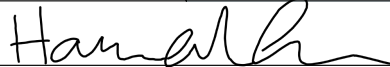


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                 |                                                                  |                                                                                                                         |                                                                                       |                                                                                                                              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | <b>Licensed Family Inspection Checklist</b>     |                                                                  |                                                                                                                         |                                                                                       | This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection.<br><br>(Revised 11/2022) |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <b>R430-90 - Childcarelicensing.utah.gov</b>    |                                                                  |                                                                                                                         |                                                                                       |                                                                                                                              |              |
| Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Facility ID:                                    |                                                                  | Capacity:                                                                                                               |                                                                                       |                                                                                                                              |              |
| License Expiration Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | Last Announced Inspection:                      |                                                                  | Last Unannounced Inspection:                                                                                            |                                                                                       |                                                                                                                              |              |
| Please Review The following items prior to the inspection: (Place a check mark if completed and make any necessary notes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                 |                                                                  | Please review the following items during the inspection: (Place a check mark if completed and make any necessary notes) |                                                                                       |                                                                                                                              |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DWS Eligible                                                           |                                                 |                                                                  |                                                                                                                         | <input type="checkbox"/>                                                              | Sex Offender Registry (Check at the Announced Inspection only. Offer TA at the Unannounced inspection to review Registry)    |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DAS Review / Sticky Notes                                              |                                                 |                                                                  | <input type="checkbox"/>                                                                                                | Training assessed at this inspection?                                                 |                                                                                                                              |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Facility Personnel Listed in UCCLAPP                                   |                                                 |                                                                  | <input type="checkbox"/>                                                                                                | Crib Form                                                                             |                                                                                                                              |              |
| North American Industry Classification System (NAICS) Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                 |                                                                  | <input type="checkbox"/>                                                                                                | Current Variances                                                                     |                                                                                                                              |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Provider/Facility NOT on the NAICS Report                              |                                                 |                                                                  | <input type="checkbox"/>                                                                                                | Grant Verification                                                                    |                                                                                                                              |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | All Names on the NAICS Report have a cleared background check          |                                                 |                                                                  |                                                                                                                         |                                                                                       |                                                                                                                              |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | There were names on the NAICS Report without cleared background checks |                                                 |                                                                  |                                                                                                                         |                                                                                       |                                                                                                                              |              |
| <b>Inspection Information:</b><br>- All areas that are inaccessible to children in care must remain inaccessible for this inspection. During the inspection, the licensor will ask to have locked areas unlocked. All accessible areas must be compliant with all applicable rules during the inspection.<br>-The licensor will email you this inspection checklist after the inspection is completed. The licensor will send you an official inspection report once this inspection has been approved by CCL management.<br>- If the only non compliances are documentation and/or records, please submit them to Licensing by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and ensure compliance maintenance.<br>- You may submit feedback on this inspection through your Child Care Licensing Portal or at <a href="https://childcarelicensing.utah.gov/contact-us/inspection-evaluation-form/">https://childcarelicensing.utah.gov/contact-us/inspection-evaluation-form/</a> |                                                                        |                                                 |                                                                  |                                                                                                                         |                                                                                       |                                                                                                                              |              |
| <b>Signature Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                 |                                                                  |                                                                                                                         |                                                                                       |                                                                                                                              |              |
| Inspection Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | Date:                                           |                                                                  | Time Started:                                                                                                           |                                                                                       | Time Ended:                                                                                                                  |              |
| Number of Rule Noncompliances:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Name of Individual Informed of this Inspection: |                                                                  |                                                                                                                         |                                                                                       |                                                                                                                              |              |
| Licensor(s) Conducting this Inspection:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                 |                                                                  | CCL Staff Observing this Inspection:                                                                                    |                                                                                       |                                                                                                                              |              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The Licensor reviewed compliance                                       |                                                 | Please sign/type name of individual informed of this inspection: |                                                                                                                         |  |                                                                                                                              | Date Signed: |



**Licensed Family Inspection Checklist**

**R430-90 - [Childcarelicensing.utah.gov](http://Childcarelicensing.utah.gov)**

This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection.

**Licensors Introductory Items**

|                          |                                                                                                                                                                                                                                                                                                    |                                                                |                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Introduction of any unknown CCL staff to the provider                                                                                                                                                                                                                                              | <input type="checkbox"/>                                       | <b>ASK:</b> Where do you store <b>medications</b> ?                                                |
| <input type="checkbox"/> | Give a brief explanation of the inspection process to the provider                                                                                                                                                                                                                                 | <input type="checkbox"/>                                       | <b>ASK:</b> Where are the <b>first aid supplies</b> for the facility and field trips?              |
| <input type="checkbox"/> | Wash hands or use hand sanitizer before touching items in the facility                                                                                                                                                                                                                             | <b>Cover the following items at the Pre-License Inspection</b> |                                                                                                    |
| <input type="checkbox"/> | If the program transports children, <b>let the provider know that at some point during the inspection you will need to inspect the vehicles used to transport children.</b>                                                                                                                        | <input type="checkbox"/>                                       | Show the provider the <b>Child Care Licensing Portal</b>                                           |
| <input type="checkbox"/> | If children are diapered at the facility, <b>let the provider know that you will need to observe 1 diaper change.</b>                                                                                                                                                                              | <input type="checkbox"/>                                       | Review where to locate the <a href="#">rules and the Interpretation Manual</a>                     |
| <input type="checkbox"/> | <b>ASK:</b> the provider if they <b>want you to tell staff about rule noncompliances</b> as you conduct the walk- though, or wait until the inspection is over to tell them.                                                                                                                       | <input type="checkbox"/>                                       | Review the <a href="#">Corrective Action Grid</a> in Section 5 of the Interpretation Manual.       |
| <input type="checkbox"/> | <b>ASK:</b> Have any <b>cribs been replaced</b> since the last Announced Inspection? If YES: A new crib form must be filled out.                                                                                                                                                                   | <input type="checkbox"/>                                       | Show the <a href="#">website</a> and review <b>Payments, Forms and Documents, and Contact List</b> |
| <input type="checkbox"/> | <b>ASK:</b> Are <b>parts of the facility rented or lived in?</b> If YES: Review the signed lease agreement and verify that there is a separate mailing address, a separate entrance, there are no connecting interior doorways, and there is no shared access to the outdoor area. 90-9(23)(a)-(e) |                                                                |                                                                                                    |
| <input type="checkbox"/> | <b>Please review the Provider's days and hours of operations.</b>                                                                                                                                                                                                                                  |                                                                |                                                                                                    |

**General Notes**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Ratio and Group Size Verification                                                                                                                                                                                                                                        |                                                  |
| The information regarding ratios and group size was verified and electronically recorded for the Office of Child Care during the Licensing Inspection.<br>If you have any questions about the Child Care Quality System, please contact your local Care About Childcare. |                                                  |
| Name of Individual Informed of Outcome                                                                                                                                                                                                                                   | Signature of Informed Individual and Date Signed |
|                                                                                                                                                                                                                                                                          |                                                  |

|                                                                                                                                       |                                            |                                               |                                                           |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------|
| Number of Caregivers ( <i><u>Do not include family members or other adults who do not meet licensing caregiver requirements</u></i> ) | Number of children age 0 through 23 months | Number of children ages 2 through 5 years old | Number of qualifying children ages 6 through 12 years old | Number of provider's and caregiver's own children ages 6 through 12 years old |
|                                                                                                                                       |                                            |                                               |                                                           |                                                                               |

| RULES CHECKLIST                                                       |                                                                                 |                                                                                                                                                                                                                                                                        |                          |                          |                          |                         |                             |                                   |       |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|-----------------------------|-----------------------------------|-------|
| Rule #                                                                | Rule Description                                                                |                                                                                                                                                                                                                                                                        | C                        | NC                       | NA                       | Compliance Required By: | Corrected During Inspection | RISK: Low, Moderate, High Extreme | Notes |
|                                                                       | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed During This Inspection |                                                                                                                                                                                                                                                                        |                          |                          |                          |                         |                             |                                   |       |
| <b>P = Pre-License Inspection Only</b>                                |                                                                                 |                                                                                                                                                                                                                                                                        |                          |                          |                          |                         |                             |                                   |       |
| <b>Section 4 License Application, Renewal, Changes, and Variances</b> |                                                                                 |                                                                                                                                                                                                                                                                        | C                        | NC                       | NA                       | Date                    | CDI                         | L, M, H, Ex                       | Notes |
| 90-4(3)(a)-(f)                                                        | P                                                                               | If the local fire authority states in writing that an applicant for a new license or a renewal does not require a <b>fire inspection</b> , the department shall verify the applicant's compliance. <b>ASK: "Are you in compliance with your local fire authority?"</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | M                                 |       |
| 90-4(4)(a)-(g)                                                        | P                                                                               | If the local health department states in writing that a <b>kitchen inspection</b> is not required, the department shall verify the applicant's compliance. <b>ASK: "Are you in compliance with your local health department?"</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | M                                 |       |
| <b>Section 5: Rule Violations and Penalties, and Appeals</b>          |                                                                                 |                                                                                                                                                                                                                                                                        | C                        | NC                       | NA                       | Date                    | CDI                         | L, M, H, Ex                       | Notes |
| 90-5(4)(e)                                                            |                                                                                 | The department may deny or revoke a license if the child care provider: <b>(e) fails to allow authorized representatives of the department access to the facility</b> to ensure compliance with this rule.                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | M                                 |       |
| <b>Section 6: Administration and Children's Records</b>               |                                                                                 |                                                                                                                                                                                                                                                                        | C                        | NC                       | NA                       | Date                    | CDI                         | L, M, H, Ex                       | Notes |
| 90-6(2)                                                               |                                                                                 | The provider shall <b>protect children from conduct that endangers children in care</b> , or is contrary to the health, morals, welfare, and safety of the public.                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | L, M, H                           |       |
| 90-6(5)                                                               |                                                                                 | The provider shall <b>post their unaltered child care license</b> on the facility premises in a place readily visible and accessible to the public during business hours.                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | L                                 |       |
| 90-6(6)                                                               |                                                                                 | The provider shall <b>post a current copy of the department's Parent Guide</b> at the facility for parent review during business hours, or give a current copy to each parent.                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | L                                 |       |

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |  |                          |      |  |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|------|--|
| 90-6(7)         | The provider shall inform parents and the department of any <b>changes to the program's telephone number and other contact information within 48 hours of the change. ASK if there have been any changes to the telephone or contact information since the last inspection.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L    |  |
| 90-6(8)(a)-(b)  | The provider shall: <b>(a)</b> have <b>liability insurance</b> ; or <b>(b)</b> inform parents in writing that the provider does not have liability insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L    |  |
| 90-6(9)         | The provider shall ensure that a parent <b>completes an admission and health assessment form</b> for their child before the child is admitted into the child care program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 90-6(10)(a)-(m) | The provider shall ensure that each child's admission and health assessment form <b>includes the following information:</b> <b>(a)</b> child's name; <b>(b)</b> child's date of birth; <b>(c)</b> parent's name, address, and phone number, including a daytime phone number; <b>(d)</b> names of individuals authorized by the parent to sign the child out from the facility; <b>(e)</b> name, address, and phone number of an individual to be contacted if an emergency happens and the provider cannot contact the parent; <b>(f)</b> if available, the name, address, and phone number of an out-of-area emergency contact individual for the child; <b>(g)</b> parent's permission for emergency transportation and emergency medical treatment; <b>(h)</b> any known allergies of the child; <b>(i)</b> any known food sensitivities of the child; <b>(j)</b> any chronic medical conditions that the child may have; <b>(k)</b> instructions for special or nonroutine daily health care of the child; <b>(l)</b> current ongoing medications that the child may be taking; and <b>(m)</b> any other special health instructions for the caregiver. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M |  |
| 90-6(11)(a)-(b) | The provider shall ensure that the <b>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 the department.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 90-6(12)(a)-(d) | Before admitting any child younger than five years old into the child care program, including the provider's and employees' own children, the provider shall get the following documentation from the child's parent: <b>(a) current immunizations; (b)</b> a medical schedule to receive required immunizations; <b>(c)</b> a legal exemption; or <b>(d)</b> a 90-day exemption for children who are homeless. <b>ASK "Are children in care younger than 5 current on immunizations or do you have a legal exemption for those that are not?" This is TA only.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |

|                                                       |                                                                                                                                                                                                                                                                                                         |                          |                          |                          |      |                          |             |       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|-------------|-------|
| 90-6(13)                                              | For each child younger than five years old, including the provider's and employees' own children, the provider shall keep their current <b>immunization records on-site for review by the department. This is TA only reminding providers they will need the records to complete the yearly report.</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-6(14)                                              | The provider shall submit the <b>annual immunization report</b> to the Immunization Program in the Utah Department of Health by the date specified by the department. <b>**REMIND the provider to submit this report when it is due.</b>                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| <b>Section 7: Personnel and Training Requirements</b> |                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-7(1)                                               | The provider shall be <b>present at the home at least 50% of the time each week</b> the program is open for business.                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-7(2)                                               | If the provider is not present, the provider shall ensure that there is at least <b>one covered individual who is 18 years old or older present at the facility</b> when there is a child in care.                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-7(4)(c)                                            | The provider shall ensure that <b>caregivers: (c)</b> receive at least <b>2-1/2 hours of preservice training before caring for children. ASK "Have there been any new caregivers hired since the last inspection?"</b>                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 90-7(4)(e)                                            | The provider shall ensure that <b>caregivers: (e)</b> complete at least <b>20 hours of child care training each year</b> , 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.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 90-7(5)(b)                                            | The provider shall ensure that any <b>other staff</b> such as drivers, cooks, and clerks: <b>(b) receive at least 2-1/2 hours of preservice training</b> before beginning job duties. <b>ASK "Have there been any 'other employees' hired since the last inspection?"</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 90-7(6)                                               | The provider shall ensure that <b>volunteers</b> are deemed eligible by a CCL background check before becoming involved with child care.                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-7(7)                                               | The provider shall submit a background check as required in Section R430-90-8 for <b>each guest</b> who is 12 years old and older and stays in the home for more than two weeks.                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                          |                          |   |  |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--|
| 90-7(11)(a)-(m) | The provider shall ensure that <b>preservice training includes</b> at least the following topics:<br><b>(a)</b> job description and duties; <b>(b)</b> current department rule Sections R430-90-7 through R430-90-24; <b>(c)</b> disaster preparedness, response, and recovery; <b>(d)</b> pediatric first aid and CPR; <b>(e)</b> children with special needs; <b>(f)</b> safe handling and disposal of hazardous materials; <b>(g)</b> prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements; <b>(h)</b> principles of child growth and development, including brain development; <b>(i)</b> prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies; <b>(j)</b> prevention of SIDS and the use of safe sleeping practices; <b>(k)</b> recognizing the signs of homelessness and available assistance; <b>(l)</b> a review of the information in each child's health assessment in the caregiver's assigned group, including allergies, food sensitivities, and other special needs; and <b>(m)</b> an introduction and orientation to the children in care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L |  |
| 90-7(12)(a)-(c) | The provider shall keep <b>documentation of each individual's preservice training</b> on-site for review by the department and shall ensure that documentation includes at least the following: <b>(a)</b> training topics; <b>(b)</b> date of the training; and <b>(c)</b> total hours or minutes of training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L |  |
| 90-7(13)(a)-(j) | The provider shall ensure that <b>annual child care training includes at least the following topics</b> : <b>(a)</b> current department rule Sections R430-90-7 through R430-90-24; <b>(b)</b> disaster preparedness, response, and recovery; <b>(c)</b> pediatric first aid and CPR; <b>(d)</b> children with special needs; <b>(e)</b> safe handling and disposal of hazardous materials; <b>(f)</b> the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements; <b>(g)</b> principles of child growth and development, including brain development; <b>(h)</b> prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies; <b>(i)</b> prevention of SIDS and use of safe sleeping practices; and <b>(j)</b> recognizing the signs of homelessness and available assistance.                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L |  |
| 90-7(14)        | The provider shall ensure that at least <b>half of the required annual training is interactive</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L |  |
| 90-7(15)(a)-(e) | The provider shall ensure that <b>documentation of each individual's annual child care training</b> is kept on-site for review by the department and includes the following: <b>(a)</b> training topic; <b>(b)</b> date of the training; <b>(c)</b> name of the individual or organization that presented the training; <b>(d)</b> whether the training was interactive or not; and <b>(e)</b> total hours or minutes of training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L |  |

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |      |                          |             |       |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|-------------|-------|
| 90-7(16) (a)-(c)                    | The provider shall ensure that <b>at least one covered individual with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR</b> certification is present when children are in care: <b>(a)</b> at the facility; <b>(b)</b> in each vehicle transporting children; and <b>(c)</b> at each offsite activity.                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-7(17)                            | The provider shall ensure that <b>CPR certification includes hands-on testing.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-7(18)(a)-(c)                     | The provider shall ensure that the <b>following records for each caregiver and volunteer are kept on-site for review</b> by the department: <b>(a)</b> the date of initial employment or association with the program; <b>(b)</b> a current pediatric first aid and CPR certification, if required in this rule; and <b>(c)</b> a six-week record of the times worked each day.                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| <b>Section 8: Background Checks</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-8(1)(a)-(b)                      | Before a <b>new covered individual becomes involved with child care</b> in the program, the provider shall use the CCL provider portal search to: <b>(a)</b> verify that the individual is eligible; and <b>(b)</b> <b>associate</b> that individual with their facility if the covered individual appears in the search.                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-8(2)(a)-(d)                      | Before a <b>new covered individual who does not appear in the CCL provider portal search becomes involved with child care</b> in the program, the provider shall: <b>(a)</b> have the individual submit an online background check form and fingerprints for individuals age 18 years old and older; <b>(b)</b> <b>authorize</b> the individual's background check through the CCL provider's portal; <b>(c)</b> <b>pay</b> any required fees; and <b>(d)</b> <b>receive written notice</b> from CCL that the individual is eligible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 90-8(3)(c)                          | To keep their background check eligibility current, the provider shall also ensure that a new background check form and fingerprints are submitted and authorized and fees are paid for any covered individual who has: <b>(c)</b> <b>has turned 18 years old and has not previously submitted fingerprints for a CCL background check.</b> If the 18-year-old has previously submitted fingerprints for a CCL background check, only a new background check form will be required.                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-8(4)(a)-(c)                      | Within <b>ten working days</b> from when a <b>child who resides in the facility turns 12 years old</b> , the provider shall: <b>(a)</b> ensure that an online background check form is submitted; <b>(b)</b> authorize the child's background check through the CCL provider's portal; and <b>(c)</b> pay any required fees.                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

|                            |   |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |      |                          |             |       |
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| 90-8(11)                   |   | If a <b>covered individual is deemed not eligible by CCL</b> , including that 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, <b>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.</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-8(14)                   |   | The provider and the covered individual shall notify the department within 48 hours of becoming <b>aware of the covered individual's arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding</b> . Failure to notify the department within 48 hours may result in disciplinary action, including revocation of the license.                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| <b>Section 9: Facility</b> |   |                                                                                                                                                                                                                                                                                                                                                                                                                                        | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-9(1)                    | P | The provider shall ensure that there is <b>at least 35 square feet of indoor space for each child in care</b> , including the provider's and employees' children.                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-9(5)                    |   | The provider shall ensure that the <b>number of children in care</b> at any given time <b>does not exceed the capacity</b> identified on the license. <b>(ASK for a total number including children being transported and on off site activities)</b>                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-9(6)                    |   | The provider shall ensure that any building or play structure on the premises constructed before 1978 that has <b>peeling, flaking, chalking, or failing paint is tested for lead</b> .                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 90-9(7)                    |   | The provider shall ensure that <b>each room and indoor area</b> that is used by children <b>is ventilated</b> by mechanical ventilation, or by windows that open and have screens.                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 90-9(8)                    |   | The provider shall ensure that rooms and areas have <b>adequate light intensity</b> for the safety of the children and the type of activity being conducted.                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 90-9(9)                    |   | The provider shall maintain the <b>indoor temperature between 65 and 82 degrees</b> Fahrenheit.                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 90-9(10)                   |   | The provider shall ensure that there is a <b>working telephone at the facility, in each vehicle while transporting children, and during off site activities</b> .                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

|                 |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |                          |  |                          |      |  |
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| 90-9(11)        |   | The provider shall ensure that there is at least <b>one working toilet and at least one working handwashing sink accessible</b> to each non-diapered child in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 90-9(12)        |   | The provider shall ensure that there is at least <b>one bathroom</b> that provides <b>privacy</b> available for use by <b>school-age children</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 90-9(14)        | P | The provider shall ensure that the <b>outdoor area has at least 40 square feet of space for each child using the area at one time</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 90-9(15)(a)-(b) |   | The provider shall ensure that the <b>outdoor area is enclosed within a fence, wall, or solid natural barrier</b> that is at least four feet high if the facility is on the street or within a half mile of a street that: <b>(a)</b> has a speed of 25 miles per hour or higher: or <b>(b)</b> has more than two lanes of traffic.                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H |  |
| 90-9(16)(a)-(e) |   | The provider shall ensure that the following <b>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) barbed wire</b> that is within 30 feet of the children's play area; <b>(b) livestock</b> on or within 50 yards of the property line; <b>(c) dangerous machinery</b> , such as farm equipment, on or within 50 yards of the property line; <b>(d) a drop-off of more than five feet</b> on or within 50 yards of the property line; and <b>(e) water hazard</b> , such as a swimming pool, pond, ditch, lake, reservoir, river, stream, creek, or animal watering trough, on or within 100 yards of the property line. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H |  |
| 90-9(17)        |   | The provider shall ensure that there is <b>no gap five by five inches or greater</b> in or under the fence or barrier.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H |  |
| 90-9(18)        |   | The provider shall ensure that there is <b>shade available</b> to protect the children from excessive sun and heat when children are in the outdoor area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M |  |
| 90-9(19)(a)-(c) |   | If there is a <b>swimming pool on the premises that is not emptied</b> after each use, the provider shall: <b>(a)</b> meet applicable state and local laws and ordinances related to the operation of a swimming pool; <b>(b)</b> maintain the pool in a safe manner; and <b>(c)</b> when not in use, cover the pool with a commercially-made safety enclosure that is installed according to the manufacturer's instructions, or 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.                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H    |  |

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|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|-------------|-------|
| 90-9(20)(a)-(b)                          | If there is a <b>hot tub with water in it on the premises</b> , 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 kept locked and that separates the hot tub from any other areas on the premises.                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-9(21)(a)-(f)                          | The provider shall <b>maintain buildings and outdoor areas in good repair and safe condition</b> including: (a) ceilings, walls, and floor coverings; (b) lighting, bathroom, and other fixtures; (c) draperies, blinds, and other window coverings; (d) indoor and outdoor play equipment; (e) furniture, toys, and materials accessible to the children; and (f) entrances, exits, steps, and walkways including keeping them free of ice, snow, and other hazards. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M, H     |       |
| 90-9(22)                                 | The provider shall ensure that <b>accessible raised decks or balconies that are five feet or higher, and open stairwells that are five feet or deeper have protective barriers</b> that are at least three feet high.                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| <b>Section 10: Ratios and Group Size</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-10(1)(a)-(b)                          | The provider shall maintain at least: <b>(a) one caregiver for up to eight children</b> in care; and <b>(b) two caregivers for nine to 16 children</b> in care.                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M, H     |       |
| 90-10(3)(a)-(c)                          | When <b>caring for children younger than two years old</b> , the provider shall ensure that: <b>(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.</b>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-10(4)                                 | The provider shall <b>not exceed the group sizes</b> as listed in Table 1 <b>Maximum Group Size with 1 Caregiver</b> , and Table 2 <b>Maximum Group Size with 2 Caregivers</b> .                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M,H      |       |
| 90-10(5)                                 | The provider may include <b>caregivers and volunteers who are 16 or 17 years old in the caregiver-to-child ratio</b> . <i>ASK: How do you ensure there is always another caregiver who is at least 18 years old with them on the premises?</i>                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

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| 90-10(6)                                          |  | The provider shall ensure that <b>guests do not count</b> in caregiver-to-child ratio.                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M, H     |       |
| <b>Section 11: Child Supervision and Security</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-11(1)(a)-(d)                                   |  | The provider shall ensure that <b>caregivers provide and maintain active supervision of each child</b> , including: (a) a caregiver is inside the home when a child in care is inside the home; (b) a caregiver is in the outdoor area when a child younger than five years old is in the outdoor area; (c) caregivers know the number of children in their care at any time; and (d) caregivers' attention is focused on the children and not on caregivers' personal interests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | Ex, H, M    |       |
| 90-11(2)(a)-(b)                                   |  | The provider shall ensure that <b>staff and household members who are 16 or 17 years old only have unsupervised contact with any child in care</b> , including during offsite activities and transportation when; (a) the provider or an eligible adult is physically present and available as needed; and (b) they are not volunteers.                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-11(4)                                          |  | The provider shall ensure that <b>guests do not have unsupervised contact</b> with any child in care, including during offsite activities and transportation.                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-11(5)                                          |  | The provider shall ensure that <b>parents of children in care do not have unsupervised contact</b> with any child in care, except with their own child.                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-11(6)(a)-(b)                                   |  | The provider may allow <b>school-age children to be outdoors</b> 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.                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-11(7)(a)-(b)                                   |  | The provider shall ensure that a caregiver <b>monitors each sleeping infant</b> by: (a) placing each infant to sleep within the sight and hearing of a caregiver; or (b) personally observing each sleeping infant at least once every 15 minutes.                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-11(8)(a)-(b)                                   |  | The provider may allow a <b>child to participate in supervised offsite activities without a caregiver</b> 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.                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |

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|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|-------------|-------|
| 90-11(10)(a)-(f)                                      | To <b>maintain security and supervision</b> of children the provider shall ensure that: <b>(a)</b> each child is <b>signed in and out</b> ; <b>(b)</b> only parents or individuals with written authorization from the parent may sign out a child; <b>(c)</b> photo identification is required if the individual signing the child out is unknown to the provider; <b>(d)</b> individuals signing children in and out use <b>identifiers</b> , such as a signature, initials, or electronic code; <b>(e)</b> the <b>sign-in and sign-out records include the date and time each child arrives and leaves</b> ; and <b>(f)</b> there is written permission from the child's parent if school-age children sign themselves in or out. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, H        |       |
| 90-11(12)                                             | The provider shall ensure that a <b>six-week record of each child's daily attendance, including sign-in and sign-out records</b> , is kept on-site for review by the department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| <b>Section 12: Child Guidance and Interaction</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-12(5)(a)-(f)                                       | The provider shall ensure that <b>interactions with the children do not include: (a) any form of corporal punishment</b> or any action that produces physical pain or discomfort such as hitting, spanking, shaking, biting, or pinching; <b>(b) restraining</b> a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint; <b>(c) shouting</b> at children; <b>(d) any form of emotional abuse</b> ; <b>(e) forcing or withholding food, rest, or toileting</b> ; or <b>(f) confining a child</b> in a closet, locked room, or other enclosure such as a box, cupboard, or cage.                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| <b>Section 13: Child Safety and Injury Prevention</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-13(1)                                              | The provider shall ensure that <b>the building, outdoor area, toys, and equipment are used in a safe manner and as intended by the manufacturer</b> to prevent injury to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-13(3)                                              | The provider shall ensure that <b>sharp objects, edges, corners, or points</b> that could cut or puncture skin are inaccessible to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-13(4)                                              | The provider shall ensure that <b>choking hazards are inaccessible</b> to children younger than three years old.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-13(5)                                              | The provider shall ensure that <b>strangulation hazards</b> such as ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck are inaccessible to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-13(6)                                              | The provider shall ensure that <b>tripping hazards</b> such as unsecured flooring, rugs with curled edges, or cords in walkways are inaccessible to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

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| 90-13(7)         | The provider shall ensure that <b>empty plastic bags large enough for a child's head to fit inside, latex gloves, and balloons are inaccessible</b> to children younger than five years old.                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M     |  |
| 90-13(8)         | The provider shall ensure that <b>standing water that measures two inches or deeper and five by five inches or greater in diameter is inaccessible</b> to children.                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H     |  |
| 90-13(9)(a)-(d)  | The provider shall ensure that <b>toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials</b> are: (a) inaccessible to children; (b) used according to manufacturer instructions; (c) stored in containers labeled with the contents of the container; and (d) disposed of properly.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M     |  |
| 90-13(10)(a)-(d) | The provider shall ensure that the following items are <b>inaccessible to children: (a) matches or cigarette lighters; (b) open flames; (c) hot wax or other hot substances; and (d) when in use, portable space heaters, wood burning stoves, and fireplaces.</b>                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H  |  |
| 90-13(11)(a)-(b) | The provider shall ensure that the following items are <b>inaccessible to children: (a) live electrical wires; and (b) for children younger than five years old, electrical outlets and surge protectors without protective caps or safety devices when not in use.</b>                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H  |  |
| 90-13(12)(a)-(b) | Unless used and stored in compliance with the Utah Concealed Weapons Act or as otherwise allowed by law, the provider shall ensure that <b>firearms such as guns, muzzleloaders, rifles, shotguns, hand guns, pistols, and automatic guns</b> are: (a) locked in a cabinet or area using a key, combination lock, or fingerprint lock; and (b) stored unloaded and separate from ammunition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H, Ex |  |
| 90-13(13)        | The provider shall ensure that <b>weapons such as paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace</b> are inaccessible to children.                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H     |  |
| 90-13(14)        | The provider shall ensure that <b>alcohol, illegal substances, and sexually explicit material</b> are inaccessible, and not used on the premises, during off site activities, or in vehicles any time a child is in care.                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H     |  |

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| 90-13(15)                                                        |  | The provider shall ensure that an <b>outdoor source of drinking water</b> , such as individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child <b>when the outside temperature is 75 degrees or higher.</b>                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 90-13(16)                                                        |  | The provider shall ensure that <b>areas accessible to children are free of heavy or unstable objects that children could pull down on themselves</b> , such as furniture, unsecured televisions, and standing ladders.                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-13(17)                                                        |  | The provider shall ensure that <b>hot water accessible to children does not exceed 120 degrees Fahrenheit.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 90-13(18)                                                        |  | The provider shall ensure that <b>highchairs that are used by children have T-shaped safety straps or safety devices</b> that are used when a child is in the chair.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 90-13(19)                                                        |  | The provider shall ensure that <b>infant walkers with wheels are inaccessible</b> to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-13(20)(a)-(d)                                                 |  | The provider shall ensure that <b>tobacco, e-cigarettes, e-juice, e-liquids, and similar products are inaccessible</b> and, in compliance with the Utah Indoor Clean Air Act, <b>not used: (a) in the facility or any other building</b> when a child is in care; <b>(b) in any vehicle</b> that is being used to transport a child in care; <b>(c) within 25 feet of any entrance to the facility</b> or other building occupied by a child in care; or <b>(d) in any outdoor area or within 25 feet of any outdoor area</b> occupied by a child in care.                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| <b>Section 14: Emergency Preparedness Response, and Recovery</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-14(1)(a)-(d)                                                  |  | The provider shall have a <b>written emergency preparedness, response, and recovery plan</b> that: <b>(a)</b> includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations; <b>(b)</b> includes procedures for accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions; <b>(c)</b> is available for review by parents, staff, and the department during business hours; and <b>(d)</b> is followed if an emergency happens, unless otherwise instructed by emergency personnel. <b>**This is TA only</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

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| 90-14(2)         | The provider shall <b>post the facility's street address and emergency numbers, including at least fire, police, and poison control, near the telephone in the home or in an area clearly visible to anyone needing the information.</b>                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M, H |  |
| 90-14(3)         | The provider shall keep <b>first-aid supplies</b> in the <b>facility</b> , including at least antiseptic, bandages, and tweezers.                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L       |  |
| 90-14(4)         | The provider shall <b>conduct fire evacuation drills quarterly</b> and make sure drills include a complete exit of each child, staff, and volunteers from the building. <b>ASK "Are you conducting quarterly fire evacuation drills?"</b>                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M       |  |
| 90-14(5)(a)-(e)  | The provider shall <b>document each fire drill</b> , including: <b>(a)</b> the date and time of the drill; <b>(b)</b> the number of children participating; <b>(c)</b> the name of the individual supervising the drill; <b>(d)</b> the total time to complete the evacuation; and <b>(e)</b> any problems encountered and remediation.                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L       |  |
| 90-14(6)         | The provider shall <b>conduct drills for disasters</b> other than fires at least <b>once every twelve months</b> . <b>ASK "Are you conducting a disaster drill every twelve months?"</b>                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M       |  |
| 90-14(7)(a)-(e)  | The provider shall <b>document each disaster drill</b> , including: <b>(a)</b> the type of disaster, such as earthquake, flood, prolonged power or water outage, or tornado; <b>(b)</b> the date and time of the drill; <b>(c)</b> the number of children participating; <b>(d)</b> the name of the individual supervising the drill; and <b>(e)</b> any problems encountered and remediation. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L       |  |
| 90-14(8)         | The provider shall <b>vary the days and times on which fire and other disaster drills are held.</b>                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L       |  |
| 90-14(9)         | The provider shall keep <b>documentation of the previous 12 months of fire and disaster drills on-site for review</b> by the department.                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L       |  |
| 90-14(13)(a)-(b) | If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall: <b>(a) submit a completed accident report form to the department within the next business day of the incident; or (b) contact the department within the next business day and submit a completed accident report form within five business days of the incident.</b>          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M, H |  |

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| 90-14(14)                                       |  | The provider shall keep a <b>six-week record of each incident, accident, and injury</b> report on-site for review by the department.                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-14(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 <b>emergency substitute</b> who: (a) <b>is at least 18 years old</b> ; (b) <b>substitutes the caregiver for the minimum time possible and for less than one business day</b> ; and (c) <b>signs a written background statement before being left alone</b> with the children.                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 90-14(17)                                       |  | <b>Within five working days after the occurrence</b> , the provider shall <b>submit emergency substitute's written background statements to the department for review</b> .                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| <b>Section 15: Health and Infection Control</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-15(1)(a)-(f)                                 |  | The provider shall keep <b>the building, furnishings, equipment, and outdoor area clean and sanitary</b> including: (a) walls and flooring clean and free of spills, dirt, and grime; (b) areas and equipment used for the storage, preparation, and service of food clean and sanitary; (c) surfaces free of rotting food or a build-up of food; (d) the building and grounds free of a build-up of litter, trash, and garbage; (e) frequently touched surfaces, including doorknobs and light switches, cleaned and sanitized; and (f) the facility free of animal feces. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-15(2)                                        |  | The provider shall take safe and effective measures to <b>prevent and eliminate the presence of insects, rodents, and other pests</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-15(3)(a)-(c)                                 |  | The provider shall <b>clean and sanitize any toys and materials used by children</b> : (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.                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-15(4)                                        |  | The provider shall ensure that <b>fabric toys and items such as stuffed animals, cloth dolls, pillow covers, and dress-up clothes are machine washable and if used, washed at least each week or as needed</b> .                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-15(5)                                        |  | The provider shall clean and <b>sanitize highchair trays</b> before each use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |

|                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |  |                          |   |  |
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| 90-15(6)         |  | The provider shall clean and <b>sanitize water play tables or tubs</b> daily if used by the children.                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-15(7)         |  | The provider shall <b>clean and sanitize bathroom surfaces</b> including toilets, sinks, faucets, toilet and sink handles, and counters each day the facility is open for business.                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-15(8)         |  | The provider shall <b>clean and sanitize potty chairs</b> after each use.                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-15(9)         |  | The provider shall keep <b>toilet paper in a dispenser</b> that is accessible to children                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-15(10)(a)-(g) |  | The provider shall ensure that <b>staff and volunteers wash their hands thoroughly with soap and running water: (a)</b> upon arrival; <b>(b)</b> before handling or preparing food or bottles; <b>(c)</b> before and after eating meals and snacks or feeding a child; <b>(d)</b> after using the toilet or helping a child use the toilet; <b>(e)</b> after contact with a body fluid; <b>(f)</b> when coming in from outdoors; and <b>(g)</b> after cleaning up or taking out garbage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-15(12)(a)-(f) |  | The provider shall ensure that <b>children wash their hands thoroughly with soap and running water: (a)</b> upon arrival; <b>(b)</b> before and after eating meals and snacks; <b>(c)</b> after using the toilet; <b>(d)</b> after contact with a body fluid; <b>(e)</b> before using a water play table or tub; and <b>(f)</b> when coming in from outdoors.                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-15(13)        |  | The provider shall ensure that <b>only single-use towels, an electric hand dryer, or individually labeled cloth towels are used to dry hands.</b>                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L |  |
| 90-15(14)(a)-(b) |  | The provider shall ensure that <b>if cloth towels are used</b> , cloth towels are: <b>(a)</b> not shared; and <b>(b)</b> washed daily.                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L |  |

|                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |      |                          |             |       |
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| 90-15(15)                             |  | The provider shall <b>store personal hygiene items</b> , such as toothbrushes, combs, and hair accessories separate, <b>so they do not touch each other</b> , and ensure they are not shared or they are sanitized between each use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-15(16)(a)-(b)                      |  | The provider shall ensure that <b>pacifiers, bottles, and non disposable drinking cups are: (a) labeled with each child's name or individually identified; and (b) not shared, or washed and sanitized before being used by another child.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-15(17)                             |  | The provider shall ensure that a <b>child's clothing is promptly changed if the child has a toileting accident.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-15(18)(a)-(b)                      |  | The provider shall ensure that <b>children's clothing that is wet or soiled from a body fluid is: (a) washed and dried; or (b) placed in a leakproof container that is labeled with the child's name returned to the parent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| <b>Section 16: Food and Nutrition</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-16(1)                              |  | The provider shall offer a <b>meal or snack to each child age two years old and older at least once every three hours.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-16(2)(a)-(e)                       |  | <b>If food for children's meals or snacks is supplied by the provider</b> , the provider shall ensure that: <b>(a)</b> the meal service meets local health department food service rules; <b>(b)</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; <b>(c)</b> the provider uses the CACFP meal pattern requirements, the standard department-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; <b>(d)</b> the <b>current week's menu is posted for review by parents and the department</b> ; and <b>(e)</b> if not participating or in good standing with the CACFP, keep a six-week record of foods served at each meal and snack. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |

|                         |                                                                                                                                                                                                                                                                                                               |                          |                                                                                                         |                          |      |                          |             |       |  |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|--------------------------|------|--------------------------|-------------|-------|--|
| 90-16(3)(a)-(b)         | The provider shall ensure that the individual who serves food to children: <b>(a) is aware of the children in their assigned group who have food allergies or sensitivities; and (b) ensures that the children are not served the food or drink they are allergic or sensitive to.</b>                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |  |
| 90-16(4)                | The provider <b>shall not place children's food on a bare table, and shall serve children's food on dishes, napkins, or sanitary highchair trays</b> , except an individual finger food such as a cracker, which may be placed directly in a child's hand.                                                    | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |  |
| 90-16(5)(a)-(c)         | If <b>parents bring food and drink for their child's use</b> , the provider shall ensure that the food is: <b>(a)</b> labeled with the child's name; <b>(b)</b> refrigerated if needed; and <b>(c)</b> consumed only by that child.                                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |  |
| Section 17: Medications |                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Check here if there are NO Medications on the premises and the provider does not administer medications |                          |      |                          |             |       |  |
|                         |                                                                                                                                                                                                                                                                                                               | C                        | NC                                                                                                      | NA                       | Date | CDI                      | L, M, H, Ex | Notes |  |
| 90-17(1)                | The provider shall make <b>medications inaccessible to children in care.</b>                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-17(2)                | The provider shall <b>lock refrigerated medications or store them at least 36 inches above the floor and, if liquid, store them in a separate leak proof container.</b>                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-17(3)(a)-(d)         | <b>If parents supply any over-the-counter or prescription medications</b> , the provider shall ensure those medications are: <b>(a)</b> labeled with the child's full name; <b>(b)</b> kept in the original or pharmacy container; <b>(c)</b> have the original label; and <b>(d)</b> have child-safety caps. | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |  |
| 90-17(4)                | The provider shall have a <b>written medication permission form completed and signed by the parent</b> before administering any medication supplied by the parent for their child.                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-17(5)(a)-(d)         | The provider shall ensure that the <b>medication permission form includes at least: (a)</b> the name of the child; <b>(b)</b> the name of the medication; <b>(c)</b> written instructions for administration; and <b>(d)</b> the parent signature and the date signed.                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |  |
| 90-17(6)(a)-(d)         | The provider shall ensure that <b>instructions for administering the medication include at least: (a)</b> the dosage; <b>(b)</b> how the medication will be given; <b>(c)</b> the times and dates to administer the medication; and <b>(d)</b> the disease or condition being treated.                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |

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| 90-17(7)(a)-(b)               |  | If the <b>provider supplies an over-the-counter medication for children's use</b> , the provider shall <b>ensure that the medication is not administered to any child without previous parental consent for each instance it is given</b> . The provider shall ensure that the consent is: <b>(a)</b> written; or <b>(b)</b> verbal, if the date and time of the consent is documented and signed by the parent upon picking up their child. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-17(8)(a)-(d)               |  | The provider shall ensure that the <b>staff administering the medication: (a)</b> washes their hands; <b>(b)</b> check the medication label to confirm the child's name if the parent supplied the medication; <b>(c)</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; and <b>(d)</b> administers the medication.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-17(9)(a)-(c)               |  | The provider shall ensure that immediately after administering a medication, <b>the staff giving the medication records the following information: (a)</b> the date, time, and dosage of the medication given; <b>(b)</b> any error in administering the medication or adverse reactions; and <b>(c)</b> their signature or initials.                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 90-17(10)                     |  | The provider shall <b>report to the parent a child's adverse reaction to a medication or error in administration of the medication immediately</b> upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 90-17(11)                     |  | The provider shall <b>notify the parent before the time a medication needs to be given to a child if the provider chooses not to administer medication</b> as instructed by the parent.                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 90-17(12)                     |  | The provider shall keep a <b>six-week record of medication permission and administration forms</b> on-site for review by the department.                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| <b>Section 18: Activities</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-18(1)                      |  | The provider shall offer <b>daily activities that support each child's healthy physical, social, emotional, cognitive, and language development</b> .                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-18(2)                      |  | The provider shall ensure that <b>daily activities include outdoor play</b> as weather and air quality allow.                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-18(3)                      |  | The provider shall ensure that <b>physical development activities include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every two hours children spend in the program</b> .                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

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| 90-18(4)(a)-(b) | For each <b>child two years and older</b> , the provider shall <b>post a daily schedule that includes: (a) activities that support children's healthy development; and (b) the times activities occur</b> including at least meal, snack, nap or rest, and outdoor play times.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L    |  |
| 90-18(5)        | The provider shall ensure that <b>toys, materials, and equipment needed to support children's healthy development are available</b> to the children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 90-18(6)(a)-(c) | Except for occasional special events, the provider shall ensure that the children's <b>primary screen time activity</b> on media such as television, cell phones, tablets, and computers is: <b>(a)</b> not allowed for children zero to 17 months old; <b>(b)</b> limited for children 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 <b>(c)</b> planned to address the needs of children five to 12 years old.                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 90-18(7)(a)-(f) | If <b>swimming activities are offered or if wading pools are used</b> , the provider shall ensure that: <b>(a)</b> the <b>parent gives permission</b> before their child in care uses the pool; <b>(b) caregivers stay at the pool supervising</b> when a child is in the pool or has access to the pool, and when an accessible pool has water in it; <b>(c) diapered children wear swim diapers</b> when they are in the pool; <b>(d) wading pools are emptied and sanitized after use by each group</b> of children; <b>(e)</b> if the <b>pool is over four feet deep, there is a lifeguard on duty who is certified by the Red Cross or other approved certification program</b> any time children have access to the pool; and <b>(f)</b> lifeguards and pool personnel do not count toward the caregiver-to-child ratio. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H |  |
| 90-18(8)(a)-(e) | If <b>offsite activities are offered</b> , the provider shall ensure that: <b>(a)</b> the parent gives written consent before each activity; <b>(b)</b> the required caregiver-to-child ratio and supervision are maintained during the entire activity; <b>(c)</b> first aid supplies, including at least antiseptic, bandages, and tweezers are available; <b>(d)</b> children's names are not used on name tags, t-shirts, or in other visible ways; and <b>(e)</b> there is a way for caregivers and children to wash their hands with soap and water, or with wet wipes and hand sanitizer if there is no source of running water.                                                                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H    |  |

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                          |                          |      |                          |             |       |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|--------------------------|------|--------------------------|-------------|-------|--|
| 90-18(9)(a)-(e)            | The provider shall ensure that a caregiver with the children takes the <b>written emergency information and releases</b> for each child in the group on each offsite activity, and that the information includes at least: <b>(a) the child's name; (b) the parent's name and phone number; (c) the name and phone number of an individual to notify if an emergency happens and the parent cannot be contacted; (d) the names of people authorized by the parents to pick up the child; and (e) current emergency medical treatment and emergency medical transportation releases.</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| Section 19: Play Equipment |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | Check here if there is no play equipment |                          |      |                          |             |       |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                        | NC                                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |  |
| 90-19(1)                   | The provider shall ensure that children <b>using play equipment use it safely and in the manner intended by the manufacturer.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-19(2)                   | The provider shall ensure that, when in use, <b>stationary play equipment is not placed on a hard surface such as concrete, asphalt, dirt, or the bare floor.</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-19(3)(a)-(c)            | Except for trampolines, the provider shall ensure that <b>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.</b>                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-19(5)                   | The provider shall ensure that <b>each accessible trampoline without a safety net enclosure</b> has a least a <b>six-foot use zone</b> that is measured from the outermost edge of the trampoline frame, and that is <b>free from any structure or object including play equipment, trees, and fences.</b>                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-19(6)                   | The provider shall ensure that each <b>accessible trampoline with a properly installed, used as specified by the manufacturer, and in good repair safety net enclosure</b> has at least a <b>three-foot use zone</b> that is measured from the outermost edge of the trampoline frame, and that is <b>free from any structure or object including play equipment, trees, and fences.</b>                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-19(7)(a)-(c)            | The provider shall ensure <b>that each accessible trampoline</b> with or without a safety net enclosure is placed over <b>(a) grass; (b) six-inch deep cushioning; or (c) other commercial cushioning.</b>                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                        |                          |      |                          |             |       |  |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------|--------------------------|------|--------------------------|-------------|-------|--|
| 90-19(8)                   | The provider shall ensure that <b>cushioning for each accessible trampoline covers the entire required use zone.</b>                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-19(9)(a)-(b)            | The provider shall ensure that <b>each accessible trampoline has: (a) no ladders or other objects within the use zone</b> a child could use to climb on the trampoline; and <b>(b) shock absorbing pads</b> that completely cover the trampoline springs, hooks , and frame.                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-19(10)                  | The provider shall receive <b>written permission from a child's parent or legal guardian before that child uses the trampoline.</b>                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |  |
| 90-19(11)(a)-(e)           | The provider shall ensure that if a <b>child uses an accessible trampoline: (a) a caregiver</b> is at the trampoline <b>supervising; (b) only one person at a time</b> uses the trampoline; <b>(c) no</b> child in care is allowed to do <b>somersaults or flips</b> on the trampoline; <b>(d) no one is allowed to be under the trampoline</b> while the trampoline is in use; and <b>(e) only school-age children</b> in care are allowed to use a trampoline. | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-19(12)                  | The provider shall ensure that there are no <b>entrapment hazards</b> on or within the use zone of any piece of stationary play equipment.                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-19(13)                  | The provider shall ensure that there are no <b>strangulation hazards</b> on or within the use zone of any piece of stationary play equipment.                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-19(14)                  | The provider shall ensure that there are no <b>crush, shearing, or sharp edge hazards</b> on or within the use zone of any piece of stationary play equipment.                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-19(15)                  | The provider shall ensure there are no <b>tripping hazards</b> such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| Section 20: Transportation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | Check here if the provider does not transport children |                          |      |                          |             |       |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C                        | NC                                                     | NA                       | Date | CDI                      | L, M, H, Ex | Notes |  |
| 90-20(1)(a)-(b)            | For each child being transported, the provider shall have a <b>transportation permission form: (a)</b> signed by the parent; and <b>(b)</b> on-site for review by the department.                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                    |                          |      |                          |             |       |  |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|--------------------------|------|--------------------------|-------------|-------|--|
| 90-20(2)(a)-(e)     | The provider shall ensure that <b>each vehicle used for transporting children: (a) is enclosed with a roof</b> or top; <b>(b) is equipped with safety restraints</b> ; <b>(c) has a current vehicle registration</b> ; <b>(d) is maintained in a safe and clean condition</b> ; and <b>(e) contains first aid supplies</b> , including at least antiseptic, bandages, and tweezers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/>                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-20(3)(a)-(c)     | The provider shall ensure that the <b>safety restraints in each vehicle that transports children</b> are: <b>(a)</b> appropriate for the age and size of each child who is transported, as required by Utah law; <b>(b)</b> properly installed; and <b>(c)</b> in safe condition and working order.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/>                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |  |
| 90-20(4)(a)-(i)     | The provider shall ensure that <b>the driver of each vehicle who is transporting children: (a)</b> is at least <b>18 years old</b> ; <b>(b)</b> has and carries with them a <b>current, valid driver's license</b> for the type of vehicle being driven; <b>(c)</b> has with them the <b>written emergency contact information for each child being transported</b> ; <b>(d)</b> ensures that each child being transported is in an <b>individual safety restraint</b> that is used according to Utah law; <b>(e)</b> ensures <b>that the inside vehicle temperature is between 60-85 degrees Fahrenheit</b> ; <b>(f)</b> never leaves a child in the vehicle unattended by an adult; <b>(g)</b> ensures that children stay seated while the vehicle is moving; <b>(h)</b> never leaves the keys in the ignition when not in the driver's seat; and <b>(i)</b> ensures that the vehicle is locked during transport. | <input type="checkbox"/> | <input checked="" type="checkbox"/>                | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |  |
| 90-20(5)(a)-(d)     | If the <b>provider walks or uses public transportation to transport children to or from the facility</b> , the provider shall ensure that: <b>(a)</b> each child being transported has a <b>completed transportation permission form signed</b> by their parent; <b>(b) a caregiver goes with the children and actively supervises</b> the children; <b>(c) the caregiver-to-child ratio is maintained</b> ; and <b>(d) a caregiver with the children has written emergency contact information and releases</b> for the children being transported.                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/>                | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |  |
| Section 21: Animals |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Check here if there are no animals on the premises |                          |      |                          |             |       |  |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C                        | NC                                                 | NA                       | Date | CDI                      | L, M, H, Ex | Notes |  |
| 90-21(1)            | The provider shall <b>inform parents of the kinds of animals allowed</b> at the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/>                | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |  |
| 90-21(2)(a)-(c)     | The provider shall ensure that there is <b>no animal on the premises that: (a) is naturally aggressive; (b) has a history of dangerous, attacking, or aggressive behavior; or (c) has a history of biting</b> even one individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/>                | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |  |
| 90-21(3)            | The provider shall ensure that <b>animals at the facility are clean and free of obvious disease or health problems</b> that could adversely affect children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/>                | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |  |

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| 90-21(4)                          |  | The provider shall ensure that there is <b>no animal or animal equipment in food preparation or eating areas.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-21(5)                          |  | The provider shall ensure that <b>children younger than five years old do not assist with the cleaning of animals or animal cages, pens, or equipment.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-21(6)                          |  | If <b>school-age children help in the cleaning of animals or animal equipment, the provider shall ensure that the children wash their hands</b> immediately after cleaning the animal or equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-21(7)                          |  | The provider shall ensure that children and staff <b>wash their hands immediately after playing with or touching reptiles and amphibians.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-21(8)                          |  | The provider shall ensure that <b>dogs, cats, and ferrets that are housed at the facility have current rabies vaccinations.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-21(9)                          |  | The provider shall keep current <b>animal vaccination records on-site for review</b> by the department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| <b>Section 22: Rest and Sleep</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                        | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-22(1)                          |  | The provider shall offer children in care a <b>daily opportunity for rest or sleep</b> in an environment with subdued lighting, a low noise level, and freedom from distractions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-22(2)                          |  | The provider shall <b>not schedule nap or rest times for more than two hours a day.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 90-22(3)(a)-(e)                   |  | The provider shall ensure that <b>each crib: (a)</b> has a tight-fitting mattress; <b>(b)</b> has slats spaced no more than 2-3/8 inches apart; <b>(c)</b> 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; <b>(d)</b> does not have strings, cords, ropes, or other entanglement hazards on the crib or within reach of the child; and <b>(e)</b> 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

|                                       |  |                                                                                                                                                                                                                                                                                                                             |                          |                                                                |                          |      |                          |             |       |
|---------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------|--------------------------|------|--------------------------|-------------|-------|
| 90-22(4)                              |  | The provider shall ensure that <b>sleeping equipment does not block exits.</b>                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-22(5)(a)-(b)                       |  | The provider shall ensure that <b>sleeping equipment and bedding items</b> are: <b>(a)</b> clearly assigned to one child; and <b>(b)</b> laundered as needed, but at least once a week, and before use by another child.                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M, L        |       |
| 90-22(6)                              |  | The provider shall <b>clean and sanitize sleeping equipment that is not clearly assigned</b> to and used by an individual child before each use.                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| <a href="#">Section 23: Diapering</a> |  |                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Check here if the provider does not care for diapered children |                          |      |                          |             |       |
|                                       |  |                                                                                                                                                                                                                                                                                                                             | C                        | NC                                                             | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-23(1)(a)-(c)                       |  | The provider shall ensure that <b>each child's diaper is: (a) checked at least once every two hours; (b) promptly changed if wet or soiled; and (c) checked as soon as a sleeping child awakens.</b>                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-23(2)                              |  | The provider shall ensure that caregivers <b>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.</b>                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-23(3)                              |  | The provider shall ensure that the <b>diapering surface is smooth, waterproof, and in good repair.</b>                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-23(4)                              |  | The provider shall ensure that caregivers <b>clean and sanitize the diapering surface after each diaper change</b> , or use a disposable, waterproof diapering surface that is thrown away after each diaper change.                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-23(5)                              |  | The provider shall ensure that <b>caregivers who change diapers wash their hands after each diaper change.</b>                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-23(6)(a)-(c)                       |  | The provider shall ensure that <b>caregivers place wet and soiled disposable diapers: (a)</b> in a container that has a disposable plastic lining and a tight-fitting lid; <b>(b)</b> directly in an outdoor garbage container that has a tight fitting lid; or <b>(c)</b> in a container that is inaccessible to children. | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

|                                     |  |                                                                                                                                                                                                                                                                                                                                         |                          |                                                                   |                          |      |                          |             |       |
|-------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--------------------------|------|--------------------------|-------------|-------|
| 90-23(7)                            |  | Each day, the provider shall <b>clean and sanitize indoor containers where wet and soiled diapers are placed.</b>                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-23(8)(a)-(c)                     |  | If <b>cloth diapers are used</b> , the provider shall: <b>(a)</b> not rinse cloth diapers at the facility; and <b>(b)</b> place cloth diapers directly into a leakproof container that is inaccessible to any child and labeled with the child's name; or <b>(c)</b> place the cloth diapers in a leakproof diapering service container | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| Section 24: Infant and Toddler Care |  |                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | Check here if the provider does not care for infants and toddlers |                          |      |                          |             |       |
|                                     |  |                                                                                                                                                                                                                                                                                                                                         | C                        | NC                                                                | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| 90-24(1)                            |  | The provider shall ensure that <b>each awake infant and toddler receives positive physical and verbal interaction with a caregiver at least once every 20 minutes.</b>                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-24(2)                            |  | To stimulate their healthy development, the provider shall ensure that <b>infants receive daily interactions with adults</b> ; including on the ground interaction and closely supervised time spent in the prone position for infants less than six months old.                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-24(3)                            |  | The provider shall ensure that <b>caregivers respond promptly to infants and toddlers who are in emotional distress</b> due to conditions such as hunger, fatigue, a wet or soiled diaper, fear, teething, or illness.                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-24(4)                            |  | For their healthy development, the provider shall make <b>safe toys available and accessible for each infant and toddler to engage in play.</b>                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-24(5)                            |  | The provider shall ensure that <b>mobile infants and toddlers have freedom of movement in a safe area.</b>                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-24(6)                            |  | The provider shall <b>not confine an awake infant or toddler in any piece of equipment</b> , such as a swing, highchair, crib, playpen, or other similar piece of equipment <b>for more than 30 minutes.</b>                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-24(7)                            |  | The provider shall ensure that <b>only one infant or toddler occupies any one piece of equipment at a time</b> , unless the equipment has individual seats for more than one child.                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 90-24(8)                            |  | The provider shall make objects made of <b>styrofoam inaccessible</b> to infants and toddlers.                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                          | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

|                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |                          |  |                          |   |  |
|------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|---|--|
| 90-24(9)         |  | The provider shall <b>allow each infant and toddler to eat and sleep on their own schedule.</b>                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-24(10)(a)-(d) |  | The provider shall ensure that <b>baby food, formula, or breast milk that is brought from home</b> for an individual child's use is: <b>(a) labeled with the child's name; (b) labeled with the date and time of preparation</b> or opening of the container, such as a jar of baby food; <b>(c) kept refrigerated if needed;</b> and <b>(d) discarded within 24 hours of preparation</b> or opening, except for unprepared powdered formula or dry food. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-24(11)        |  | If an infant is unable to sit upright and hold their own bottle, the provider shall ensure that a <b>caregiver holds the infant during bottle feeding and that bottles are not propped.</b>                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-24(12)        |  | The provider shall ensure that the <b>caregiver swirls and tests warm bottles for temperature before feeding</b> to children.                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L |  |
| 90-24(13)        |  | The provider shall <b>discard formula and milk, including breast milk, after feeding or within two hours of starting a feeding.</b>                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-24(14)        |  | The provider shall ensure that caregivers <b>cut solid foods for infants into pieces no larger than 1/4 inch</b> in diameter, and <b>cut solid foods for toddlers into pieces no larger than 1/2 inch</b> in diameter.                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 90-24(15)        |  | The provider shall ensure that <b>infants sleep in equipment designed for sleep</b> such as a crib, bassinet, porta-crib or playpen, and that infants are not placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment.                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H |  |
| 90-24(16)        |  | The provider shall <b>place infants on their backs for sleeping</b> unless there is documentation from a health care provider requiring a different sleep position.                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H |  |
| 90-24(17)        |  | The provider <b>may not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.</b>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |