

**R430. Health, Health Systems Improvement, Child Care Licensing.**  
**R430-70. Out of School Time Child Care Programs.**

**R430-70-1. Purpose.**

This rule is promulgated pursuant to Title 26, Chapter 39. It establishes standards for the operation and maintenance of out of school time programs and requirements to protect the health and safety of children in these programs.

**R430-70-2. Definitions.**

- (1) "Accredited College" means a college accredited by an agency recognized by the United States Department of Education as a valid accrediting agency.
- (2) "ASTM" means American Society for Testing and Materials.
- (3) "Body Fluids" means blood, urine, feces, vomit, mucous, and saliva.
- (4) "Caregiver" means an employee or volunteer who provides direct care to children.
- (5) "CPSC" means the Consumer Product Safety Commission.
- (6) "Department" means the Utah Department of Health.
- (7) "Designated Play Surface" means a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size.
- (8) "Direct Supervision" means the caregiver must be able to hear all of the children and must be near enough to intervene when necessary.
- (9) "Emotional Abuse" means behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, profane language, and inappropriate physical restraint.
- (10) "Group" means the children assigned to one or two caregivers, occupying an individual classroom or an area defined by furniture or another partition within a room.
- (11) "Health Care Provider" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.
- (12) "Inaccessible to Children" means either locked, such as in a locked room, cupboard or drawer, or with a child safety lock, or in a location that a child can not get to.
- (13) "Infectious Disease" means an illness that is capable of being spread from one person to another.
- (14) "Licensee" means the legally responsible person or persons holding a valid Department of Health child care license.
- (15) "Over-the-Counter Medication" means medication that can be purchased without a written prescription from a health care provider. This includes herbal remedies.
- (16) "Parent" means the parent or legal guardian of a child in care.
- (17) "Person" means an individual or a business entity.
- (18) "Physical Abuse" means causing nonaccidental physical harm to a child.
- (19) "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.
- (20) "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.
- (21) "Protective cushioning" means cushioning material that is approved by the American Society for Testing and Materials. For example, sand, pea gravel, engineered wood fibers, shredded tires, or unitary cushioning material, such as rubber mats or poured rubber-like material.
- (22) "Provider" means the licensee or a staff member to whom the licensee has delegated a duty under this rule.

- (23) "Sanitize" means to remove soil and small amounts of certain bacteria from a surface or object with a chemical agent.
- (24) "Sexual Abuse" means abuse as defined in Utah Code, Section 76-5-404.1.(2).
- (25) "Sexually Explicit Material" means any depiction of sexually explicit conduct, as defined in Utah Code, Section 76-5a-2(8).
- (26) "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.
- (27) "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.
- (28) "Volunteer" means a person who provides care to a child but does not receive direct or indirect compensation for doing so. A volunteer is not included in the provider to child ratio, unless the volunteer meets all of the caregiver requirements of this rule.

#### **R430-70-3. License Required.**

- (1) A person or persons must be licensed to provide child care if:
  - (a) they provide care in the absence of the child's parent;
  - (b) they provide care for five or more children;
  - (c) they provide care in a place other than the provider's home or the child's home;
  - (d) the program is open to children on an ongoing basis, on three or more days a week and for 30 or more days in a calendar year; and
  - (e) they provide care for direct or indirect compensation.
- (2) A person or persons may be licensed as an out of school time program under this rule if:
  - (a) they either provide care for two or more hours per day on days when school is in session for the child in care, and four or more hours per day on days when school is not in session for the child in care; or they provide care for four or more hours per day on days when school is not in session; and
  - (b) all of the children who attend the program are at least five years of age.

#### **R430-70-4. Facility.**

- (1) The licensee shall ensure that any building or playground structure constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the licensee shall contact the local health department and follow all required procedures for the removal of the lead based paint.
- (2) There shall be at least two working toilets and two working sinks accessible to the children in care.
- (3) If there are more than 50 children in attendance, there shall be one additional working sink and one additional working toilet for each additional group of 1 to 25 children.
- (4) Children shall have privacy when using the bathroom.
- (5) For buildings newly licensed under this rule after 30 June 2010 there shall be a working hand washing sink in each classroom.

- (6) In gymnasiums, and in classrooms in buildings licensed before 30 June 2010, hand sanitizer must be available to children in care if there is not a handwashing sink in the room.
- (7) All rooms and occupied areas in the building shall be ventilated by mechanical ventilation or by windows that open and have screens.
- (8) The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.
- (9) The provider shall maintain adequate light intensity for the safety of children and the type of activity being conducted by keeping lighting equipment in good working condition.
- (10) Windows and glass doors within 36 inches from the floor or ground shall be made of safety glass, or have a protective guard.
- (11) There shall be at least 35 square feet of indoor space for each child, including the licensee's and employees' children who are not counted in the caregiver to child ratios.
- (12) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:
  - (a) by children;
  - (b) for the care of children; or
  - (c) to store classroom materials.
- (13) Bathrooms, closets, staff lockers, hallways, corridors, lobbies, kitchens, or staff offices are not included when calculating indoor space for children's use.

#### **R430-70-5. Cleaning and Maintenance.**

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

#### **R430-70-6. Outdoor Environment.**

- (1) There shall be an outdoor play area for children that is safely accessible to children.
- (2) The outdoor play area shall have at least 40 square feet of space for each child using the playground at the same time.
- (3) The outdoor play area shall accommodate at least 33 percent of the licensed capacity at one time or shall be at least 1600 square feet.
- (4) The outdoor play area used by children shall be enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high.
- (5) 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.
- (6) When in use, the outdoor play area shall be free of animal excrement, harmful plants, harmful objects, harmful substances, and standing water.
- (7) The outdoor play area shall have a shaded area to protect children from excessive sun and heat.
- (8) Children shall have unrestricted access to drinking water whenever the outside temperature is 75 degrees or higher.
- (9) All outdoor play equipment and areas shall comply with the following safety standards by the dates specified in Subsection (10) below.

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

<b>TABLE 1</b>					
<b>Depths of Protective Cushioning Required for Sand, Gravel, and Shredded Tires</b>					
<b>Highest Designated Play Surface, Climbing Bar, or Swing Pivot Point</b>	<b>Fine Sand</b>	<b>Coarse Sand</b>	<b>Fine Gravel</b>	<b>Medium Gravel</b>	<b>Shredded Tires</b>
<b>4' high or less</b>	6"	6"	6"	6"	6"
<b>Over 4' up to 5'</b>	6"	6"	6"	6"	6"
<b>Over 5' up to 6'</b>	12"	12"	6"	12"	6"

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

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

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

- (e) If wood products are used as cushioning material:
- (i) the providers shall maintain documentation from the manufacturer verifying that the material meets ASTM Specification F 1292, which is adopted by reference; and
  - (ii) there shall be adequate drainage under the material.
- (f) If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning:
- (i) the licensee shall ensure that the material meets the standard established in ASTM

Specification F 1292. The provider shall maintain documentation from the manufacturer that the material meets these specifications.

- (ii) the licensee shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.
  - (g) Stationary play equipment that has a designated play surface less than 30 inches 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.
  - (h) Stationary play equipment shall have protective barriers 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.
  - (i) 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.
  - (j) There shall be no protrusion or strangulation hazards on, within the use zone of, or adjacent to the use zone of any piece of stationary play equipment.
  - (k) 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.
  - (l) 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.
- (10) The outdoor play equipment rules specified in Subsection (9) above must be in compliance by the following dates:
- (a) by December 31, 2009: R430-70-6(9)(b-f). There is protective cushioning in all existing use zones that meets the requirements for depth and ASTM Standards.
  - (b) by December 31, 2010:
    - (i) R430-70-6(9)(g). Stationary play equipment that has a designated play surface less than 30 inches, and that does not have moving parts children sit or stand on, is not placed on concrete, asphalt, dirt, or any other hard surface, unless equipment is installed in concrete or asphalt footings.
    - (ii) R430-70-6(9)(j). There are no protrusion or strangulation hazards in or adjacent to the use zone of any piece of stationary play equipment.
  - (c) By December 31, 2011: R430-70-6(9)(g). Stationary play equipment that has a designated play surface less than 30 inches, and that does not have moving parts children sit or stand on, is not placed on concrete, asphalt, dirt, or any other hard surface.
  - (d) By December 31, 2012:
    - (i) R430-70-6(9)(h). Protective barriers are installed on all stationary play equipment that requires them, and the barriers meet the required specifications.
    - (ii) R430-70-6(9)(i). There are no openings greater than 3-1/2 by 6-1/4 inches and less than 9 inches in diameter on any piece of stationary play equipment, or within or adjacent to the use zone of any piece of stationary play equipment.
    - (iii) R430-70-6(9)(k). There are no crush, shearing, or sharp edge hazards in or adjacent to the use zone of any piece of stationary play equipment.
  - (e) By December 31, 2013:
    - (i) R430-70-6(9)(a)(i-vi). All stationary play equipment has use zones that meet the required measurements.

- (ii) R430-70-6(9)(I). There are no tripping hazards, such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.
- (11) The provider shall maintain playgrounds and playground equipment to protect children's safety.

**R430-70-7. Personnel.**

- (1) The program 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 coursework in childhood development, elementary education, or a related field;
  - (b) 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
  - (c) 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 coursework in childhood development, elementary education, or a related field; or
    - (ii) valid proof of completion of the following six Utah Career Ladder courses offered through Child Care Resource and Referral: Child Development: Ages & Stages; Advanced Child Development; School Age Course 1; School Age Course 2; School Age Course 3; and School Age Course 4.
- (2) All caregivers shall be at least 18 years of age.
- (3) All assistant caregivers shall be at least 16 years of age, and shall work under the immediate supervision of a caregiver who is at least 18 years of age.
- (4) Assistant caregivers may be included in caregiver to child ratios, but shall not be left unsupervised with children.
- (5) Assistant caregivers shall meet all of the caregiver requirements under this rule, except the caregiver age requirement of 18 years.
- (6) Whenever there are more than 8 children at the program, 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 program, that caregiver must be able to demonstrate the English literacy skills needed to care for children and respond to emergencies.
- (7) Each new director, assistant director, caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented and shall include the following topics:
- (a) job description and duties;
  - (b) the program's written policies and procedures;
  - (c) the program's emergency and disaster plan;
  - (d) the current child care licensing rules found in Sections R430-70-11 through 22;
  - (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, including child sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;

- (j) obtaining assistance in emergencies, as specified in the program's emergency and disaster plan.
- (8) The program director, assistant director, all caregivers, and substitutes who work an average of 10 hours a week or more, as averaged over any three month period, shall complete a minimum of 2 hours of training for each month during which they are employed, or 20 hours of training each year, based on the program's license date.
  - (a) 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.
  - (b) Annual training hours shall include the following topics:
    - (i) a review of the current child care licensing rules found in Sections R430-70-11 through 22;
    - (ii) a review of the program's written policies and procedures and emergency and disaster plans, including any updates;
    - (iii) signs and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;
    - (iv) principles of child growth and development, including development of the brain; and
    - (v) positive guidance.
- (9) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.

**R430-70-8. Administration.**

- (1) The licensee is responsible for all aspects of the operation and management of the program.
- (2) The licensee shall comply with all federal, state, and local laws and rules pertaining to the operation of a child care program.
- (3) The provider shall not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care.
- (4) The provider shall take all reasonable measures to protect the safety of children in care. The licensee shall not engage in activity or allow conduct that unreasonably endangers children in care.
- (5) Either the program director or a designee with authority to act on behalf of the program director shall be present at the facility whenever the program is open for care.
- (6) Director designees shall be at least 21 years of age, and shall have completed their orientation training.
- (7) Each week, the program director shall be on-site at the program during operating hours for at least 50% of the time the program is open to children, in order to fulfill the duties specified in this rule, and to ensure compliance with this rule.
- (8) The program director must have sufficient freedom from other responsibilities to manage the program and respond to emergencies.
- (9) There shall be a working telephone at the facility, and the program director shall inform each child's parent and the Department of any changes to the program's telephone number within 48 hours of the change.
- (10) The provider shall call the Department within 24 hours to report any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent. The provider shall also mail or fax a written report to the Department within five days of the incident.
- (11) The duties and responsibilities of the program 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 program director in

- his or her absence;
  - (b) train and supervise staff to:
    - (i) ensure their compliance with this rule;
    - (ii) ensure they meet the needs of the children in care as specified in this rule; and
    - (iii) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.
- (12) The provider shall establish and follow written policies and procedures for the health and safety of the children in care. The written policies and procedures shall address at least the following areas:
- (a) supervision and protection of children at all times, including when they are using the bathroom, on the playground, and during off-site activities;
  - (b) maintaining required caregiver to child ratios when the program 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 program 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 program allows;
  - (g) recognizing early signs of illness and determining when there is a need for exclusion from the program;
  - (h) discipline of children, including behavioral expectations of children and discipline methods used;
  - (i) transportation to and from off-site activities, or to and from home, if the program offers these services; and
    - (j) 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.
  - (k) if the program has a computer that is connected to the internet and that is accessible to any child in care:
    - (i) written policies for parents explaining how children's computer use is monitored; and
    - (ii) a signed parent permission form for each child who is allowed to use the computer.
- (13) The provider shall ensure that the written policies and procedures are available for review by parents, staff, and the Department during business hours.

**R430-70-9. 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 R430-70-10(9) and R430-70-10(11);
  - (b) current animal vaccination records as required in R430-70-22(3);
  - (c) a six week record of child attendance, including sign-in and sign-out records;
  - (d) a current local health department inspection;
  - (e) a current local fire department inspection;
  - (f) if the licensee has been licensed for one or more years, the most recent "Request for Annual Renewal of CBS/LIS Criminal History Information for Child Care" which includes the licensee and all current providers, caregivers, and volunteers; and
  - (g) if the licensee has been licensed for one or more years, the most recent criminal background

- "Disclosure & Consent Statement" which includes the licensee and all current providers, caregivers, and volunteers.
- (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;
    - (b) a current annual health assessment form as required in R430-70-14(5);
    - (c) a transportation permission form, if the program provides transportation services;
    - (d) a six week record of medication permission forms, and a six week record of medications actually administered; and
    - (e) a six week record of incident, accident, and injury reports.
  - (3) The provider shall ensure that information in children's files is not released without written parental permission.
  - (4) The provider shall maintain the following records for each staff member on-site for review by the Department:
    - (a) date of initial employment;
    - (b) approved initial "CBS/LIS Consent and Release of Liability for Child Care" form;
    - (c) a six week record of days and hours worked;
    - (d) orientation training documentation for caregivers, and for volunteers who work at the program at least once each month;
    - (e) annual training documentation for all providers and substitutes who work an average of 10 hours a week or more, as averaged over any three month period; and
    - (f) current first aid and CPR certification, if applicable as required in R430-70-10(2), R430-70-20(5)(d), and R430-70-21(2).

**R430-70-10. Emergency Preparedness.**

- (1) The provider shall post the program's street address and emergency numbers, including ambulance, fire, police, and poison control, near each telephone in the facility.
- (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 CPR certification.
- (3) The program shall maintain first aid supplies in the center, including at least antiseptic, band-aids, and tweezers.
- (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 facility is uninhabitable;
  - (e) a means of posting the relocation site address in a conspicuous location that can be seen even if the facility 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, and a cell phone;
  - (j) procedures for ensuring adequate supervision of children during emergency situations, including while at the program's emergency relocation site; and
  - (k) staff assignments for specific tasks during an emergency.
- (5) The provider shall ensure that the emergency and disaster plan is followed in the event of an emergency.
  - (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.
  - (7) The emergency and disaster plan shall be available for immediate review by staff, parents, and the Department during business hours.
  - (8) The provider shall conduct fire evacuation drills monthly during each month that the program is open. Drills shall include complete exit of all children and staff from the building.
  - (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.
  - (10) The provider shall conduct drills for disasters other than fires at least once every six months that the program is open.
  - (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.
  - (12) The program shall vary the days and times on which fire and other disaster drills are held.

**R430-70-11. Supervision and Ratios.**

- (1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.
- (2) Caregivers shall actively supervise children on the playground to minimize the risk of injury to a child.
- (3) There shall be at least two caregivers with the children at all times when there are more than 8 children present.
- (4) The licensee shall maintain a minimum caregiver to child ratio of one caregiver for every 20 children.
- (5) The licensee shall maintain a maximum group size of 40 children per group.
- (6) The children of the licensee or any employee are not counted in the caregiver to child ratios when the parent of the child is working at the program, but are counted in the maximum group size.

**R430-70-12. Injury Prevention.**

- (1) The provider shall ensure that the building, grounds, toys, and equipment are maintained and used in a safe manner to prevent injury to children.
- (2) The provider shall ensure that walkways are free of tripping hazards such as unsecured flooring or cords.
- (3) Areas accessible to children shall be free of unstable heavy equipment, furniture, or other items that children could pull down on themselves.
- (4) The following items shall be inaccessible to children:
  - (a) 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;
  - (b) tobacco, alcohol, illegal substances, and sexually explicit material;
  - (c) when in use, portable space heaters, fireplaces, and wood burning stoves;
  - (d) toxic or hazardous chemicals such as insecticides, lawn products, and flammable materials;
  - (e) poisonous plants;
  - (f) matches or cigarette lighters;
  - (g) open flames; and
  - (h) razors or similarly sharp blades.
- (5) The provider shall store all toxic or hazardous chemicals in a container labeled with its contents.
- (6) Hot water accessible to children shall not exceed 120 degrees Fahrenheit.
- (7) Indoor stationary gross motor play equipment, such as slides and climbers, shall not have a designated play surface that exceeds 5-1/2 feet in height. If such equipment has an elevated designated play surface that is 3 feet or higher it shall be surrounded by cushioning that meets ASTM Standard F1292, in a six foot use zone.
- (8) There shall be no trampolines on the premises that are accessible to children in care.
- (9) If there is a swimming pool on the premises that is not emptied after each use:
  - (a) the provider shall ensure that the pool is enclosed within a fence or other solid barrier at least six feet high that is kept locked whenever the pool is not in use;
  - (b) the provider shall maintain the pool in a safe manner;
  - (c) the provider shall meet all applicable state and local laws and ordinances related to the operation of a swimming pool; and
  - (d) If the pool is over four feet deep, there shall be a Red Cross certified life guard on duty, or a lifeguard certified by another agency that the licensee can demonstrate to the Department to be equivalent to Red Cross certification, any time children have access to the pool.

**R430-70-13. Parent Notification and Child Security.**

- (1) The provider shall post a copy of the Department's child care guide in the facility for parents' review during business hours.
- (2) Parents shall have access to the facility and their child's classroom at all times their child is in care.
- (3) The provider shall ensure the following procedures are followed when children arrive at the facility or leave the facility:
  - (a) Each child must be signed in and out of the facility, including the date and time the child arrives or leaves.
  - (b) Children may sign themselves in and out of the program only with written permission from the parent.
  - (c) Persons signing children into the facility shall use identifiers, such as a signature, initials, or

- electronic code.
- (d) Persons signing children out of the facility shall use identifiers, such as a signature, initials, or electronic code, and shall have photo identification if they are unknown to the provider.
  - (e) Only parents or persons with written authorization from the parent may take any child from the facility. In an emergency, the provider may accept verbal authorization if the provider can confirm the identity of the person giving the verbal authorization and the identity of the person picking up the child.
- (4) The provider shall give parents a written report of every incident, accident, or injury involving their child on the day of occurrence. The caregivers involved, the program director or director designee, and the person picking the child up shall sign the report on the day of occurrence. If the child signs him or herself out of the program, a copy of the report shall be mailed to the parent.
  - (5) If a child is injured and the injury appears serious but not life threatening, the provider shall contact the parent immediately, in addition to giving the parent a written report of the injury.
  - (6) In the case of a life threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb, the provider shall contact emergency personnel immediately, before contacting the parent. If the parent cannot be reached after emergency personnel have been contacted, the provider shall attempt to contact the child's emergency contact person.

#### **R430-70-14. Child Health.**

- (1) The licensee shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.
- (2) All staff shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.
- (3) The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in program vehicles is prohibited any time that children are in care.
- (4) The provider shall not admit any child to the program 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.
- (5) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.

#### **R430-70-15. Child Nutrition.**

- (1) If food service is provided:
  - (a) The provider shall ensure that the program's meal service complies with local health department food service regulations.
  - (b) Foods served by programs not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, menus provided by the CACFP, or menus approved by a registered dietician. Dietitian approval shall be noted and dated on the menus, and shall be current within the past 5 years.
  - (c) Programs not currently participating and in good standing with the CACFP shall keep a six week record of foods served at each meal or snack.

- (d) The provider shall post the current week's menu for parent review.
- (2) On days when care is provided for three or more hours, the provider shall offer each child in care a meal or snack at least once every three hours.
- (3) The provider shall serve children's food on dishes or napkins, except for individual serving size items, such as crackers, if they are placed directly in the children's hands. The provider shall not place food on a bare table.
- (4) If any child in care has a food allergy, the provider shall ensure that all caregivers who serve food to children are aware of the allergy, and that children are not served the food or drink they have an allergy or sensitivity to.
- (5) The provider shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's name, and refrigerated if needed, and shall ensure that the food or drink is only consumed by that child.

**R430-70-16. Infection Control.**

- (1) All staff shall wash their hands thoroughly with liquid soap and warm running water at the following times:
  - (a) before handling or preparing food;
  - (b) before eating meals and snacks or feeding children;
  - (c) after using the toilet;
  - (d) before administering medication;
  - (e) after coming into contact with body fluids;
  - (f) after playing with or handling animals; and
  - (g) after cleaning or taking out garbage.
- (2) The provider shall ensure that children wash their hands thoroughly with liquid soap and warm running water at the following times:
  - (a) before eating meals and snacks;
  - (b) after using the toilet;
  - (c) after coming into contact with body fluids; and
  - (d) after playing with animals.
- (3) Only single use towels from a covered dispenser or an electric hand-drying device may be used to dry hands.
- (4) The provider shall ensure that toilet paper is accessible to children, and that it is kept on a dispenser.
- (5) The provider shall post handwashing procedures in each bathroom, and they shall be followed.
- (6) Caregivers shall teach children proper hand washing techniques and shall oversee hand washing whenever possible.
- (7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so that they do not touch each other.
- (8) The provider shall clean and sanitize all washable toys and materials weekly, or more often if necessary.
- (9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The provider shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows or covers weekly.
- (10) If water play tables or tubs are used, they shall be washed and sanitized daily, and children shall wash their hands prior to engaging in the activity.
- (11) Persons with contagious TB shall not work or volunteer in the program.
- (12) Children's clothing shall be changed promptly if they have a toileting accident.

- (13) Children's clothing which is wet or soiled from body fluids:
  - (a) shall not be rinsed or washed at the facility; and
  - (b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.
- (14) The facility 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.
- (15) The program shall not care for children who are ill with a suspected infectious disease, except when a child shows signs of illness after arriving at the facility.
- (16) The provider shall separate children who develop signs of a suspected infectious disease after arriving at the facility from the other children in a safe, supervised location.
- (17) The provider shall contact the parents of children who are ill with a suspected 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.
- (18) 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.
- (19) The provider shall post a parent notice at the facility when any staff or child has an infectious disease or parasite.
  - (a) The provider shall post the notice in a conspicuous location where it can be seen by all parents.
  - (b) The provider shall post and date the notice the same day the disease or parasite is discovered, and the notice shall remain posted for at least 5 days.

**R430-70-17. Medications.**

- (1) If medications are given, they shall be administered to children only by a provider trained in the administration of medications.
- (2) All over-the-counter and prescription medications shall:
  - (a) be labeled with the child's full name;
  - (b) be kept in the original or pharmacy container;
  - (c) have the original label; and,
  - (d) have child-safety caps.
- (3) All non-refrigerated medications shall be inaccessible to children and stored in a container or area that is locked, such as a locked room, cupboard, drawer, or a lockbox. The provider shall store all refrigerated medications in a leakproof container.
- (4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:
  - (a) the name of the child;
  - (b) the name of the medication;
  - (c) written instructions for administration; including:
    - (i) the dosage;
    - (ii) the method of administration;
    - (iii) the times and dates to be administered; and
    - (iv) the disease or condition being treated; and
  - (d) the parent signature and the date signed.
- (5) If the provider keeps over-the-counter medication at the facility 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 signs upon picking up the child.
- (6) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication prior to the time the medication needs to be given.
- (7) When administering medication, the provider administering the medication shall:
- (a) wash their hands;
  - (b) check the medication label to confirm the child's name;
  - (c) compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that recommended by the health care provider or the manufacturer;
  - (d) administer the medication; and
  - (e) immediately record the following information:
    - (i) the date, time, and dosage of the medication given;
    - (ii) the signature or initials of the provider who administered the medication; and,
    - (iii) any errors in administration or adverse reactions.
- (8) The provider shall report any adverse reaction to a medication or error in administration to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

#### **R430-70-18. Napping.**

If the program offers children the opportunity for rest:

- (1) The provider shall maintain sleeping equipment in good repair.
- (2) 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.
- (3) 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.
- (4) Sleeping equipment may not block exits at any time.

#### **R430-70-19. Child Discipline.**

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

- (f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

**R430-70-20. Activities.**

- (1) The provider shall post a daily schedule of activities. The daily schedule shall include, at a minimum, meal, snack, and outdoor play times.
- (2) On days when children are in care for four or more hours, daily activities shall include outdoor play if weather permits.
- (3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language development. The provider shall post a current activity plan for parent review listing these activities.
- (4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.
- (5) If off-site activities are offered:
  - (a) the provider shall obtain written parental consent for each activity in advance;
  - (b) caregivers shall take written emergency information and releases with them for each child in the group, which shall include:
    - (i) the child's name;
    - (ii) the parent's name and phone number;
    - (iii) the name and phone number of a person to notify in the event of an emergency if the parent cannot be contacted;
    - (iv) the names of people authorized by the parents to pick up the child; and
    - (v) current emergency medical treatment and emergency medical transportation releases;
  - (c) the provider shall maintain required caregiver to child ratios and direct supervision during the activity;
  - (d) at least one caregiver present shall have a current Red Cross, American Heart Association, or equivalent first aid and CPR certification;
  - (e) caregivers shall take a first aid kit with them;
  - (f) children shall wear or carry with them the name and phone number of the program, but children's names shall not be used on name tags, t-shirts, or other identifiers; and
  - (g) caregivers shall provide a way for children to wash their hands as specified in R430-70-16(2). If there is no source of running water, caregivers and children may clean their hands with wet wipes and hand sanitizer.
- (6) If swimming activities are offered, caregivers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the caregiver to child ratio.

**R430-70-21. Transportation.**

- (1) Any vehicle that is used for transporting children in care, except public bus or train, shall:
  - (a) be enclosed;
  - (b) be equipped with individual, size appropriate safety restraints, properly installed and in working order, for each child being transported;
  - (c) have a current vehicle registration and safety inspection;
  - (d) be maintained in a safe and clean condition;
  - (e) maintain temperatures between 60-90 degrees Fahrenheit when in use;
  - (f) contain a first aid kit; and
  - (g) contain a body fluid clean up kit.
- (2) At least one adult in each vehicle transporting children shall have a current Red Cross, American Heart Association, or equivalent first aid and CPR certification.

- (3) The adult transporting children shall:
  - (a) have and carry with them a current valid Utah driver's license, for the type of vehicle being driven, whenever they are transporting children;
  - (b) have with them written emergency contact information for all of the children being transported;
  - (c) ensure that each child being transported is wearing an appropriate individual safety restraint as required by Utah law;
  - (d) ensure that no child is left unattended by an adult in the vehicle;
  - (e) ensure that all children remain seated while the vehicle is in motion;
  - (f) ensure that keys are never left in the ignition when the driver is not in the driver's seat; and,
  - (g) ensure that the vehicle is locked during transport.

**R430-70-22. Animals.**

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

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

**Authorizing, Implemented, or Interpreted Law: Title 26, Chapter 39**

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