**R430. Health and Human Services, Residential Child Care Licensing.**

**R430-90. Licensed Family Child Care.**

**R430-90-1. Authority and Purpose.**

(1) Section 26B-2-402 authorizes this rule.

(2) This rule establishes the foundational standards necessary to protect the health and safety of children in residential child care facilities and defines the general procedures and requirements to get and maintain a license to provide child care.

**R430-90-2. Definitions.**

(1) Terms used in this rule are defined in Rule R380-600. Additionally:

(2) "Background finding" means information in a background check that the OBP uses to determine if a covered individual is or is not eligible to be involved with child care.

(3) "Barrier" means an enclosing structure including a fence, wall, bars, railing, or solid panel to prevent accidental or deliberate movement through or access to something.

(4) "Body fluid" means blood, urine, feces, vomit, mucus, or saliva.

(5) "Business day" means a day of the week the facility is open for business.

(6) "Business hours" means the hours the facility is open for business.

(7) "CCL" means Child Care Licensing in the Office of Licensing, Division of Licensing and Background Checks under the department that is delegated with the responsibility to enforce the rules under Titles R381 and R430 and Rule R380-600.

(8) "Capacity" means the maximum number of children the provider is allowed to care for at any given time.

(9) "Caregiver" means a covered individual who protects the health and safety of children. A covered individual is a caregiver when they:

(a) count in the caregiver-to-child ratio;

(b) meet the physical or emotional needs of the children, including diapering, toileting, feeding, or protecting them from harm; or

(c) supervise children.

(10) "Caregiver-to-child ratio" means the number of caregivers responsible for a specific number of children.

(11) "Child care" means continuous care and supervision of at least one qualifying child that:

(a) is in place of care ordinarily provided by a parent in the parent's home;

(b) occurs for less than 24 hours a day; and

(c) is provided for direct or indirect compensation.

(12) "Child care program" means a person or business that offers child care.

(13) "Choking hazard" means an object or a removable part on an object with a diameter of less than 1-1/4 inches and a length of less than 2-1/4 inches that could be caught in a child's throat blocking the airway and making it difficult or impossible to breathe.

(14) "Covered individual" means the same as defined in Rule R380-600.

(15) "Crib" means an infant's bed with sides to protect them from falling including a bassinet, porta-crib, or play pen.

(16) "Cushioning" means a shock-absorbing surface under and around play equipment that reduces the severity of injuries from falls.

(17) "Department" means the Utah Department of Health and Human Services.

(18) "Designated play surface" means any:

(a) accessible elevated surface for standing, walking, crawling, sitting or climbing; or

(b) accessible flat surface that is at least two by two inches in size and has an angle less than 30 degrees from horizontal.

(19) "Director" means an individual who meets the director qualifications in this rule, and who assumes the child care program's day-to-day responsibilities for compliance with CCL rules.

(20) "Eligible" means the same as defined in Rule R380-600.

(21) "Entrapment hazard" means an opening greater than 3-1/2 by 6-1/4 inches and less than nine inches in diameter where a child's body could fit through but the child's head could not fit through, potentially causing entrapment and strangulation.

(22) "Experiencing homelessness" means anyone who lacks a fixed, regular, and adequate nighttime residence.

(23) "Facility" means a program or premises approved by OL to be used for child care.

(24) "Group" means the children who the provider assigns to one or more caregivers for their care and supervision.

(25) "Group size" means the total number of children in a group per room or area.

(26) "Guest" means an individual who is not a covered individual and is at the child care facility for a short time with the provider's permission.

(27) "Health care provider" means a licensed health professional, including a physician, dentist, nurse practitioner, or physician's assistant.

(28) "Inaccessible" means out of reach for children by being:

(a) behind a properly secured child safety gate;

(b) if in a bathroom, at least 36 inches above any surface from where a child could stand or climb;

(c) located at least 36 inches above the floor;

(d) locked, including in a locked room, cupboard, or drawer; or

(e) secured with a child safety device, including a child safety cupboard lock or doorknob device.

(29) "Infant" means a child who is younger than 12 months old.

(30) "Infectious disease" means an illness that is capable of being spread from one individual to another.

(31) "Involved with child care" means to do any of the following at or for a child care program:

(a) care for or supervise children;

(b) count in the caregiver-to-child ratio;

(c) have unsupervised contact with a child in care;

(d) own, operate, direct;

(e) reside; or

(f) volunteer.

(32) "License" means a license issued by OL to provide child care services.

(33) "Licensee" means the legally responsible person or business that holds a valid license from OL.

(34) "LIS supported finding" means a supported finding of child abuse or neglect in the Licensing Information System (LIS) database for child abuse and neglect, maintained by the department.

(35) "OBP" means the same as defined in Rule R380-600.

(36) "OL" means the same as defined in Rule R380-600.

(37) "Older toddler" means a child age 18 through 23 months old.

(38) "Over-the-counter medication" means medication that an individual can purchase without a written prescription, including any herbal remedy, vitamin, and mineral supplement.

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

(40) "Play equipment platform" means a flat surface on a piece of stationary play equipment intended for more than one child to stand on and upon which a child can move freely.

(41) "Preschooler" means a child age two through four years old.

(42) "Provider Designee" means the adult delegated by the provider to take the provider's responsibility in the provider's absence.

(43) "Qualifying child" means a child:

(a) child who is younger than 13 years old and is the child of an individual other than the child care provider or caregiver;

(c) child who is younger than four years old and is the child of the provider or a caregiver; or

(b) child with a disability who is younger than 18 years old and is the child of an individual other than the provider or caregiver.

(44) "Related child" means a child for whom a provider is the parent, stepparent, grandparent, step-grandparent, great-grandparent, sibling, step-sibling, aunt, step-aunt, great-aunt, uncle, step-uncle, or great-uncle.

(45) "Residential child care" means care that takes place in a child care provider's home.

(46) "Sanitize" means to use a product or process to reduce contaminants and bacteria to a safe level.

(47) "School-age child" means a child age five through 12 years old.

(48) "Sexually explicit material" means any depiction of actual or simulated sexual conduct.

(49) "Sleeping equipment" means a cot, mat, crib, bassinet, porta-crib, playpen, or bed.

(50) "Stationary play equipment" means equipment, including a climber, slide, swing, merry-go-round, or spring rocker, that is meant to stay in one location when a child uses it. Stationary play equipment does not include a:

(a) playhouse that sits on the ground or floor and does not have an attached slide, swing, or climber;

(b) sandbox;

(c) sensory table; or

(d) stationary circular tricycle.

(51) "Strangulation hazard" means something on which a child's clothes or drawstrings could become caught or something in which a child could become entangled, including:

(a) a protruding bolt end that extends more than two threads beyond the face of the nut;

(b) a rope, cord, or chain that is attached to a structure and is long enough to encircle a child's neck; or

(c) hardware that forms a hook or leaves a gap or space between components including a protruding open S-hook.

(52) "Unsupervised contact" means being with, caring for, communicating with, or touching a child in the absence of a caregiver or other employee who is at least 18 years old and is considered eligible by CCL.

(53) "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.

(54) "Working day" means any day of the week the department is open for business.

(55) "Younger toddler" means a child age 12 through 17 months old.

**R430-90-3. License Required.**

(1) A person shall obtain a license for a residential child care certificate from OL if the person provides care:

(a) for direct or indirect compensation;

(b) for each individual child for less than 24 hours a day;

(c) for four or more hours a day;

(d) for nine or more unrelated children;

(e) in the absence of the child's parent;

(f) in the provider's home; and

(g) on a regularly scheduled, ongoing basis.

(2) OL will not issue a license if care is only for related children or on a sporadic basis.

(3) OL may license a provider to provide child care in a facility that is also licensed by OL if the part of the facility requesting a CCL license is physically separate from the other facility services.

(4) A residential child care provider may not be licensed for more than two facilities at the same time.

(5) An individual shall be licensed by OL as a child care provider if they provide child care in the person's home for more than ten children in total under the age of 13, or under the age of 18 if a child has a disability, regardless of whether a child is related to the person providing child care.

(6) A child care center licensee shall comply with Rule R380-600.

**R430-90-4. Fire and Other Health Inspections.**

(1) If the local fire authority states in writing that an applicant for a new license or a renewal does not require a fire inspection, OL shall verify the applicant's compliance by ensuring:

(a) address numbers and letters are readable from the street;

(b) boiler, mechanical, and electrical panel rooms are not used for storage;

(c) exit doors operate properly and are well maintained;

(d) there are no obstructions in exits, aisles, corridors, and stairways;

(e) there are working smoke detectors that are properly installed on each level of the building; and

(f) there is at least one unobstructed fire extinguisher on each level of the building, currently charged and serviced, and mounted not more than five feet above the floor.

(2) If an applicant for a new license or a renewal serves food and the local health department states in writing that a kitchen inspection is not required, OL shall verify the applicant's compliance by ensuring:

(a) any chemical is stored away from food and food service items;

(b) food is properly stored, kept to the proper temperature, and in good condition;

(c) any reusable food holder, utensil, and food preparation surface is washed, rinsed, and sanitized before each use;

(d) the refrigerator is clean, in good repair, and working at or below 41 degrees Fahrenheit;

(e) there is a working handwashing sink in the kitchen;

(f) there is a working stem thermometer available to check cooking and hot-hold temperatures; and

(g) there is a working thermometer in the refrigerator.

**R430-90-5. Immediate Closure.**

(1) In accordance with Rule R380-600, OL may order the immediate closure of a facility if conditions at the facility create a clear and present danger to any child in care.

(2) Upon receipt of an immediate closure notice, the provider shall give OL the names and mailing addresses of each enrolled child's parent so OL may notify the parents of the immediate closure.

(3) If there is a severe injury or death of a child in care, OL may order a child care provider to suspend services and prohibit new enrollments, pending a review by the Utah Child Fatality Review Committee or a determination of the probable cause of the injury or death by a medical professional.

**R430-90-6. Administration and Children's Records.**

(1) The provider shall:

(a) be at least 18 years old;

(b) be considered eligible by an OBP background check before becoming involved with child care;

(c) complete the new provider training offered by OL; and

(d) complete at least 20 hours of child care training each year, based on the facility's license date.

(2) The provider shall protect children from conduct that endangers any child in care, or is contrary to the health, welfare, and safety of the public.

(3) The provider shall know and comply with applicable federal, state, and local law, ordinance, and rule, and shall be responsible for the operation and management of a child care program.

(4) The provider shall comply with licensing rules any time a child in care is present.

(5) The provider shall post their unaltered child care license on the facility premises in a place readily visible and accessible to the public.

(6) The provider shall post a current copy of OL's Parent Guide at the facility for parent review during business hours or give a current copy to each parent.

(7) The provider shall inform each parent and OL of any changes to the program's telephone number and other contact information within 48 hours of the change.

(8) The provider shall:

(a) have liability insurance; or

(b) inform parents in writing that the provider does not have liability insurance.

(9) The provider shall ensure that a parent completes an admission and health assessment form for their child before the child is admitted into the child care program.

(10) The provider shall ensure that each child's admission and health assessment form includes:

(a) the child's name;

(b) the child's date of birth;

(c) each parent's name, address, and phone number, including a daytime phone number;

(d) the names of individuals authorized by the parent to sign the child out from the facility;

(e) the name, address, and phone number of an individual to be contacted if an emergency happens and the provider cannot contact the parent;

(f) if available, the name, address, and phone number of an out-of-area emergency contact individual for the child;

(g) the parent's permission for emergency transportation and emergency medical treatment;

(h) any known allergy of the child;

(i) any known food sensitivity of the child;

(j) any chronic medical condition that the child may have;

(k) any instructions for special or nonroutine daily health care of the child;

(l) any current ongoing medication that the child may be taking; and

(m) any other special health instructions for the caregiver.

(11) The provider shall ensure that the admission and health assessment form is:

(a) reviewed, updated, and signed or initialed by the parent at least annually; and

(b) kept on-site for review by OL.

(12) Before admitting any child younger than five years old into the program, including the provider's or employees' own child, the provider shall obtain the following documentation from the child's parent:

(a) current immunizations;

(b) a medical schedule to receive required immunizations;

(c) a legal exemption; or

(d) a 90-day exemption for any foster child and child who is experiencing homelessness.

(13) For each child younger than five years old, including the provider's or employees' own child, the provider shall keep the child's current immunization records on-site for review by OL.

(14) The provider shall submit the annual immunization report to the Utah Statewide Immunization Information System by the date specified by the department.

(15) The provider shall ensure that each child's information is confidential and not released without written parental permission except to OL.

**R430-90-7. Personnel and Training Requirements.**

(1) The provider or the provider designee shall be present at the home when a child is in care.

(2) The provider must ensure that, before being left alone with a child, the provider designee:

(a) completes OL's new provider training; and

(b) has current first aid and pediatric CPR certifications.

(3) The provider shall ensure that any covered individual caring for a child is supervised, qualified, and trained to:

(a) comply with licensing requirements under this rule; and

(b) meet the needs of any child as required by this rule.

(4) The provider shall ensure that a caregiver:

(a) completes at least 20 hours of child care training each year, based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year;

(b) completes the 2-1/2 hour preservice training offered by OL before becoming involved with child care;

(c) is at least 16 years old;

(d) is considered eligible by an OBP background check before becoming involved with child care;

(e) is introduced to other staff and to the caregiver's assigned group of children;

(f) knows and follows any applicable laws and requirements under this rule; and

(g) reviews the information in each child's health assessment in the caregiver's assigned group, including any allergy, food sensitivity, and other individual needs.

(5) The provider shall ensure that any other staff, including any driver, cook, and clerk:

(a) completes the 2-1/2 hour preservice training offered by OL before becoming involved with child care;

(b) knows and follows any applicable law and this rule; and

(c) is considered eligible by an OBP background check before becoming involved with child care.

(6) The provider shall ensure that each volunteer is considered eligible by an OBP background check before becoming involved with child care.

(7) The provider shall submit a background check as required in Section R430-90-8 for each guest who is 12 years old and older and stays in the home for more than two weeks.

(8) The provider shall ensure that each household member who is:

(a) 12 to 17 years old is considered eligible by an OBP background check; and

(b) 18 years old or older is considered eligible by an OBP background check that includes fingerprints.

(9) The provider shall ensure that an individual who provides an Individualized Educational Plan or Individualized Family Service plan services including any physical, occupational, or speech therapist:

(a) provides identification before having access to the facility or to a child at the facility; and

(b) has received the child's parent's permission for services to take place at the facility.

(10) The provider shall ensure that any individual from law enforcement, Child Protective Services, the department, and any similar entity provides identification before having access to the facility or to a child at the facility.

(11) The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by OL that includes at least the following topics:

(a) administration of medication;

(b) applicable laws and requirements under Rule R381-70;

(c) building and physical premises safety;

(d) child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;

(e) children whose special needs may include a disability;

(f) emergency preparedness, response, and recovery plan;

(g) pediatric first aid and CPR;

(h) precautions in transporting children;

(i) prevention and control of infectious diseases including immunizations;

(j) prevention of and response to emergencies due to food and allergy reactions;

(k) prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies;

(l) prevention of sudden infant death syndrome and the use of safe sleeping practices;

(m) prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;

(n) recognizing the signs of an individual experiencing homelessness and available assistance; and

(o) safe handling and disposal of hazardous materials and bio contaminants.

(12) The provider shall ensure that annual child care training includes at least each topic listed in:

(a) administration of medication;

(b) building and physical premises safety;

(c) child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;

(d) children with special needs;

(e) emergency preparedness, response, and recovery plan;

(f) pediatric first aid and CPR;

(g) prevention and control of infectious diseases including immunizations;

(h) precautions in transporting children;

(i) prevention of and response to emergencies due to food and allergy reactions;

(j) prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies;

(k) prevention of sudden infant death syndrome and the use of safe sleeping practices;

(l) prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;

(m) recognizing the signs of an individual experiencing homelessness and available assistance;

(n) safe handling and disposal of hazardous materials and bio contaminants; and

(o) Sections R430-90-7 through R430-90-24.

(13) The provider shall ensure that at least half of the required annual training is interactive.

(14) The provider shall ensure that documentation of each individual's annual child care training is on-site for review by OL and includes the:

(a) date of the training;

(b) name of the individual or organization that presented the training;

(c) total hours or minutes of the training;

(d) training topic; and

(e) whether the training was interactive or not.

(15) The provider shall ensure that at least one covered individual with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR certification is present when a child is in care:

(a) at each offsite activity;

(b) at the facility; and

(c) in each vehicle transporting a child.

(16) The provider shall ensure that CPR certification includes hands-on testing.

(17) The provider shall ensure that the following records for each caregiver and volunteer are on-site for review by OL:

(a) the date of initial employment or association with the program;

(b) a current pediatric first aid and CPR certification, if required in this rule; and

(c) a six-week record of the times worked each day.

**R430-90-8. Background Checks.**

(1) Before a new covered individual becomes involved with child care, the provider shall use the licensing provider portal search to verify that the individual is eligible and:

(a) associate that individual with the provider's facility; or

(b) not associate the individual if the individual is associated with another CCL facility and the new individual will be at the facility for no more than one business day.

(2) Before a new covered individual who does not appear in the licensing provider portal search becomes involved with child care in the program, the provider must require the individual to submit an online background check application and fingerprints for any individual age 16 years old and older, except for any individual 12-17 years old who is only listed as a household member and:

(a) authorize the individual's background check through the licensing provider portal;

(b) pay any required fee; and

(c) only allow the individual to be involved with child care if they have an eligible OBP background check determination.

(3) To keep a covered individual's background check eligibility current, the provider shall require the covered individual to submit a new background check application, fingerprints, and any fee if the covered individual has:

(a) not been associated with an active, CCL approved child care facility within the past 180 days;

(b) resided outside of Utah since their last background check was completed; or

(c) turned 18 years old and has not previously submitted fingerprints for an OBP background check, except when the 18-year-old has previously submitted fingerprints for an OBP background check, then only a new background check application is required.

(4) Within ten working days from when a child who resides in the facility turns 12 years old, the provider shall ensure that an online background check application is submitted, and:

(a) authorize the child's background check through the licensing portal; and

(b) pay any required fee.

(5) The provider shall ensure that fingerprints are prepared by a local law enforcement agency or an agency approved by local law enforcement.

(6) If a covered individual submits fingerprints electronically through live scan, the provider shall ensure that the agency taking the fingerprints is one that follows OBP's fingerprinting requirements.

(7) OBP may consider a covered individual not eligible for any of the following reasons:

(a) a pending charge for a felony offense;

(b) any felony conviction;

(c) any of the reasons listed under Subsection (8);

(d) LIS supported findings that occurred no more than 15 years from the date the application was submitted;

(e) the covered individual knowingly making a false statement related to their background check;

(f) the covered individual refusing to consent to the criminal background check; or

(g) the covered individual's name appearing on the Utah or national sex offender registry.

(8) OBP may also consider a covered individual not eligible if the individual has been convicted, has pled no-contest, or is currently subject to a plea and abeyance or diversion agreement for any of the following pending charges or convictions, regardless of severity:

(a) child pornography;

(b) driving under the influence while a child is present in the vehicle;

(c) lewdness involving a child;

(d) pornographic material or performance;

(e) providing dangerous weapons or firearms to a minor;

(f) sexual battery;

(g) sexual enticing of a minor;

(h) sexual exploitation;

(i) voyeurism; or

(j) any crime against an individual.

(9) OBP shall consider a covered individual eligible if the only background finding is a conviction or plea of no contest to a nonviolent drug offense that occurred ten or more years before OBP conducted the background check.

(10) If the provider is not eligible by OBP, OL may suspend or deny their license until the reason for the background check finding is resolved.

(11) If a covered individual is considered not eligible by OBP, including if the individual has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor, the provider shall prohibit that individual from being employed by the child care program or residing at the facility until the reason for the background check finding is resolved.

(12) If OBP denies a covered individual a license or employment by the provider based upon the criminal background check and the covered individual disagrees with the information provided by the Department of Public Safety (DPS), the covered individual may appeal the information to DPS.

(13) The provider and the covered individual shall notify OBP within 48 hours of becoming aware of a covered individual's arrest warrant, felony or misdemeanor arrest, charge, conviction, or LIS supported finding. Failure to notify OBP within 48 hours may result in disciplinary action, including license revocation.

(14) The OBP director or designee may consider any additional relevant background information in making the decision to grant, deny, or continue an eligible determination on a background check, including:

(a) intervening circumstances regarding an offense or finding;

(b) steps taken to correct or improve since any offense or finding;

(c) surrounding circumstances of an offense or finding;

(d) the length of time since an offense or finding; and

(e) the type and number of offenses or findings.

(15)(a) OBP shall rely on relevant information from Subsections (7) and (8) as conclusive evidence and may deny a covered individual based on that information.

(b) When a covered individual no longer works for the program, the provider shall separate that employee in the program's roster in the online system within five days of the employee's separation from the program.

(c) A covered individual may resubmit a denied application to OBP no sooner than two years from the date of separation or upon substantial change to the covered individual's circumstances.

(16) If OBP determines evidence exists that a covered individual has been arrested or charged with an offense that may be denied under Subsections (7) and (8), the Division of Licensing and Background Checks may act to protect the health and safety of a child.

(17) The provider may only allow a covered individual with a pending arrest or criminal charge to access a child when:

(a) OBP has authorized conditional access; and

(b) the provider demonstrates to OBP that the work arrangement does not pose a threat to the health or safety of any child.

(18) A covered individual may request a hearing, in accordance with Section R497-100-5, within 15 calendar days of being informed in writing of any OBP decision.

**R430-90-9. Facility.**

(1) The provider shall ensure that there is at least 35 square feet of indoor space for each child in care, including the provider's or employee's own child.

(2) The provider may include floor space used for furniture, fixtures, or equipment as indoor space per child if the furniture, fixture, or equipment is used:

(a) by children;

(b) for the care of children; or

(c) to store materials for children.

(3) When measuring indoor space for children's use, the provider may not include any:

(a) bathroom;

(b) closet;

(c) entryway;

(d) hallway; and

(e) lobby.

(4) The provider shall ensure that the number of children in care at any given time does not exceed the capacity identified on the license, except when providing after school child care for up to three additional school-age children.

(5)(a) The provider shall ensure that any building or play structure on the premises constructed before 1978 that has peeling, flaking, chalking, or failing paint undergoes a test for lead.

(b) If there is lead-based paint at the facility, the provider shall contact their local health department within five working days and follow required procedures for remediation of the lead hazard.

(6) The provider shall ensure that each room and indoor area that children use is ventilated by mechanical ventilation or by windows that open and have screens.

(7) The provider shall ensure that rooms and areas have adequate light intensity for the safety of the children and the type of activity the provider is conducting.

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

(9) The provider shall ensure that there is a working telephone:

(a) at the facility;

(b) during any offsite activity; and

(c) in each vehicle while transporting a child.

(10) The provider shall ensure that there is at least one working toilet and one working handwashing sink accessible to each nondiapered child in care.

(11) The provider shall ensure that there is a bathroom that provides privacy available for use by any school-age child.

(12) If there is a swimming pool on the premises that the provider does not empty after each use, the provider shall:

(a) maintain the pool in a safe manner;

(b) meet applicable state and local laws and ordinances related to the operation of a swimming pool; and

(c) when not in use:

(i) cover the pool with a commercially made safety enclosure that is installed according to the manufacturer's instructions or

(ii) enclose the pool within at least a four-foot-high fence or solid barrier that is kept locked and that separates the pool from any other areas on the premises.

(13) If there is a hot tub with water in it on the premises, the provider shall make the hot tub inaccessible to children by:

(a) keeping the hot tub locked with a properly working cover; or

(b) enclosing the hot tub within at least a four-foot-high fence or solid barrier that is locked and that separates the hot tub from any other areas on the premises.

(14) The provider shall maintain any building and outdoor area in good repair and safe condition, including any:

(a) ceiling, wall, and floor covering;

(b) drape, blind, and other window covering;

(c) entrance, exit, step, and walkway, including keeping them free of ice, snow, and other hazards;

(d) furniture, toy, and material accessible to a child;

(e) indoor and outdoor equipment; and

(f) lighting, bathroom, and other fixture.

(15) The provider shall ensure that a protective barrier of at least three feet or higher exists for:

(a) any accessible raised deck or balcony that is five feet or higher; and

(b) any open stairwell that is five feet or deeper.

(16) If the house is subdivided, any part of the building is rented out, or any area of the facility is shared including the outdoor area, OL may inspect the entire facility and the provider shall ensure that covered individuals in the facility comply with this rule, except when:

(a) there are no connecting interior doorways that can be used by an unauthorized individual;

(b) there is a separate entrance for the child care program;

(c) there is a separate mailing address for the rented area;

(d) there is a signed rental or lease agreement for the rented area; and

(e) there is no shared access to the outdoor area, unless a qualified caregiver is with the children each time children in care are using the outdoor area.

(17) The provider shall ensure that there is an outdoor area that is safely accessible to any child.

(18) The provider shall ensure that the outdoor area has at least 40 square feet of space for each child using the area at one time.

(19) The provider shall ensure that the outdoor area is enclosed within a fence, wall, or solid natural barrier that is at least four feet high if the facility is on a street or within a half mile of a street that:

(a) has a speed of 25 miles per hour or higher; or

(b) has more than two lanes of traffic.

(20) The provider shall ensure that the following hazards are separated from the children's outdoor area with a fence, wall, or solid natural barrier that is at least four feet high:

(a) a drop-off of more than five feet on or within 50 yards of the property line;

(b) a water hazard, including:

(i) a creek;

(ii) a ditch;

(iii) a lake;

(iv) a pond;

(v) a pool;

(vi) a reservoir;

(vii) a river;

(viii) a swimming pool; or

(ix) an animal watering trough, on or within 100 yards of the property line;

(c) any barbed wire that is within 30 feet of the children's play area;

(d) any dangerous machinery, including farm equipment, on or within 50 yards of the property line; and

(e) any livestock on or within 50 yards of the property line.

(21) The provider shall ensure that there is no gap five by five inches or greater in or under the outdoor area fence or barrier.

(22) The provider shall ensure that there is shade available to protect any child from excessive sun and heat when in the outdoor area.

**R430-90-10. Ratios and Group Size.**

(1) The provider shall maintain at least:

(a) one caregiver for up to eight children in care; and

(b) two caregivers for nine to 16 children in care.

(2) The provider shall include the provider's and employee's own child age four years old or older in care:

(a) in the group size when the parent of the child is working at the facility; and

(b) in the group size and the caregiver-to-child ratio when the parent of the child is not working at the facility.

(3) When caring for children younger than two years old, the provider shall ensure that:

(a) there is at least one caregiver for every three children younger than two years old;

(b) each caregiver cares for no more than two children younger than 18 months old; and

(c) there are at least two caregivers if more than three children younger than two years old are present and there are more than six children in care.

(4) The provider may not exceed the group sizes found in Table 1 and Table 2.

|  |  |  |
| --- | --- | --- |
| TABLE 1  Maximum Group Size With One Caregiver | | |
| Number of provider's and caregiver's own children ages 4-12 years present during child care hours | Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old | Total number of children present in the home during child care hours |
| 0-4 children | 8 children | 12 children |
| 5 children | 7 children | 12 children |
| 6 children | 6 children | 12 children |
| 7 children | 5 children | 12 children |
| 8 children | 4 children | 12 children |
| 9 children | 3 children | 12 children |
| 10 children | 2 children | 12 children |
| 11 children | 1 child | 12 children |

|  |  |  |
| --- | --- | --- |
| TABLE 2  Maximum Group Size With Two Caregivers | | |
| Number of provider's and caregiver's own children ages 4-12 years present during child care hours | Maximum allowed number of children in care, including the provider's and caregivers' own children younger than 4 years old | Total number of children present in the home during child care hours |
| 0-8 children | 16 children | 24 children |
| 9 children | 15 children | 24 children |
| 10 children | 14 children | 24 children |
| 11 children | 13 children | 24 children |
| 12 children | 12 children | 24 children |
| 13 children | 11 children | 24 children |
| 14 children | 10 children | 24 children |
| 15 children | 9 children | 24 children |
| 16 children | 8 children | 24 children |
| 17 children | 7 children | 24 children |
| 18 children | 6 children | 24 children |
| 19 children | 5 children | 24 children |
| 20 children | 4 children | 24 children |
| 21 children | 3 children | 24 children |
| 22 children | 2 children | 24 children |
| 23 children | 1 child | 24 children |

(5) The provider may include caregivers and volunteers who are 16 or 17 years old in the caregiver-to-child ratio.

(6) The provider shall ensure that guests do not count in caregiver-to-child ratio.

**R430-90-11. Child Supervision and Security.**

(1) The provider shall ensure that each caregiver provides and maintains active supervision of each child, including:

(a) being in the outdoor area when a child younger than five years old is in the outdoor area;

(b) being inside the home when a child in care is inside the home;

(c) each child receives in-person interaction with a caregiver at least every 15 minutes;

(d) focusing attention on the children and not on caregivers' personal interests; and

(e) knowing the number of children in their care at any time.

(2) The provider shall ensure a 16 or 17 year old staff or household member may only have unsupervised contact with a child in care, including during offsite activities and transportation, if:

(a) the director or the director designee is physically present and available as needed; and

(b) the staff or household member is not a volunteer.

(3) The provider may not assign a staff member, volunteer, or household member who is younger than 16 years old to care for or supervise any child in care.

(4) The provider shall ensure that any guest does not have unsupervised contact with any child in care, including during any offsite activity and transportation.

(5) The provider shall ensure that any parent of a child in care does not have unsupervised contact with any child in care, except with their own child.

(6) The provider may allow school-age children to go outdoors while caregivers are indoors if:

(a) a caregiver can hear the children when children are outdoors; and

(b) the children are in an area completely enclosed within a fence, wall, or solid natural barrier that is at least four feet high.

(7) The provider shall ensure that a caregiver monitors each sleeping infant by:

(a) personally observing each sleeping infant at least once every 15 minutes; or

(b) placing each infant to sleep within the sight and hearing of a caregiver.

(8) The provider may allow a child to participate in supervised offsite activities without a caregiver if:

(a) the provider has prior written permission from the child's parent for the child's participation; and

(b) the provider has clearly assigned the responsibility for the child's whereabouts and supervision to a responsible adult who accepts that responsibility throughout the period of the offsite activity.

(9) The provider shall ensure that parents have access to their child and the areas used to care for their child when their child is in care.

(10) To maintain security and supervision of children, the provider shall ensure that:

(a) any individual signing a child in and out uses an identifier, including a signature, initials, or electronic code;

(b) each child is signed in and out in accordance with this section;

(c) only a child's parent or an individual with written authorization from the parent may sign-out a child;

(d) photo identification is required if the individual signing the child out is unknown to the provider;

(e) the sign-in and sign-out records include the date and time each child arrives and leaves; and

(f) there is written permission from the child's parent if children sign themselves in or out.

(11) In an emergency, the provider shall accept the parent's verbal authorization to release a child if the provider can confirm the identity of:

(a) the person giving verbal authorization; and

(b) the person picking up the child.

(12) The provider shall ensure that a six-week record of each child's daily attendance, including sign-in and sign-out records, is on-site for review by OL.

**R430-90-12. Child Guidance and Interaction.**

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

(2) The provider shall inform each child, each parent, and anyone who interacts with any child in care of the facility's behavioral expectations and how any misbehavior will be handled.

(3) The provider shall ensure that any individual who interacts with a child guides the child's behavior by using positive reinforcement, redirection, and by setting clear limits that promote the child's ability to become self-disciplined.

(4) The provider shall ensure that each caregiver uses use gentle, passive restraint with a child only when it is needed to protect a child from injuring themselves or others, or to stop a child from destroying property.

(5) The provider shall ensure that each interaction with a child does not include:

(a) any action that produces physical pain or discomfort, including hitting, spanking, shaking, biting, or pinching;

(b) any form of corporal punishment;

(c) any form of emotional mistreatment;

(d) confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage;

(e) forcing or withholding food, rest, or toileting;

(f) restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint; or

(g) shouting at children.

(6) Any individual who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in state law.

**R430-90-13. Child Safety and Injury Prevention.**

(1) The provider shall ensure that any child and staff use each building, outdoor area, toy, and any equipment safely and as intended by the manufacturer to prevent injury to children.

(2) The provider shall ensure that any poisonous or harmful plant is inaccessible to children.

(3) The provider shall ensure that any sharp object, edge, corner, or point that could cut or puncture skin is inaccessible to children.

(4) The provider shall ensure that any choking hazard is inaccessible to any child younger than three years old.

(5) The provider shall ensure that any strangulation hazard, including any rope, cord, chain, and wire attached to a structure and long enough to encircle a child's neck is inaccessible to children.

(6) The provider shall ensure that any tripping hazard including unsecured flooring, any rug with a curled edge, or cord in a walkway is inaccessible to children.

(7) The provider shall ensure that any empty plastic bag large enough for a child's head to fit inside, any latex glove, or balloon is inaccessible to any child younger than five years old.

(8) The provider shall ensure that standing water that measures two inches or deeper and five by five inches or greater in diameter is inaccessible to children.

(9) The provider shall ensure that any toxic or hazardous chemical, including any cleaner, insecticide, lawn product, and flammable, corrosive, and reactive material is:

(a) disposed of properly;

(b) inaccessible to any child;

(c) stored in a container labeled with the contents of the container; and

(d) used according to manufacturer instructions.

(10) The provider shall ensure that the following items are inaccessible to children:

(a) cigarette lighters;

(b) hot wax or other hot substances;

(c) matches;

(d) open flames; and

(e) when in use, portable space heaters, wood burning stoves, and fireplaces.

(11) The provider shall ensure that the following items are inaccessible to a child:

(a) any live electrical wire; and

(b) for a child younger than five years old, any electrical outlet and surge protector without a protective cap or safety device when not in use.

(12) Unless used and stored as allowed by any state or federal law, the provider shall ensure that any firearm, including a gun, muzzleloader, rifle, shotgun, handgun, pistol, and automatic gun, is:

(a) locked in a cabinet or area using a key, combination lock, or fingerprint lock; and

(b) stored unloaded and separate from ammunition.

(13) The provider shall ensure that any weapon, including a paintball gun, BB gun, airsoft gun, sling shot, arrow, and mace, is inaccessible to children.

(14) The provider shall ensure that any alcohol, illegal substance, or sexually explicit material is inaccessible and not used on the premises, during any offsite activity, or in any facility vehicle any time a child is in care.

(15) The provider shall ensure that an outdoor source of drinking water, including individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child when the outside temperature is 75 degrees Fahrenheit or higher.

(16) The provider shall ensure that each area accessible to a child is free of any heavy or unstable object that a child could pull down on themselves, including any furniture, unsecured television, and standing ladder.

(17) The provider shall ensure that hot water accessible to a child does not exceed 120 degrees Fahrenheit.

(18) The provider shall ensure that highchairs that are used by children have T-shaped safety straps or safety devices that are used when a child is in the chair.

(19) The provider shall ensure that infant walkers with wheels are inaccessible to children.

(20) The provider shall ensure that any tobacco, e-cigarette, e-juice, e-liquid, or similar product is inaccessible and, in compliance with Title 26, Chapter 38, Utah Indoor Clean Air Act, is not used:

(a) in a facility or any other building when a child is in care;

(b) in any vehicle that is being used to transport a child in care;

(d) in any outdoor area or within 25 feet of any outdoor area occupied by a child in care;

(c) within 25 feet of any entrance to a facility or other building occupied by a child in care.

**R430-90-14. Emergency Preparedness, Response, and Recovery.**

(1) The provider shall develop and follow a written emergency preparedness, response, and recovery plan that:

(a) includes a procedure for:

(i) accommodating a child with a disability;

(ii) accommodating a child with a chronic medical condition;

(iii) accommodating any infant and toddler;

(iv) communication with and reunification of families;

(v) continuity of operations;

(vi) evacuation;

(vii) lockdown;

(viii) relocation; and

(ix) shelter in place.

(b) includes instructions to follow if there is an allergy, serious reaction to food, or any other trigger that may affect a child's health; and

(c) is followed if an emergency happens, unless otherwise instructed by emergency personnel.

(2) The provider shall post the facility's street address and any emergency numbers, including at least fire, police, and poison control, near each telephone or in an area clearly visible to anyone needing the information.

(3) The provider shall keep first aid supplies in the facility, including at least antiseptic, bandages, and tweezers.

(4) The provider shall conduct a fire evacuation drill at least quarterly and ensure each drill includes a complete exit of each child, staff member, and volunteer from the building.

(5) The provider shall document each fire drill, including:

(a) any problems encountered and remediation;

(b) the date and time of the drill;

(c) the name of the individual supervising the drill;

(d) the number of children participating; and

(e) the total time to complete the evacuation.

(6) The provider shall conduct a drill for disasters, other than fires, at least once every six months.

(7) The provider shall document each disaster drill, including:

(a) any problems encountered and remediation;

(b) the date and time of the drill;

(c) the name of the individual supervising the drill;

(d) the number of children participating; and

(e) the type of disaster, including earthquake, flood, prolonged power or water outage, or tornado;

(8) The provider shall vary the days and times when fire and other disaster drills are held.

(9) The provider shall keep documentation of the previous 12 months of fire and disaster drills on-site for review by OL.

(10) The provider shall:

(a) give each parent a written report on the day of occurrence of each incident, accident, or injury involving their child;

(b) ensure the report has the signatures of the caregivers involved, the provider, and the individual picking up the child; and

(c) if a school-age child signs themselves out of the facility, send a copy of the report to the parent on the day following the occurrence.

(11) If a child is injured and the injury appears serious but not life-threatening, the provider shall contact the child's parent immediately.

(12) If a life-threatening injury to a child, or an injury that poses a threat of the loss of vision, hearing, or a limb happens, the provider shall:

(a) call emergency personnel immediately;

(b) contact the parent after emergency personnel are called; and

(c) if the parent cannot be reached, try to contact the child's emergency contact individual.

(13) If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall:

(a) submit a completed accident report form to OL within the next business day of the incident; or

(b) contact OL within the next business day and submit a completed accident report form within five business days of the incident.

(14) The provider shall keep a six-week record of each incident, accident, and injury report on-site for review by OL.

(15) If the provider must leave the children due to an emergency and a background checked covered individual who is at least 18 years old or older is not available to stay with the children, the provider may leave the children in the care of an emergency substitute who:

(a) is at least 18 years old;

(b) substitutes the caregiver for the minimum time possible and for less than one business day; and

(c) signs a written background statement before being left alone with the children.

(16) Before leaving for the emergency, the provider must obtain a signed, written background statement from the emergency substitute stating that the emergency substitute:

(a) has not been convicted of a felony;

(b) has not been convicted of a crime against a person;

(c) is not listed on the state or national sex offender registry; and

(d) is not being investigated for abuse or neglect by any federal, state, or local government agency.

(17) Within five working days after the occurrence, the provider shall submit emergency substitute's written background statements to OBP for review.

(18) The provider shall ensure compliance with incident reporting in accordance with Subsection R380-600-7(16).

**R430-90-15. Health and Infection Control.**

(1) The provider shall maintain the building, furnishings, equipment, and outdoor area including keeping:

(a) any frequently touched surface, including each doorknob and light switch, clean and sanitized;

(b) each area and any equipment used for the storage, preparation, and service of food clean and sanitized;

(c) each surface free of rotting food or a build-up of food;

(d) each wall and floor clean and free of spills, dirt, and grime;

(e) the building and grounds free of a build-up of litter and garbage; and

(f) the building and grounds free of animal feces.

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

(3) The provider shall clean and sanitize any toy and material used by a child:

(a) at least once a week or more often if needed;

(b) after being put in a child's mouth and before another child plays with the toy; and

(c) after being contaminated by a body fluid.

(4) The provider shall ensure that any fabric toy and item including any stuffed animal, cloth doll, pillow cover, and dress-up clothing is machine washable and if used, washed at least each week or as needed.

(5) The provider shall clean and sanitize each highchair tray before each use.

(6) The provider shall clean and sanitize each water play table or tub daily, if used by a child.

(7) The provider shall clean and sanitize each bathroom surface including each toilet, sink, faucet, toilet and sink handle, and counter each business day.

(8) The provider shall clean and sanitize each potty chair after each use.

(9) The provider shall ensure that toilet paper is accessible and kept in a dispenser.

(10) The provider shall ensure that each staff member and volunteer washes their hands thoroughly with liquid soap and running water:

(a) after cleaning up or taking out garbage;

(b) after contact with a body fluid;

(c) after using the toilet or helping a child use the toilet;

(d) before and after eating meals and snacks or feeding a child;

(e) before handling or preparing food or bottles;

(f) upon arrival; and

(g) when coming in from outdoors.

(11) The provider shall ensure that each caregiver teaches each child how to wash the child's hands thoroughly and that the caregiver oversees handwashing when possible.

(12) The provider shall ensure that each child washes their hands thoroughly with liquid soap and running water:

(a) after contact with a body fluid;

(b) after using the toilet;

(c) before and after eating meals and snacks;

(d) before using a water play table or tub;

(e) upon arrival; and

(f) when coming in from outdoors.

(13) The provider shall ensure that only single-use towels, an electric hand dryer, or individually labeled cloth towels are used to dry hands.

(14) The provider shall ensure that if cloth towels are used, cloth towels are:

(a) not shared; and

(b) washed daily.

(15) The provider shall ensure that any personal hygiene items, including a toothbrush, comb, and hair accessory, are not shared and are stored so they do not touch each other or they are sanitized between each use.

(16) The provider shall ensure that any pacifier, bottle, and nondisposable drinking cup is:

(a) labeled with each child's name or individually identified; and

(b) not shared, or washed and sanitized before being used by another child.

(17) The provider shall ensure the prompt change of a child's clothing if the child has a toileting accident.

(18) The provider shall ensure that a child's clothing that is wet or soiled from a body fluid is:

(a) not rinsed or washed at the center;

(b) placed in a leakproof container that is labeled with the child's name; and

(c) returned to the parent or thrown away with parental consent.

(19) The provider shall ensure that staff take precautions when cleaning any floor, furniture, or other surface contaminated by blood, urine, feces, or vomit, and ensure that, except for diaper changes and toileting accidents, staff cleaning these bodily fluids shall:

(a) clean the surface using a detergent solution;

(b) rinse the surface with clean water;

(c) sanitize the surface;

(d) throw away, in a leakproof plastic bag, any disposable material, including paper towels, that were used to clean up the body fluid;

(e) wash and sanitize any non-disposable material used to clean up the body fluid, including any cleaning cloth, mop, or reusable rubber glove, before reusing it;

(f) wear waterproof gloves; and

(g) wash their hands after cleaning up the body fluid.

(20) If a child becomes ill while in care, the provider shall:

(a) as soon as the illness is observed or suspected, contact the child's parent or, if the parent cannot be reached, an individual listed as the emergency contact; and

(b) if the child is ill with an infectious disease, make the child comfortable in a safe, supervised area that is separated from any other child until the parent arrives.

(21) The provider shall notify the parents of each child in care if any child, employee, or person in the home has an infectious disease or parasite on the day the illness is discovered.

(22) If any child or employee has an infectious disease, an unusual or serious illness, or a sudden onset of an illness, the provider shall notify the local health department on the day the illness is discovered.

(23) To prevent contamination of food, the spread of foodborne illnesses, and other diseases, the provider shall ensure that an individual with an infectious disease, or showing symptoms including diarrhea, fever, coughing, or vomiting, does not prepare or serve foods.

**R430-90-16. Food and Nutrition.**

(1) The provider shall ensure that each child two years old and older is offered a meal or snack at least once every three hours.

(2) If the provider supplies food for children's meals or snacks, the provider shall ensure that:

(a) the meal service meets local health department food service rules;

(b) the foods that are served meet the nutritional requirements of the USDA Child and Adult Care Food Program (CACFP) whether or not the provider participates in the CACFP;

(c) the provider uses the CACFP meal pattern requirements, the standard OL-approved menus, or menus approved by a registered dietitian, and that dietitian approval is noted and dated on the menus, and current within the past five years;

(d) the current week's menu is posted for review by parents and OL; and

(e) if not participating or in good standing with the CACFP, keep a six-week record of foods served at each meal and snack.

(3) The provider shall ensure that the individual who serves food to a child:

(a) is aware of each child in their assigned group who has any food allergy or sensitivity; and

(b) ensures that a child is not served the food that the child is allergic or sensitive to.

(4) The provider may not place a child's food on a bare table, and shall serve a child's food on a dish, napkin, or sanitary highchair tray, except an individual finger food, including a cracker, that may be placed directly in a child's hand.

(5) If a parent brings food and drink for their child's use, the provider shall ensure that the food and drink is:

(a) consumed only by that child;

(b) labeled with the child's name; and

(c) refrigerated if needed.

**R430-90-17. Medications.**

(1) The provider shall make medications inaccessible to children in care.

(2) The provider shall lock any refrigerated medication or store it at least 36 inches above the floor and, if liquid, store it in a separate leakproof container.

(3) If a parent supplies any over-the-counter or prescription medication, the provider shall ensure that medication:

(a) is labeled with the child's full name;

(b) is stored in the original or pharmacy container; and

(c) has the original label.

(4) The provider shall obtain a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.

(5) The provider shall ensure that the medication permission form includes at least:

(a) a parent signature and the date signed;

(b) any written instructions for administration;

(c) the name of the child; and

(d) the name of the medication.

(6) The provider shall ensure that instructions for administering the medication include at least:

(a) how the medication will be given;

(b) the disease or condition being treated; and

(c) the dosage; and

(d) the times and dates to administer the medication.

(7) If the provider supplies an over-the-counter medication for a child's use, the provider shall ensure that no staff administer the medication to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent is:

(a) written; or

(b) verbal, if the date and time of the consent is documented and signed by the parent upon picking up their child.

(8) The provider shall ensure that the staff administering the medication:

(a) checks the medication label to confirm the child's name if the parent supplied the medication;

(b) checks the medication label or the package to ensure that a child is not given a dosage larger than that recommended by the health care professional or manufacturer;

(c) washes their hands; and

(d) administers the medication.

(9) The provider shall ensure that immediately after administering a medication, the staff giving the medication records:

(a) any error in administering the medication or adverse reactions;

(b) the date, time, and dosage of the medication given; and

(c) their signature or initials.

(10) The provider shall report to the parent a child's adverse reaction to a medication or error in administration of the medication immediately upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening.

(11) The provider shall notify the parent before the scheduled medication dosage to a child if the provider chooses not to administer medication as instructed by the parent.

(12) The provider shall keep a six-week record of medication permission and administration forms on-site for review by OL.

**R430-90-18. Activities.**

(1) The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.

(2) The provider shall ensure that daily activities include outdoor play as weather and air quality allow.

(3) The provider shall ensure that physical development activities include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every two hours that children spend in the program.

(4) For each child two years old and older, the provider shall post a daily schedule that includes:

(a) activities that support children's healthy development; and

(b) the times activities occur including at least meal, snack, nap or rest, and outdoor play times.

(5) The provider shall ensure that any toy, material, and equipment needed to support a child's healthy development is available to each child.

(6) Except for occasional special events, the provider shall ensure that each child's primary screen time activity on media, including any television, cell phone, tablet, and computer, is:

(a) not allowed for a child zero to 17 months old;

(b) limited for a child 18 months to four years old to one hour a day, or five hours a week with a maximum screen time of two hours per activity; and

(c) planned to address the needs of a child five to 12 years old.

(7) If the provider offers swimming activities, or if a wading pool is used, the provider shall ensure that:

(a) a caregiver stays at the pool supervising when a child is in the pool or has access to the pool, and when an accessible pool has water in it;

(b) any diapered child wears a swim diaper when the child is in the pool;

(c) each lifeguard and pool personnel does not count toward the caregiver-to-child ratio;

(d) each wading pool is emptied and sanitized after use by each group of children;

(e) if the pool is deeper than four feet, there is a lifeguard on duty who is certified by the Red Cross or another approved certification program any time a child has access to the pool; and

(f) the parent gives permission before their child uses the pool.

(8) If the provider offers offsite activities, the provider shall ensure that:

(a) a child's name is not used on a nametag, t-shirt, or in any other visible way;

(b) first aid supplies, including at least antiseptic, bandages, and tweezers are available;

(c) the child's parent gives written consent before each activity;

(d) the required caregiver-to-child ratio and supervision are maintained during the entire activity; and

(e) there is a way for each child and caregiver to wash their hands with soap and water, or, if there is no source of running water, with a wet wipe or hand sanitizer.

(9) The provider shall ensure that a caregiver with the children takes the emergency information and releases for each child in the group on each offsite activity, and that the information includes at least:

(a) the child's name;

(b) the parent's name and phone number;

(c) the name and phone number of a person to notify if there is an emergency and the parent cannot be contacted;

(d) the name of any person authorized by the parent to pick up the child; and

(e) current emergency medical treatment and emergency medical transportation releases.

**R430-90-19. Play Equipment.**

(1) The provider shall ensure that children using play equipment use it safely and as intended by the manufacturer.

(2) The provider shall ensure that, when in use, stationary play equipment is not placed on a hard surface including concrete, asphalt, dirt, or the bare floor.

(3) Except for trampolines, the provider shall ensure that stationary play equipment with a designated play surface that is 18 inches high or higher:

(a) has a surrounding three-foot use zone, free of hard objects or surfaces, that extends from the outermost edge of the equipment;

(b) has cushioning that covers the entire required use zone; and

(c) is stable or securely anchored.

(4) OL may consider a trampoline on the premises is inaccessible to children in care if the trampoline:

(a) is enclosed behind a locked fence or safety net that is at least three feet high;

(b) has no jumping mat; or

(c) is placed upside down.

(5) The provider shall ensure that each accessible trampoline without a safety net enclosure has at least a six-foot use zone that is measured from the outermost edge of the trampoline frame, and that is free from any structure or object including play equipment, trees, and fences.

(6) The provider shall ensure that each accessible trampoline with a properly installed, used as specified by the manufacturer, and in good repair safety net enclosure has at least a three-foot use zone that is measured from the outermost edge of the trampoline frame, and that is free from any structure or object including play equipment, trees, and fences.

(7) The provider shall ensure that each accessible trampoline with or without a safety net enclosure is placed over:

(a) grass;

(b) a six-inch deep cushioning; or

(c) other commercial cushioning.

(8) The provider shall ensure that cushioning for each accessible trampoline covers the entire required use zone.

(9) The provider shall ensure that each accessible trampoline has:

(a) no ladders or other objects within the use zone a child could use to climb on the trampoline; and

(b) shock absorbing pads that completely cover the trampoline springs, hooks, and frame.

(10) The provider must obtain written permission from a child's parent or legal guardian before that child uses the trampoline.

(11) The provider shall ensure that if a child uses an accessible trampoline:

(a) a caregiver is at the trampoline supervising;

(b) only one person at a time uses the trampoline;

(c) no child in care is allowed to do somersaults or flips on the trampoline;

(d) no one is permitted under the trampoline while the trampoline is in use; and

(e) only school-age children in care are allowed to use a trampoline.

(12) The provider shall ensure that there are no entrapment hazards on or within the use zone of any piece of stationary play equipment.

(13) The provider shall ensure that there is no strangulation hazard on or within the use zone of any piece of stationary play equipment.

(14) The provider shall ensure that there is no crush, shearing, or sharp edge hazard on or within the use zone of any piece of stationary play equipment.

(15) The provider shall ensure that there is no tripping hazard including any concrete footing, tree stump, tree root, or rock within the use zone of any piece of stationary play equipment.

**R430-90-20. Transportation.**

(1) For each child that the provider transports, the provider shall obtain a transportation permission form that is:

(a) signed by a parent; and

(b) on-site for review by OL.

(2) The provider shall ensure that each vehicle used for transporting children:

(a) is enclosed with a roof or top;

(b) is equipped with safety restraints;

(c) has a current vehicle registration;

(d) is maintained in a safe and clean condition; and

(e) contains first aid supplies, including at least antiseptic, bandages, and tweezers.

(3) The provider shall ensure that the safety restraints in each vehicle that transports children are:

(a) appropriate for the age and size of each child who is transported, as required by law;

(b) properly installed; and

(c) in safe condition and working order.

(4) The provider shall ensure that the driver of each vehicle who is transporting children:

(a) is at least 18 years old;

(b) has and carries with them a current, valid driver's license for the type of vehicle being driven;

(d) ensures that each child being transported is in an individual safety restraint as required by law;

(e) ensures that the inside vehicle temperature is between 60 and 85 degrees Fahrenheit;

(f) ensures that each child stay seated while the vehicle is moving;

(g) ensures that the vehicle is locked during transport;

(h) never leaves a child in the vehicle unattended by an adult; and

(i) never leaves the keys in the ignition when not in the driver's seat.

(5) If the provider walks or uses public transportation to transport a child to or from a facility, the provider shall ensure that:

(a) each child being transported has a completed transportation permission form signed by their parent;

(b) a caregiver goes with and actively supervises each child;

(c) a caregiver transporting a child has emergency contact information outlined in Subsection R430-90-18(9) and a release for each child being transported; and

(d) the caregiver-to-child ratio is maintained.

(6) The provider shall:

(a) have transport liability insurance; or

(b) inform parents in writing that the provider does not have transport liability insurance.

**R430-90-21. Animals.**

(1) The provider shall inform each parent of the kinds of animals allowed at the facility.

(2) The provider shall ensure that there is no animal on the premises that:

(a) has a history of biting even one individual;

(b) has a history of dangerous, attacking, or aggressive behavior; or

(c) is naturally aggressive.

(3) The provider shall ensure that any animal at the facility is clean and free of any obvious disease or health problem that could adversely affect a child.

(4) The provider shall ensure that there is no animal or animal equipment in food preparation or eating areas.

(5) The provider shall ensure that no child younger than five years old assists with the cleaning of any animal or animal cage, pen, or equipment.

(6) If a school-age child helps in the cleaning of animals or animal equipment, the provider shall ensure that the child washes their hands immediately after cleaning the animal or equipment.

(7) The provider shall ensure that each child and staff wash their hands immediately after playing with or touching any reptile or amphibian.

(8) The provider shall ensure that any dog, cat, or ferret that the facility houses have current rabies vaccinations.

(9) The provider shall keep current animal vaccination records on-site for review by OL.

**R430-90-22. Rest and Sleep.**

(1) The provider shall offer a child in care a daily opportunity for rest or sleep in an environment with:

(a) a low noise level;

(b) freedom from distractions; and

(c) subdued lighting.

(2) The provider shall ensure that each crib:

(a) does not have strings, cords, ropes, or other entanglement hazards on the crib or within reach of the child;

(b) has a tight-fitting mattress;

(c) has at least 20 inches from the top of the mattress to the top of the crib rail, or at least 12 inches from the top of the mattress to the top of the crib rail if the child using the crib cannot sit up without assistance;

(d) has documentation from the manufacturer or retailer stating that the crib was built after June 28, 2011, or that the crib is certified if the crib was manufactured before that date; and

(e) has slats spaced no more than 2-3/8 inches apart.

(3) The provider shall ensure that sleeping equipment does not block any exit

(4) The provider shall ensure that sleeping equipment and bedding items are:

(a) clearly assigned to one child; and

(b) laundered as needed, but at least once a week, and before use by another child.

(5) The provider shall clean and sanitize sleeping equipment, that is not clearly assigned to and used by an individual child, before each use.

**R430-90-23. Diapering.**

(1) If the provider accepts children who wear diapers, the provider shall ensure that each child's diaper is:

(a) checked as soon as a sleeping child awakens;

(b) checked at least once every two hours; and

(c) promptly changed when wet or soiled.

(2) The provider shall ensure that caregivers do not change children's diapers directly on the floor, in a food preparation or eating area, or on any surface used for another purpose.

(3) The provider shall ensure that the diapering surface is smooth, waterproof, and in good repair.

(4) The provider shall ensure that a caregiver cleans and sanitizes the diapering surface after each diaper change or uses a disposable, waterproof diapering surface that is thrown away after each diaper change.

(5) The provider shall ensure that a caregiver washes their hands after each diaper change.

(6) The provider shall ensure that a caregiver places any wet and soiled disposable diaper:

(a) in a container that has a disposable plastic lining and a tight-fitting lid;

(b) directly in an outdoor garbage container that has a tight-fitting lid; or

(c) in a container that is inaccessible to children.

(7) The provider shall ensure that each indoor container where any wet and soiled diaper is placed is cleaned and sanitized each day.

(8) If cloth diapers are used, the provider shall:

(a) not rinse cloth diapers at the facility; and

(b)(i) place cloth diapers directly into a leakproof container that is inaccessible to any child and labeled with the child's name; or

(ii) place the cloth diapers in a leakproof diapering service container.

**R430-90-24. Infant and Toddler Care.**

(1) The provider shall ensure that each awake infant and toddler receives positive physical and verbal interaction with a caregiver at least once every 15 minutes.

(2) To stimulate their healthy development, the provider shall ensure that infants receive daily interactions with adults, including on the ground interaction and closely supervised time spent in the prone position for infants less than six months old.

(3) The provider shall ensure that a caregiver responds promptly to an infant and toddler who is in emotional distress due to any conditions including:

(a) a wet or soiled diaper;

(b) fatigue;

(c) fear;

(d) hunger;

(e) illness; or

(f) teething.

(4) To stimulate healthy development, the provider shall make safe toys available and accessible for each infant and toddler to engage in play.

(5) The provider shall ensure that any mobile infant and toddler has freedom of movement in a safe area.

(6) The provider may not confine an awake infant or toddler in any piece of equipment, including a swing, high chair, crib, playpen, or other similar piece of equipment for more than 30 minutes.

(7) The provider shall ensure that only one infant or toddler occupies any one piece of equipment at a time, unless the equipment has individual seats for more than one child.

(8) The provider shall make objects made of styrofoam inaccessible to any infant and toddler.

(9) The provider shall allow each infant and toddler to eat and sleep on their own schedule.

(10) The provider shall ensure that baby food, formula, or breast milk that is brought from home for an individual infant and toddlers use is:

(a) labeled with the child's name;

(b) labeled with the date and time of preparation or opening of the container, including a jar of baby food;

(c) kept refrigerated if needed; and

(d) discarded within 24 hours of preparation or opening, except for unprepared powdered formula or dry food.

(11) If an infant cannot sit upright and hold their own bottle, the provider shall ensure that a caregiver is within arm's reach of each infant during bottle feeding and that a bottle is not propped.

(12) The provider shall ensure that the caregiver swirls and tests warm bottles for temperature before feeding to a child.

(13) The provider shall discard formula and milk, including breast milk, after feeding or within two hours of starting a feeding.

(14) The provider shall ensure that a caregiver cuts solid food for:

(a) an infant into pieces no larger than 1/4 inch in diameter; and

(b) a toddler into pieces no larger than 1/2 inch in diameter.

(15) The provider shall ensure that each infant sleeps in equipment designed for sleep including a crib, bassinet, porta-crib or playpen, and that an infant is not placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment.

(16) The provider shall place an infant on their back for sleeping unless there is documentation from a health care provider requiring a different sleep position.

(17) The provider may not place any soft toy, loose blanket, or other object in sleep equipment while in use by a sleeping infant.

**R430-90-25. Compliance.**

Any person who violates this rule may be subject to the penalties in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.

**KEY: child care facilities, licensed family child care**

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