers must take the emergency information specified in this rule with them when children are being taken off-site to and from school, including being walked to school.*

*Always Level 3 Noncompliance.*

### **(5) If off-site activities are offered:**

- (c) the provider shall maintain required caregiver to child ratios and direct supervision during the activity;**

### Rationale / Explanation

*Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Caregivers should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1.*

*Injuries are more likely to occur during off-site activities when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFOC, 3<sup>rd</sup> Ed. pgs. 287-288 Standard 6.5.1.1.*

### Enforcement

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*Caregivers must provide the direct supervision required in this rule when children are being taken off-site to and from school.*

## R430-100-20: ACTIVITIES.

*During an off-site activity parent volunteers may be used. However, the children must still be under the direct supervision of a qualified caregiver who has passed a background screening and meets all of the other caregiver requirements. If a parent is the only one in the car with children in care other than his/her own, the parent would need to meet the volunteer caregiver requirements (pass a CBS/LIS, complete orientation training, have first aid and CPR, etc.)*

### *Supervision:*

*Always Level 1 Noncompliance.*

### *Ratios:*

#### *Level 1 Noncompliance:*

- any group with infants or toddlers in it is over ratio or group size by any amount*
- 2s: over ratio or group size by 2 or more children*
- 2s and 3s are over ratio or group size by 3 or more children*
- 3s and 4s are over ratio or group size by 4 or more children*
- 4s and 5s/school age are over ratio or group size by 5 or more children*
- 2s, 3s, and 4s are over ratio or group size by 3 or more children*
- 3s, 4s, and 5s/school age are over ratio or group size by 5 or more children*
- 2s, 3s, 4s, and 5s/school age are over or group size by 4 or more children*

#### *Level 2 Noncompliance:*

- 2s: over ratio or group size by 1 child*
- 2s and 3s are over ratio or group size by 2 children*
- 3s and 4s are over ratio or group size by 3 children*
- 4s and 5s/school age are over ratio or group size by 4 children*
- 2s, 3s, and 4s are over ratio or group size by 2 children*
- 3s, 4s, and 5s/school age are over ratio or group size by 4 children*
- 2s, 3s, 4s, and 5s/school age are over or group size by 3 children*

#### *Level 3 Noncompliance:*

- 2s and 3s are over ratio or group size by 1 child*
- 3s and 4s are over ratio or group size by 1-2 children*
- 4s and 5s/school age are over ratio or group size by 1-3 children*
- 2s, 3s, and 4s are over ratio or group size by 1 child*
- 3s, 4s, and 5s/school age are over ratio or group size by 1-3 children*
- 2s, 3s, 4s, and 5s/school age are over or group size by 1-2 children*
- when there is enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios*

### **(5) If off-site activities are offered:**

- (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;**

### **Rationale / Explanation**

*To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-*

## R430-100-20: ACTIVITIES.

threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, 3<sup>rd</sup> Ed. pgs. 24-25 Standard 1.4.3.1, pgs. 287-288 Standard 6.5.1.1.

### **Enforcement**

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.

Level 2 Noncompliance if there is no CPR certification.

Level 3 Noncompliance if there is no first aid certification.

- (5) If off-site activities are offered:**  
**(e) caregivers shall take a first aid kit with them;**

### **Rationale / Explanation**

The purpose of this rule is to ensure centers have the supplies needed to respond to minor injuries of children, while also ensuring that children are not injured by having access to harmful items in the kit. CFOC, 3<sup>rd</sup> Ed. pgs. 257-258 Standard 5.6.0.1.

### **Enforcement**

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.

Always Level 3 Noncompliance.

- (5) If off-site activities are offered:**  
**(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**

### **Rationale / Explanation**

The purpose of this rule is so that the center can be contacted if a child becomes lost while on a field trip and the group cannot be found at the field trip site. The purpose of not using children's names on identifiers is so that strangers cannot call a child by his or her name. Children may be more likely to respond to a stranger who approaches them if the stranger calls the child by their name.

### **Enforcement**

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.

Children in care need to wear or carry with them the name and phone number of the center, even when

## R430-100-20: ACTIVITIES.

*in swimming pools.*

*Level 1 Noncompliance if a child becomes lost and does not have the center's name and phone number or if a child is abducted and his/her name was used on his/her identifier.*

*Level 3 Noncompliance otherwise.*

**(5) If off-site activities are offered:**

- (g) caregivers shall provide a way for children to wash their hands as specified in R430-100-16(2). If there is no source of running water, caregivers and children may clean their hands with wet wipes and hand sanitizer.**

### Rationale / Explanation

*Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, 3<sup>rd</sup> Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1.*

*Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, 3<sup>rd</sup> Ed. pgs. 100-111 Standard 3.2.2.1.*

### Enforcement

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.*

*Level 2 Noncompliance if handwashing does not take place after a caregiver or child uses the toilet.*

*Level 3 Noncompliance otherwise.*

**(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.**

### Rationale / Explanation

*Constant vigilant supervision of children near any body of water is essential. Each year approximately 1,500 children under age 20 drown, many in swimming pools. In a comprehensive study of drowning and submersion incidents involving children under 5 years of age, the Consumer Product Safety Commission found that pool*



### **R430-100-20: ACTIVITIES.**

*submersions involving children happen quickly. Seventy-seven percent of the victims had been missing from sight for 5 minutes or less, and splashing often did not occur to alert anyone that the child was in trouble. Careful supervision is also needed to ensure that children do not engage in dangerous behavior around swimming pools. CFOC, 3<sup>rd</sup> Ed. pgs. 68-69 Standards 2.2.0.4, 2.2.0.5.*

#### **Enforcement**

*Always Level 2 Noncompliance.*

## R430-100-21: TRANSPORTATION.

- (1) Any vehicle used for transporting children shall:  
(a) be enclosed;

### Rationale / Explanation

*The purpose of this rule is to ensure that children are not at risk for falling out of an open vehicle while it is in motion, or being thrown from the vehicle in an accident.*

### Enforcement

*Enclosed means that the vehicle has a top/roof. It does not mean the windows must be rolled up.*

*Always Level 2 Noncompliance.*

- (1) Any vehicle used for transporting children shall:  
(b) be equipped with individual, size appropriate safety restraints, properly installed and in working order, for each child being transported;

### Rationale / Explanation

*The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States, and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. CFOC, 3<sup>rd</sup> Ed. pgs. 289-291 Standard 6.5.2.2*

### Enforcement

*"Safety restraints" refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:*

#### **41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.**

- (1) (a) *The operator of a motor vehicle operated on a highway shall:*
- (i) *wear a properly adjusted and fastened safety belt;*
  - (ii) *provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and*
  - (iii) *provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.*

*Always Level 2 Noncompliance.*

- (1) Any vehicle used for transporting children shall:  
(c) have a current vehicle registration and safety inspection;  
(d) be maintained in a safe and clean condition;

### Rationale / Explanation

*The purpose of this rule is to ensure that children are transported in a safe vehicle that meets all legal requirements for the operation of a vehicle in Utah. CFOC, 3<sup>rd</sup> Ed. pg. 373 Standard 9.2.5.1*

## R430-100-21: TRANSPORTATION.

### **Enforcement**

*No vehicle used by multiple children can be expected to be free of all debris. Maintaining vehicles in clean condition should allow for normal daily use. This rule applies to situations in which there is a buildup of dirt or debris such that it endangers children's health or safety (for example, if there is so much debris that it causes a tripping hazard, or if there is a buildup of soil, food, or other debris that provides a place where disease-causing bacteria can grow).*

*Level 1 Noncompliance if the vehicle has a serious safety problem, such as if there are broken windows with exposed glass edges, broken doors that do not close, seats have become unattached from the floor of the vehicle, carbon dioxide coming into the vehicle due to a faulty muffler, or faulty brakes.*

*Level 3 Noncompliance if the vehicle is not clean, or doesn't have documentation of a current registration.*

- (1) Any vehicle used for transporting children shall:**  
**(e) maintain temperatures between 60-90 degrees Fahrenheit when in use;**

### **Rationale / Explanation**

*Some children have problems with temperature variations. Whenever possible, opening windows to provide fresh air to cool a hot interior is preferable before using air conditioning. Over-use of air conditioning can increase problems with respiratory infections and allergies. Excessively high temperatures in vehicles can cause neurological damage in children. Temperatures in hot cars can reach dangerous levels within 15 minutes. CFOC, 3<sup>rd</sup> Ed. pgs. 291-292 Standard 6.5.2.4*

### **Enforcement**

*Level 1 Noncompliance if the temperature in a vehicle is 100 degrees Fahrenheit or higher or 0 degrees Fahrenheit or lower and an infant or toddler was in the vehicle for 15 minutes or more.*

*Level 2 Noncompliance if the temperature in a vehicle is 100 degrees Fahrenheit or higher or 0 degrees Fahrenheit or lower and a preschool or school age child was in the vehicle for 15 minutes or more.*

*Level 3 Noncompliance otherwise.*

- (1) Any vehicle used for transporting children shall:**  
**(f) contain a first aid kit; and**

### **Rationale / Explanation**

*Caregivers must be able to respond to the needs of children in case of injury, which requires that adequate emergency supplies be available in all conditions, including when children are being transported. CFOC, 3<sup>rd</sup> Ed. pgs. 257-258 Standard 5.6.0.1.*

### **Enforcement**

*The first aid kit should include at least band-aids, antiseptic and tweezers.*

*Always Level 3 Noncompliance.*

## R430-100-21: TRANSPORTATION.

- (1) Any vehicle used for transporting children shall:  
(g) contain a body fluid clean up kit.

### Rationale / Explanation

*Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk, because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. CFOC, 3<sup>rd</sup> Ed. pgs. 30-31 Standard 1.4.5.3 pgs. 114-116 Standard 3.2.3.4*

### Enforcement

*Always Level 3 Noncompliance.*

- (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.

### Rationale / Explanation

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

### Enforcement

*The expiration date on the first aid and CPR card determines whether or not the certification is current.*

*The person with a current first aid certification and the person with a current CPR certification do not have to be the same person.*

*Equivalent CPR certification must include hands-on skills testing.*

*Level 2 Noncompliance if there is no CPR certification.*

*Level 3 Noncompliance if there is no first aid 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;

### Rationale / Explanation

## R430-100-21: TRANSPORTATION.

*Driving children is a significant responsibility. The purpose of this rule is to ensure that anyone who drives children is competent to drive the vehicle being driven. CFOC, 3<sup>rd</sup> Ed. pgs 288-289, Standard 6.5.1.2.*

*In Utah, a person who drives a vehicle designed to carry 16 or more passengers, including the driver, is required to have a commercial driver's license (CDL). See Utah Code, Title 53, Section 3, Subsection 102(4) & (5).*

### **Enforcement**

*Always Level 3 Noncompliance.*

### **(3) The adult transporting children shall:**

- (b) have with them written emergency contact information for all of the children being transported;**

### **Rationale / Explanation**

*The purpose of this rule is to ensure that children's contact and emergency information is available any time they are being transported. In the event of an accident or a missing child, both caregivers and emergency response personnel may need access to children's emergency and contact information. CFOC, 3<sup>rd</sup> Ed. pgs. 257-258 Standard 5.6.0.1*

### **Enforcement**

*For the purposes of this rule, children's contact and emergency information cannot be stored in an electronic device. This is because in the event of an accident, emergency responders may not know how to access the information electronically.*

*Always Level 3 Noncompliance.*

### **(3) The adult transporting children shall:**

- (c) ensure that each child being transported is wearing an appropriate individual safety restraint;**

### **Rationale / Explanation**

*The purpose of this rule is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States, and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. CFOC, 3<sup>rd</sup> Ed. pgs. 289-291 Standard 6.5.2.2.*

### **Enforcement**

*"Safety restraints" refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:*

#### **41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.**

- (1) (a) *The operator of a motor vehicle operated on a highway shall:*
- (i) *wear a properly adjusted and fastened safety belt;*
  - (ii) *provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of*

## R430-100-21: TRANSPORTATION.

- the device; and*
- (iii) *provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.*

*Always Level 2 Noncompliance.*

- (3) The adult transporting children shall:**  
**(d) ensure that no child is left unattended by an adult in the vehicle;**

### Rationale / Explanation

*Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. This includes supervising children during transport. The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. (Temperatures in hot cars can reach dangerous levels within 15 minutes.) CFOC, 3<sup>rd</sup> Ed. pgs. 6-7 Standard 1.1.1.4, pgs. 64-66 Standard 2.2.0.1, pgs. 287-288 Standard 6.5.1.1*

### Enforcement

*Always Level 2 Noncompliance.*

- (3) The adult transporting children shall:**  
**(e) ensure that all children remain seated while the vehicle is in motion;**

### Rationale / Explanation

*The purpose of this rule is to ensure that children are not injured by falling or being thrown when a vehicle moves, such as in a sudden stop or start. Moving children may also distract the driver and cause an increased risk of an accident. CFOC, 3<sup>rd</sup> Ed. pg. 291 Standard 6.5.2.3*

### Enforcement

*Always Level 2 Noncompliance.*

- (3) The adult transporting children shall:**  
**(f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,**

### Rationale / Explanation

*The purpose of this rule is to prevent children from starting and/or moving a vehicle in the absence of a responsible driver.*

### Enforcement

*Level 1 Noncompliance if keys are in the ignition and the driver is not in the vehicle.*

## R430-100-21: TRANSPORTATION.

*Level 2 Noncompliance if keys are in the ignition and the driver is in the vehicle, but not in the driver's seat.*

- (3) The adult transporting children shall:**  
**(g) ensure that the vehicle is locked during transport.**

### Rationale / Explanation

*The purpose of this rule is to prevent an intruder from getting into the vehicle, and to prevent children from accidentally falling out of the vehicle or opening a door before a vehicle comes to a stop.*

### Enforcement

*This rule does not apply to commercial busses that will not go into drive gear if the bus door is locked.*

*Always Level 3 Noncompliance.*

## R430-100-22: ANIMALS.

- (1) The provider shall inform parents of the types of animals permitted at the facility.

### Rationale / Explanation

*The purpose of this rule is to ensure that parents are aware of any animals their child may come in contact with at the center. This is important because the risk of injury, infection, and aggravation from allergies due to contact between children and animals is significant. CFOC, 3<sup>rd</sup> Ed. pgs. 119-121 Standard 3.4.2.1, pgs. 349-350 Standard 9.2.1.3.*

### Enforcement

*This rule includes fish and frogs.*

*This rule only applies to animals that are at the center on a regular basis. Animals that are brought in for show and tell do not need immunizations or parent notification.*

*Always Level 3 Noncompliance.*

- (2) All animals at the facility shall be clean and free of obvious disease or health problems that could adversely affect children.

### Rationale / Explanation

*Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, 3<sup>rd</sup> Ed. pgs. 121-122 Standard 3.4.2.3.*

### Enforcement

*This rule includes fish and frogs.*

*Always Level 3 Noncompliance.*

- (3) All animals at the facility shall have current immunizations for all vaccine preventable diseases that are transmissible to humans. The center shall have documentation of the vaccinations.

### Rationale / Explanation

*Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, 3<sup>rd</sup> Ed. pgs. 121-122 Standard 3.4.2.3.*

### Enforcement

*A veterinary tag that includes the required information and shows that the vaccination is current may be used in lieu of an animal vaccination record.*



## R430-100-22: ANIMALS.

*Animals that are brought in for show and tell do not need immunizations or parent notification.*

*Licensors will look for documentation of rabies vaccinations for cats, dogs, and ferrets to verify compliance with this rule.*

*Always Level 2 Noncompliance.*

- (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.**

### Rationale / Explanation

*The purpose of this rule is to prevent injury to children by an aggressive animal. CFOC, 3<sup>rd</sup> Ed. pg. 121, Standard 3.4.2.2.*

### Enforcement

*This rule includes fish and frogs.*

*Pythons, boa constrictors, and anacondas are naturally aggressive animals and are very dangerous. Therefore, they may not be on the premises.*

*If an animal bites a person, and the owner/director immediately removes the animal from the facility and does not allow it back, this rule is in compliance.*

*Level 1 Noncompliance if the animal is accessible to a child in care or bites a person.*

*Level 2 Noncompliance otherwise.*

- (5) Infants, toddlers, and preschoolers shall not assist with the cleaning of animals or animal cages, pens, or equipment.**

### Rationale / Explanation

*Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. A pet's food can also become contaminated by standing at room temperature. The purpose of this rule is to prevent the spread of disease to children from animal food or droppings. CFOC, 3<sup>rd</sup> Ed. pgs. 121-122 Standard 3.4.2.3.*

### Enforcement

*This rule includes fish and frogs.*

*Always Level 3 Noncompliance.*

- (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.**

## R430-100-22: ANIMALS.

### Rationale / Explanation

*Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. A pet's food can also become contaminated by standing at room temperature. The purpose of this rule is to prevent the spread of disease to children from animal food or droppings. CFOC, 3rd Ed. pgs. 121-122 Standard 3.4.2.3*

### Enforcement

*Always Level 3 Noncompliance.*

### **(7) There shall be no animals or animal equipment in food preparation or eating areas.**

### Rationale / Explanation

*The presence of animals in food preparation or eating areas can increase the risk of contaminating food. CFOC, 3<sup>rd</sup> Ed. pgs. 185-186 Standard 4.8.0.1*

### Enforcement

*This rule includes frogs.*

*Animals and animal equipment must be at least 36 inches from food preparation or eating surfaces in order for this rule to be in compliance.*

*Providers who have airtight, watertight covers on animal food and water dishes that are in food preparation or eating areas meet this rule.*

*This rule does not prohibit fish bowls or tanks in food preparation or eating areas.*

*Always Level 3 Noncompliance.*

### **(8) Children shall not handle reptiles or amphibians.**

### Rationale / Explanation

*The purpose of this rule is to prevent the spread of salmonella. CFOC, 3<sup>rd</sup> Ed. pg. 121 Standard 3.4.2.2.*

*Reptiles are cold-blooded air-breathing animals covered with scales, for example: snakes, lizards, and turtles. Amphibians are cold-blooded animals that are able to live both on land and in water, for example: frogs and salamanders.*

### Enforcement

*This rule applies to reptiles and amphibians brought in by a zoo or visiting program or any when on a field trip. Touching reptiles and amphibians is the same as handling reptiles and amphibians.*

*Always Level 2 Noncompliance.*

## R430-100-23: DIAPERING.

If the center diapers children, the following applies:

- (1) Caregivers shall change children's diapers at a diaper changing station. Diapers shall not be changed on surfaces used for any other purpose.

### Rationale / Explanation

*The use of a separate area for diaper changing reduces the contamination of other areas in the child care environment. Using diaper changing surfaces for any other purpose increases the likelihood of contamination and the spread of infectious disease agents. CFOC, 3<sup>rd</sup> Ed. pg. 249 Standard 5.4.2.4*

### Enforcement

*Children who are too large to be changed at the diapering station, such as older children with disabilities, may be changed on a nap mat or other smooth, waterproof surface placed on the floor, provided the surface is thoroughly cleaned and sanitized after each diaper change. When this is the case, children should still be changed next to the diaper changing station and not in any other area of the room.*

*Diapered two's and toddlers can be changed in the bathroom, but the required procedures for handwashing and disposal of diapers or pull-ups must be followed. Pull-ups are considered a diaper and all the diapering rules apply.*

*If a potty training child has a toileting accident, that child may be changed on a mat on the bathroom floor if the mat is always cleaned and sanitized afterward. The mat may not be stored behind the toilet.*

*Level 1 Noncompliance if diapers are changed in a food preparation or eating area.*

*Level 3 Noncompliance otherwise.*

- (2) Each diapering station shall be equipped with railings to prevent a child from falling when being diapered.

### Rationale / Explanation

*The purpose of this rule is to prevent injury to children due to falls from the diaper changing station. Data from the Consumer Product Safety Commission shows that falls are a serious hazard associated with diaper changing tables. Some changing tables have straps that are intended to prevent children from falling, but these straps can trap soil and contaminants, making them difficult to disinfect, so they should not be used. CFOC, 3<sup>rd</sup> Ed. pgs. 106-107 Standard 3.2.1.4*

### Enforcement

*Diapering stations with a molded edge that prevents children from falling are acceptable, unless the diapering mat is thick enough that it is flush with the molded edge, so that the molded edge does not protect children from rolling or falling off the changing table.*

*Always Level 2 Noncompliance.*

- (3) Caregivers shall not leave children unattended on the diapering surface.

## R430-100-23: DIAPERING.

### Rationale / Explanation

*The purpose of this rule is to prevent injury to children due to falls from the diaper changing station. Data from the Consumer Product Safety Commission shows that falls are a serious hazard associated with diaper changing tables. Some changing tables have straps that are intended to prevent children from falling, but these straps can trap soil and contaminants, making them difficult to disinfect, so they should not be used. CFOC, 3<sup>rd</sup> Ed. pgs. 106-107 Standard 3.2.1.4*

### Enforcement

*Level 1 Noncompliance if there are no railings and a child is left unattended on the diapering surface.*

*Level 2 Noncompliance otherwise.*

### **(4) The diapering surface shall be smooth, waterproof, and in good repair.**

### Rationale / Explanation

*The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and disinfected, in order to prevent the spread of disease-causing agents. It is difficult, if not impossible, to disinfect porous surfaces or surfaces that cannot be completely cleaned. CFOC, 3<sup>rd</sup> Ed. pg. 249 Standard 5.4.2.4*

*Even a small crack somewhere on the diapering surface could allow bacteria to grow.*

### Enforcement

*A smooth waterproof surface means one that does not absorb liquid or retain soil. In good repair means that there are no tear or holes in the waterproof surface, which makes it difficult to adequately sanitize the surface.*

*Duct tape must not be used to repair the surface of the diaper mat. Diaper mats may be repaired with vinyl glue as long as the glue is waterproof when dry.*

*Always Level 2 Noncompliance.*

### **(5) The provider shall post diapering procedures at each diapering station and ensure that they are followed.**

### Rationale / Explanation

*The purpose of this rule is to ensure that all caregivers are aware of and follow correct diaper changing procedures, in order to prevent the spread of disease-causing agents. CFOC, 3<sup>rd</sup> Ed. pgs. 106-107 Standard 3.2.1.4, pg. 428, Appendix D*

*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.*

## R430-100-23: DIAPERING.

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.
6. Use a disposable wipe to clean the caregivers 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 the diaper changing surface.
10. Sanitize the diaper changing surface.
11. Wash your hands.

### **Enforcement**

*Always Level 3 Noncompliance.*

### **(6) Caregivers shall clean and sanitize the diapering surface after each diaper change.**

#### **Rationale / Explanation**

*The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, 3<sup>rd</sup> Ed. pg. 249 Standard 5.4.2.4*

### **Enforcement**

*If there are feces on the diapering surface after a diaper change, the surface must be cleaned before the sanitizing solution is applied.*

*Level 2 Noncompliance if there are visible feces left on the diapering surface after a diaper change.*

*Level 3 Noncompliance otherwise.*

### **(7) Caregivers shall wash their hands before and after each diaper change.**

#### **Rationale / Explanation**

*The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, 3<sup>rd</sup> Ed. pgs. 106-107 Standard 3.2.1.4, pgs. 110-111 Standard 3.2.2.1*

### **Enforcement**

*Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older*

## R430-100-23: DIAPERING.

*without visibly dirty hands.*

*Level 2 Noncompliance if a caregiver does not wash her/his hands after a diaper change when the diaper was soiled with feces.*

*Level 3 Noncompliance if a caregiver does not wash her/his hands before a diaper change, or after a diaper change when the diaper was only wet and not soiled with feces.*

**(8) Caregivers shall place soiled disposable diapers in a container that has a plastic lining and a tightly fitting lid.**

### Rationale / Explanation

*The purpose of this rule is to prevent the spread of disease-causing agents. Separate, plastic-lined waste containers that do not require touching with contaminated hands and that children cannot access encloses odors and prevents children from coming into contact with body fluids. CFOC, 3<sup>rd</sup> Ed. pgs. 106-107 Standard 3.2.1.4, pg. 226 Standard 5.2.7.4*

### Enforcement

*Level 2 Noncompliance if soiled diapers are not put into any container (for example, they are left sitting on the diaper changing station, the floor, or a counter).*

*Level 3 Noncompliance otherwise.*

**(9) The provider shall daily clean and sanitize containers where wet and soiled diapers are placed.**

### Rationale / Explanation

*The purpose of this rule is to prevent noxious odors and the spread of disease. CFOC, 3<sup>rd</sup> Ed. pg. 226 Standard 5.2.7.5*

### Enforcement

*Always Level 3 Noncompliance.*

**(10) If cloth diapers are used:**  
**(a) they shall not be rinsed at the center; and**

### Rationale / Explanation

*Containing and minimizing the handling of soiled diapers so they do not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing a cloth diaper or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, 3<sup>rd</sup> Ed. pg. 105 Standard 3.2.1.2.*

### Enforcement

*Always Level 3 Noncompliance.*

## R430-100-23: DIAPERING.

- (10) If cloth diapers are used:
- (b) after a diaper change, the caregiver shall place the cloth diaper directly into a leakproof container that is inaccessible to children and labeled with the child's name, or a leakproof diapering service container.

### Rationale / Explanation

*Containing and minimizing the handling of soiled diapers so they do not contaminate other surfaces is essential to prevent the spread of infectious disease. Rinsing a cloth diaper or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, 3<sup>rd</sup> Ed. pg. 105 Standard 3.2.1.2.*

### Enforcement

*Always Level 2 Noncompliance.*

- (11) Caregivers shall change children's diapers promptly when they are wet or soiled, and shall check diapers at least once every two hours.

### Rationale / Explanation

*The American Academy of Pediatrics and the American Public Health Association recommend checking children's diapers at least once every hour, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The reason for this is because the frequency and severity of diaper rash is lessened when diapers are changed more often. CFOC, 3<sup>rd</sup> Ed. pgs. 105-106 Standard 3.2.1.3*

### Enforcement

*For the purposes of this rule, "diapers" include pull-ups.*

*The caregiver does not need to wake sleeping children to check/change their diapers.*

*Always Level 3 Noncompliance.*

- (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.

### Rationale / Explanation

*The purpose of this rule is to ensure that children's diapers are checked at least once every two hours and changed as needed, including during caregiver shift changes. It also allows parents to know when their children's diapers were changed, and can alert both parents and caregivers to any changes in the child's bowel movement pattern. CFOC, 3<sup>rd</sup> Ed. pgs. 105-106 Standard 3.2.1.3.*

### Enforcement

*Always Level 3 Noncompliance.*

- (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.

## R430-100-23: DIAPERING.

### Rationale / Explanation

*The purpose of this rule is to ensure that caregivers who diaper children do not potentially contaminate the food for all children in the center by diapering children and then preparing food for the children in the center. An exception to this rule may be made for a staff member who cooks food immediately upon entering the center, such as making breakfast, and who then assumes caregiver duties for diapered children only after finishing food preparation duties. In such cases, the caregiver may never go back to food preparation outside of the classroom on any given day after they have assumed caregiving duties for diapered children. CFOC, 3<sup>rd</sup> Ed. pgs. 188-189 Standard 4.9.0.2*

### Enforcement

*Always Level 3 Noncompliance.*



## 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.

### Rationale / Explanation

*Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. CFOC, 3<sup>rd</sup> Ed. pg. 59 Standard 2.1.2.4.*

*Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, 3<sup>rd</sup> Ed. pg. 59 Standard 2.1.2.4.*

### Enforcement

*When infants and/or toddlers are combined with older children, the room the children are cared for in will be assessed as an infant/toddler classroom and must meet the requirements for an infant/toddler room. For example, it must have a diaper changing station [100-23(1)] and sinks [100-4(5)], it cannot be used as access to other areas [100-4(6)], etc.*

*A group with more than one caregiver may be very briefly out of ratio if a staff person needs to use the bathroom and if there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.*

*This rule applies to infants and toddlers who are children of center employees.*

*Infants and toddlers may be with older children for occasional special visitors and programs but not for regularly scheduled activities.*

*Employees' own infants and toddlers count in the ratio and group size.*

*Always Level 1 Noncompliance.*

- (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.

### Rationale / Explanation

*Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at*

## R430-100-24: INFANT AND TODDLER CARE.

*increased risk for unintentional injuries, such as being run in to, knocked down, pushed, shoved, sat on, etc. CFOC, 3<sup>rd</sup> Ed. pg. 59 Standard 2.1.2.4.*

### **Enforcement**

*Always Level 1 Noncompliance.*

- (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.**

### **Rationale / Explanation**

*Propping bottles can cause choking and aspiration, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. CFOC, 3<sup>rd</sup> Ed. pgs. 170-171*

### **Enforcement**

*Always Level 2 Noncompliance.*

- (4) The provider shall clean and sanitize high chair trays prior to each use.**

### **Rationale / Explanation**

*The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of microorganisms that can cause disease. CFOC, 3<sup>rd</sup> Ed. pg. 178 Standard 4.5.0.2*

### **Enforcement**

*If an infant is in a high chair playing with toys and puts a toy in his/her mouth and back on the tray, the tray needs to be sanitized before it is used by another child.*

*Always Level 3 Noncompliance.*

- (5) The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.**

### **Rationale / Explanation**

*These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking, because infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. CFOC, 3<sup>rd</sup> Ed. pgs. 181-182 Standard 4.5.0.10*

### **Enforcement**

*Examples of solid foods that must be cut into small pieces include solid meat, hard cheeses, and fresh or frozen fruits and vegetables.*

*Always Level 2 Noncompliance.*

## R430-100-24: INFANT AND TODDLER CARE.

- (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;

### Rationale / Explanation

*The purposes of this rule are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction). CFOC, 3<sup>rd</sup> Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12*

### Enforcement

*Breast milk that is collected and frozen immediately after collection is not considered "prepared" or "opened", and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up to 24 hours, after which, it should be discarded.*

*If a parent brings his/her child to the center with a prepared bottle already, the caregiver should document the time the bottle arrived at the center as the time of preparation*

*Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.*

*Always Level 3 Noncompliance.*

- (6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:
- (c) kept refrigerated if needed; and

### Rationale / Explanation

*The purposes of this rule are to ensure that a children do not become ill from eating spoiled food. CFOC, 3<sup>rd</sup> Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

### Enforcement

*Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food.*

*Level 3 Noncompliance otherwise.*

- (6) Baby food, formula, and breast milk for infants that is brought from home for an individual child's use must be:
- (d) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.

### Rationale / Explanation

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*The purposes of this rule are to ensure that children do not become ill from eating spoiled food. CFOC, 3<sup>rd</sup> Ed. pgs. 165-166 Standard 4.3.1.3, pgs. 167-168 Standard 4.3.1.5, pgs. 173-174 Standard 4.3.1.12.*

### **Enforcement**

*Breast milk that is collected and frozen immediately after collection is not considered “prepared” or “opened”, and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up to 24 hours, after which, it should be discarded.*

*If a parent brings his/her child to the center with a prepared bottle, the caregiver should document the time the bottle arrived at the center as the time of preparation.*

*Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.*

*This rule does not apply to containers (pint, quart, half gallon, or gallon ) of milk that are purchased from the store.*

*Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food.*

*Level 3 Noncompliance otherwise.*

- (7) Formula and milk, including breast milk, shall be discarded after feeding, or within two hours of initiating a feeding.**

### **Rationale / Explanation**

*Breast milk that is collected and frozen immediately after collection is not considered “prepared” or “opened”, and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up to 24 hours, after which, it should be discarded.*

*If a parent brings his/her child to the center with a prepared bottle, the caregiver should document the time the bottle arrived at the center as the time of preparation.*

*Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.*

*This rule does not apply to containers (pint, quart, half gallon, or gallon ) of milk that are purchased from the store.*

*Level 2 Noncompliance if failure to follow this rule results in a child being served spoiled food.*

*Level 3 Noncompliance otherwise.*

- (8) To prevent burns, heated bottles shall be shaken and tested for temperature before being fed to children.**

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### Rationale / Explanation

*The American Academy of Pediatrics and the American Public Health Association recommend warming infant bottles by placing them under warm running tap water or placing them in a container of water that is no warmer than 120 degrees, for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for an extended period of time provide an ideal medium for bacteria to grow. In addition, infants have received burns from hot water dripping from an infant bottle that was removed from a crock pot, or by pulling the crock pot down on themselves by a dangling cord. CFOC, 3<sup>rd</sup> Ed. Pgs. 171-172 Standard 4.3.1.9*

*Gently shaking warmed bottles before feeding them to children prevents burns from "hot spots" in the heated liquid. Gentle shaking is important, because excessive shaking of human breast milk may damage some of the cellular components of the milk that are valuable to infants, as may excessive heating. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.*

### Enforcement

*Always Level 3 Noncompliance.*

- (9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.**

### Rationale / Explanation

*The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. CFOC, 3rd Ed. pg. 118 Standard 118*

### Enforcement

*If, when each meal is served, a caregiver brings cups for children into the room and removes the cups from the room immediately after the meal to clean and sanitize them (so that the cups are only in the room during the meal), the cups do not need to be labeled with each child's name.*

*If a pacifier is too small to be labeled with a child's full name, it can be labeled with the child's initials.*

*If caregivers are having a hard time labeling these items because they are plastic and the labeling rubs off, they can scratch the child's name or initials into the item with a safety pin or use a clip with the short ribbon that attaches to the child's clothing and label the ribbon or the clip with the child's name.*

*Caregivers may use color coded pacifiers, bottles, or cups instead of labeling them with the child's name, if each child is assigned a different color and there is a chart visible showing which color is assigned to each child.*

*Pacifiers cannot be labeled as belonging to the center staff and sanitized between use, because pacifiers cannot be shared, no matter who purchases them.*

*Always Level 3 Noncompliance.*

- (10) Only one infant or toddler shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.**

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### Rationale / Explanation

*The purpose of this rule is to prevent infants from accidentally injuring one another.*

### Enforcement

*This rule does not prohibit a provider from using a crib to evacuate multiple children for an emergency drill or an actual emergency evacuation.*

*If a crib is used to transport children within the center, the children should not be left in the crib together after they have been transported.*

*Level 2 Noncompliance if 2 or more mobile infants occupy the same piece of equipment.*

*Level 3 Noncompliance otherwise.*

- (11) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or play pen. Infants shall not be placed to sleep on mats or cots, or in bouncers, swings, car seats, or other similar pieces of equipment.**

### Rationale / Explanation

*The purpose of this rule is to prevent injury to children from entrapment, falls, or other children, and to reduce the risk of Sudden Infant Death Syndrome, which increases when children are not put to sleep lying on their backs. CFOC, 3<sup>rd</sup> Ed. pgs. 96-99 Standard 3.1.4.1*

### Enforcement

*This rule is not out of compliance if a parent gives staff written instructions for the infant, due to a medical condition, to sleep in another piece of equipment.*

*If an infant falls asleep in a piece of equipment not designed for sleeping, the caregiver must move him/her to appropriate sleeping equipment.*

*If an infant arrives at the center asleep in a car seat, the caregiver must move the him/her to appropriate sleeping equipment.*

*The Boppy website ([www.boppy.com](http://www.boppy.com)) states that a boppy should never, ever be used for a baby to sleep on. It goes on to state that it should not be used in a crib, cradle, bassinet, playpen, play yard or bed, and that improper use of this product could result in serious injury or death. Therefore, a boppy is **not** equipment designed for sleeping.*

*Always Level 1 Noncompliance.*

- (12) Cribs must:**  
**(a) have tight fitting mattresses;**

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### Rationale / Explanation

*The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. CFOC, 3<sup>rd</sup> Ed. pgs. 253-254 Standard 5.4.5.2*

### Enforcement

*Blankets, eggshell mattress, foam, etc. cannot be wedged in between the mattress and the crib frame. The only way to correct a mattress that is not tight fitting is to replace it with a mattress that is tight fitting.*

*Always Level 2 Noncompliance.*

- (12) Cribs must:  
(b) have slats spaced no more than 2-3/8 inches apart;

### Rationale / Explanation

*The purpose of this rule is to prevent injuries to children. Children have strangled because their shoulder or neck became caught in a gap between the slats or between the mattress and the crib side. Deaths by asphyxiation resulting from the head or neck becoming wedged in parts of a crib are well-documented. CFOC, 3<sup>rd</sup> Ed. pgs. 253-254 Standard 5.4.5.2*

### Enforcement

*Always Level 2 Noncompliance.*

- (12) Cribs must:  
(c) have at least 20 inches from the top of the mattress to the top of the crib rail; and

### Rationale / Explanation

*The purpose of this rule is to prevent injuries to children. Children can be injured falling from a crib if the top of the crib rail is not high enough to prevent falls. (Depending on the age, size, and mobility of the child, there may need to be more than 20 inches from the top of the mattress to the top of the crib rail, to prevent standing children from falling out of the crib.) CFOC, 3<sup>rd</sup> Ed. pgs. 253-254 Standard 5.4.5.2*

### Enforcement

*This rule includes porta cribs.*

*Level 1 Noncompliance in all instances except that described below in Level 2 Noncompliance.*

*Level 2 Noncompliance if the infant in the crib cannot yet sit up and there is at least 12 inches from the top of the mattress to the top of the crib rail, but less than 20" or if there is not enough space from the top of the mattress to the top of the crib rail but no child is using the crib at the time of the inspection.*

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**(12) Cribs must:**

- (d) not have strings, cords, ropes, or other entanglement hazards strung across the crib rails.**

**Rationale / Explanation**

*The purpose of this rule is to prevent injuries to children. The presence of strings or cords strung across crib rails presents a strangulation hazard. CFOC, 3<sup>rd</sup> Ed. pg. 285 Standard 6.4.1.3.*

**Enforcement**

*This rule will be considered out of compliance when electrical cords longer than 12 inches are accessible to children in the cribs.*

*Always Level 2 Noncompliance.*

**(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.**

**Rationale / Explanation**

*Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. CFOC, 3<sup>rd</sup> Ed.pgs. 96-99 Standard 3.1.4.1*

**Enforcement**

*Always Level 1 Noncompliance.*

**(14) Each infant and toddler shall follow their own pattern of sleeping and eating.**

**Rationale / Explanation**

*Feeding infants on demand meets their nutritional and emotional needs and helps to ensure the development of trust and feelings of security. Allowing children to sleep when they are tired meets their basic physical need for rest. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner. CFOC, 3<sup>rd</sup> Ed. pgs. 100-101 Standards 3.1.4.4, 3.1.4.5, pg. 118 Standard 4.3.1.2 pgs. 164-165 Standard 4.3.1.2*

*Children's brain development can also be harmed by excess levels of cortisol, which result when children are under stress for extended periods of times because their immediate physical needs are not met. Cortisol alters the brain by making it vulnerable to processes that destroy neurons and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain, by Rima Shore, Families and Work Institute*



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### **Enforcement**

*Toddlers may begin to be eased into group schedules for eating and napping. However any toddler who is tired must be allowed to rest and any toddler who is hungry must be given something to eat.*

*Always Level 3 Noncompliance.*

- (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.**

### **Rationale / Explanation**

*The purpose of this rule is to ensure that parents are informed about their children's daily eating and sleeping patterns. Because infants are non-verbal, knowing when there is a change in an infant's pattern of eating or sleeping can alert parents and caregivers to potential health problems. The daily record can also help to ensure that children's basic physical needs for food and rest are met, including during caregiver shift changes. CFOC, 3<sup>rd</sup> Ed. pg. 386 Standard 9.4.1.18*

### **Enforcement**

*Always Level 3 Noncompliance.*

- (16) Walkers with wheels are prohibited.**

### **Rationale / Explanation**

*Because many injuries, some fatal, have been associated with the use of walkers, and because there is no clear developmental benefit from their use, the American Academy of Pediatrics has recommended that they not be used in child care centers. Walkers are dangerous because they move children around too fast, and to hazardous areas. The upright position also brings children close to objects they can pull down on themselves. Walkers are the cause of more injuries than any other baby product. Each year an estimated 21,300 children are treated in U.S. hospital emergency rooms for injuries related to walkers. CFOC, 3<sup>rd</sup> Ed. pgs. 242-243 Standard 5.3.1.10*

### **Enforcement**

*Always Level 2 Noncompliance.*

- (17) Infants and toddlers shall not have access to objects made of styrofoam.**

### **Rationale / Explanation**

*Styrofoam can break into pieces that can become choking hazards for young children. CFOC, 3<sup>rd</sup> Ed. pg. 178 Standard 4.5.0.2*

### **Enforcement**

*Swimming noodles are not made of Styrofoam and do not need to be inaccessible to the children.*

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*Always Level 2 Noncompliance.*

- (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.**

### Rationale / Explanation

*Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when children experience stress, the level of cortisol in their brain increases. Cortisol alters the brain by making it vulnerable to processes that destroy neurons, and by reducing the number of synapses in certain parts of the brain, both of which can undermine neurological development and impair brain function. It also negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more developmental delays – cognitive, motor, and social – than other children. Rethinking the Brain, by Rima Shore, Families and Work Institute; CFOC, 3<sup>rd</sup> Ed. pg. 57 Standard 2.1.2.1*

*While it is not always possible for one adult caring for four infants or toddlers to respond immediately to children who are in distress, a caregiver who is not able to immediately respond to a child's needs may still reassure the child by making eye contact and speaking to the child in a reassuring tone of voice.*

### Enforcement

*“Promptly” responding to infants and toddlers who are in emotional distress means responding immediately or as soon as possible if the caregiver is diapering, feeding, or administering first aid to another child. While attending to other children in this way, caregivers can still acknowledge the child in emotional distress by making eye contact with and talking to him/her.*

*Always Level 2 Noncompliance.*

- (19) Awake infants and toddlers shall receive positive physical stimulation and positive verbal interaction with a caregiver at least once every 20 minutes.**

### Rationale / Explanation

*Opportunities for active learning are vitally important for the development of motor skills and sensory motor intelligence. In addition, children's cognitive development depends in large part on their developing language skills. The richness of a child's language increases when it is nurtured by verbal interactions and learning experiences with adults and peers. CFOC, 3<sup>rd</sup> Ed. pgs. 57-59 Standards 2.1.2.2, 2.1.2.3*

### Enforcement

*Always Level 2 Noncompliance.*

- (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.**

### Rationale / Explanation

*The purpose of this rule is to ensure that children have the freedom of movement needed to develop basic motor*

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skills, such as crawling, standing, walking, and climbing.

### **Enforcement**

Always Level 2 Noncompliance.

**(21) Mobile infants and toddlers shall have freedom of movement in a safe area.**

### **Rationale / Explanation**

*The purpose of this rule is to ensure that children have the freedom of movement in a safe environment needed to develop basic motor skills, such as crawling, standing, walking, and climbing.*

### **Enforcement**

Always Level 2 Noncompliance.

**(22) To stimulate their healthy development, there shall be safe toys accessible to infants and toddlers. There shall be enough toys for each child in the group to be engaged in play with toys.**

### **Rationale / Explanation**

*Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997; CFOC, 3<sup>rd</sup> Ed. pgs. 58-59 Standard 2.1.2.3.*

### **Enforcement**

*In order to be in compliance with this rule, an infant or toddler classroom must have enough toys so that if some are removed to be cleaned because a child has mouthed them, there are still enough toys left for all children in the group to be engaged in play with toys.*

Always Level 2 Noncompliance.

**(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.**

### **Rationale / Explanation**

*Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. The purpose of this rule is to prevent the spread of disease. All toys can spread disease when*

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*children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing.*

*Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to hold toys until they can be cleaned later. (In order to use this method, there must be enough toys to rotate them through the cleaning process.) Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can clean and sanitize the surfaces. CFOC, 3<sup>rd</sup> Ed. pgs. 116-118 Standards 3.3.0.1, 3.3.0.2*

### **Enforcement**

*Always Level 2 Noncompliance.*