

 Utah Department of Health & Human Services Licensing & Background Checks		Child Care CENTER Inspection Checklist R381-100 - Childcarelicensing.utah.gov				This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection. <i>(Revised 08/2023)</i>	
Facility Name:	Back to Basics Preschool and Daycare Center	Facility ID:	F20-77761	Phone Number:	(435) 654-3738	Notes / Sticky Notes	
Address:	357 W 910 S Heber City, UT, 84032			Email Address:	backtobasicsut@outlook.com, bsjohns_2002@yahoo.com		
Total Number of Rooms for Capacity:				8			
Director:	Rebecca Johnson Nadiene Broadhead	Approved Capacity:	90	Number of Rooms being used:	6		
License Expiration Date:	5/31/24	Last Announced:	5/9/2023	Last Unannounced Inspection:	8/11/2022		
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
☒	W-9 Completed	8/13/20		☒	Sex Offender Registry	n/a for this inspection type	
☒	DWS Eligible / DWS Terms and Conditions signed (If required)			☒	Training assessed at this inspection?	preservice	
☒	NAICS (North American Industry Classification System) Verified?			verified			
☒	DAS Review	yes		☒	Safety Glass	no new	
☒	Current Variances	no		☒	Crib Form	no new	
☒	Facility Personnel Listed in UCCLAPP	yes		☒	Capacity of center during inspection	36	
☐	Grant Verification Needed?	☐	Grant Verification completed?		Capacity <i>including</i> children being transported or on off-site activities		#VALUE!
Inspection Information: - 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. - I will email you this inspection checklist after the inspection is completed. I will send you an official inspection report once this inspection has been approved by CCL management. - If the only rule noncompliances 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. - You may submit feedback on this inspection through your Child Care Licensing Portal or at https://childcarelicensing.utah.gov/EvalForm.html							

Signature Information							
Inspection Type:	Unannounced	Date:	11/14/2023	Time Started:	9:00 am	Time Ended:	10:00 am
Number of rule noncompliances:		0	Name of Individual Informed of this Inspection:		Nadiene Broadhead		
Licensor(s) Conducting this Inspection:		Sunny Ledding			CCL Staff Observing Inspection:	none	
☒	The Licensor reviewed compliance.	Please sign/type individual informed name and date of review:			Nadiene Broadhead 11-14-23		

Ratio and Group Size Verification	
The information regarding classroom ratios and group size was verified and electronically recorded for the Office of Child Care during the Licensing Inspection. If you have any questions about the Child Care Quality System, please contact your local Care About Childcare.	
Name of Individual Informed of Outcome	Type or sign name below:
Nadiene Broadhead	Nadiene Broadhead 11-14-23



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7:00 AM - 6:00 PM

General Notes

RULES CHECKLIST									
Rule # R381-		Rule Description	C	NC	NA	Compliance Required By Date:	Corrected During Inspection	RISK: Low Moderate High Extreme	Notes
		C = Compliant NC = Not Compliant NA = Not Assessed during this inspection							
P = Pre-License Inspection Only									
Section 4: License Application, Renewal, Changes and Variances			C	NC	NA	Date		L, M, H, Ex	Notes
100-4(3)(a)-(h)		If the local fire authority states in writing that an applicant for a new license or a renewal does not require a fire inspection, the department shall verify the applicant's compliance. ASK - Are you in compliance with your local fire authority regulations?	☒	☐	☐		☐	M	
100-4(4)(a)-(j)	P	If an applicant for a new license or a renewal serves food and the local health department states in writing that a kitchen inspection is not required, the department shall verify the applicant's compliance. ASK - Are you in compliance with your local health department kitchen requirements?	☒	☐	☐		☐		A kitchen inspection is only required upon initial licensure. At all other inspections we ask the provider to ensure they are in compliance with the local health department kitchen requirements.
100-4(12)(a)-(f)		A provider shall submit a complete application to amend an existing license at least 30 days before any of the following changes: (a) an increase or decrease of licensed capacity, including any change to the amount of usable indoor or outdoor space where child care is provided; (b) a change in the name of the program; (c) a change in the regulation type of the program; (d) a change in the name of the provider; (e) an addition or loss of a director; or (f) a change in ownership that does not require a new license.	☒	☐	☐		☐	L	
Section 5: Penalties and Appeals			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-5(4)(e)		The department may deny or revoke a license if the child care provider fails to allow authorized representatives of the department access to the facility to ensure compliance with this rule.	☒	☐	☐		☐	M	
Section 6: Administration and Children's Records			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-6(3)		The provider shall protect children from conduct that endangers children in care, or is contrary to the health, morals, welfare, and safety of the public.	☒	☐	☐		☐	L, M, H	

100-6(6)		The provider shall post their unaltered child care license on the facility premises in a place readily visible and accessible to the public.	☒	☐	☐		☐	L	
100-6(7)		The provider shall post a current copy of the department's Parent Guide at the facility for parent review during business hours.	☒	☐	☐		☐	L	
100-6(8)		The provider shall inform parents and the department of any 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 their telephone or contact information since the last inspection.	☒	☐	☐		☐	L	
100-6(9)(a)-(b)		The provider shall have liability insurance; or inform parents in writing that the provider does not have liability insurance.	☒	☐	☐		☐	L	
100-6-(10)		The provider shall ensure that a parent completes an admission and health assessment form for their child before the child is admitted into the child care program.	☒	☐	☐		☐	M	
100-6(11)(a)-(m)		The provider shall ensure that each child's admission and health assessment form includes the following information: (a) child's name; (b) child's date of birth; (c) parent's name, address, and phone number, including a daytime phone number; (d) names of individuals authorized by the parent to sign the child out from the facility; (e) name, address, and phone number of an individual to be contacted if an emergency happens and the provider cannot contact the parent; (f) if available, the name, address, and phone number of an out-of-area emergency contact individual for the child; (g) parent's permission for emergency transportation and emergency medical treatment; (h) any known allergies of the child; (i) any known food sensitivities of the child; (j) any chronic medical conditions that the child may have; (k) instructions for special or nonroutine daily health care of the child; (l) current ongoing medications that the child may be taking; and (m) any other special health instructions for the caregiver.	☒	☐	☐		☐	L, M	

100-6(12)(a)-(b)		The provider shall ensure that the admission and health assessment form is: (a) reviewed, updated, and signed or initialed by the parent at least annually; and (b) kept on-site for review by the department.	☒	☐	☐		☐	M	
100-6(13)(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: (a) current immunizations; (b) a medical schedule to receive required immunizations; (c) a legal exemption; or (d) a 90-day exemption for children who are homeless. ASK - if they have immunizations for each child but you do not need to see it.	☒	☐	☐		☐	M	
100-6(15)		The provider shall submit the annual immunization report to the Immunization Program in the Utah Department of Health by the date specified by the department. REMIND providers to submit this when the report is due.	☒	☐	☐		☐	H	
Section 7: Personnel and Training Requirements			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-7(2)		The provider shall ensure that the center has a qualified director as required by licensing rules.	☒	☐	☐		☐	M	
100-7(3)(c)		The provider shall ensure that the director receives at least 2-1/2 hours of preservice training before beginning job duties; ASK (if the director is new) if they received 2 and 1/2 hours of preservice training that included all the rules and required topics.	☒	☐	☐		☐	L, M	
100-7(3)(f)		The provider shall ensure that the director completes at least 20 hours of child care training each year based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year. Remind providers that they should be working on annual training throughout the year.	☒	☐	☐		☐	M	

100-7(5)		The provider shall ensure that the director is on duty at the facility for at least 20 hours a week during operating hours and has sufficient freedom from other responsibilities to manage the center and respond to emergencies.	☒	☐	☐		☐	M	
100-7(6)		The provider shall ensure that there is a director designee with authority to act on behalf of the director in the director's absence.	☒	☐	☐		☐	M	
100-7(7)(c)		The provider shall ensure that the director designee receives at least 2-1/2 hours of preservice training before beginning job duties	☒	☐	☐		☐	L, M	
100-7(7)(e)		The provider shall ensure that the director designee completes at least 20 hours of child care training each year based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year	☒	☐	☐		☐	M	
100-7(7)(f)*		The provider shall ensure that the director designee has current first aid and cardio pulmonary resuscitation (CPR).	☒	☐	☐		☐		
100-7(8)		The provider shall ensure that the director or the director designee is present at the facility when the center is open for care.	☒	☐	☐		☐	M	
100-7(9)(c)		The provider shall ensure that caregivers receive at least 2-1/2 hours of preservice training before caring for children	☒	☐	☐		☐	L, M	
100-7(9)(e)		The provider shall ensure that caregivers complete at least 20 hours of child care training each year, based on the facility's license date, or at least 1-1/2 hours of child care training each month they work if hired partway through the facility's licensing year.	☒	☐	☐		☐	M	
100-7(10)(b)		The provider shall ensure that any other staff such as drivers, cooks, and clerks receive at least 2-1/2 hours of preservice training before beginning job duties	☒	☐	☐		☐	L, M	
100-7(11)		The provider shall ensure that volunteers are considered eligible by a CCL background check before becoming involved with child care.	☒	☐	☐		☐	H	

100-7(12)		The provider shall ensure that student interns who are registered and participating in a high school or college child care course and guests wear a guest nametag.	☒	☐	☐		☐	L, H	
100-7(13)(a)-(b)		The provider shall ensure that household members who are: (a) 12 to 17 years old are considered eligible by a CCL background check; and (b) 18 years old or older are considered eligible by a CCL background check that includes fingerprints.	☒	☐	☐		☐	H	
100-7(14)(a)-(b)		The provider shall ensure that individuals who provide Individualized Educational Plan (IEP) or Individualized Family Service plan (IFSP) services such as physical, occupational, or speech therapists: (a) provide proper identification before having access to the facility or to a child at the facility; and (b) have received the child's parent's permission for services to take place at the facility.	☒	☐	☐		☐	H	
100-7(16)(a)-(m)		The provider shall ensure that preservice training includes at least the following topics: (a) job description and duties; (b) current department rule Sections R381-100-7 through R381-100-24; (c) disaster preparedness, response, and recovery; (d) pediatric first aid and CPR; (e) children with special needs; (f) safe handling and disposal of hazardous materials; (g) prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements; (h) principles of child growth and development, including brain development; (i) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies; (j) prevention of sudden infant death syndrome (SIDS) and the use of safe sleeping practices; (k) recognizing the signs of homelessness and available assistance; (l) 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 (m) an introduction and orientation to the children in care.	☒	☐	☐		☐	L	

100-7(17)(a)-(c)		The provider shall keep documentation of each individual's preservice training on-site for review by the department and shall ensure that documentation includes at least the following: (a) training topics; (b) date of the training; and (c) total hours or minutes of training.	☒	☐	☐		☐	L	
100-7(18)(a)-(j)		The provider shall ensure that annual child care training includes at least the following topics : (a) current department rule Sections R381-100-7 through R381-100-24; (b) disaster preparedness, response, and recovery; (c) pediatric first aid and CPR; (d) children with special needs; (e) safe handling and disposal of hazardous materials; (f) the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements; (g) principles of child growth and development, including brain development; (h) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies; (i) prevention of SIDS and use of safe sleeping practices; and (j) recognizing the signs of homelessness and available assistance.	☒	☐	☐		☐	L	
100-7(19)(a)-(d)		The provider shall ensure that documentation of each individual's annual child care training is kept on-site for review by the department and includes the following: (a) training topic; (b) date of the training; (c) name of the individual or organization that presented the training; and (d) total hours or minutes of training.	☒	☐	☐		☐	L	
100-7(20)(a)-(c)		The provider shall ensure that at least one staff member with a current Red Cross, American Heart Association, or equivalent pediatric first aid and CPR certification is present when children are in care: (a) at the facility; (b) in each vehicle transporting children; and (c) at each off site activity.	☒	☐	☐		☐	M	

100-7(21)		The provider shall ensure that CPR certification includes hands-on testing.	☒	☐	☐		☐	M	
100-7(22)(a)-(c)		The provider shall ensure that the following records for each covered individual are kept on-site for review by the department: (a) the date of initial employment or association with the program; (b) a current pediatric first aid and CPR certification, if required in this rule; and (c) a six-week record of the times worked each day.	☒	☐	☐		☐	L	
Section 8: Background Checks			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-8(1)(a)-(b)		Before a new covered individual becomes involved with child care in the program, the provider shall use the CCL provider portal search to: (a) verify that the individual is eligible; and (b) associate that individual with their facility if the covered individual appears in the search.	☒	☐	☐		☐	M	
100-8(2)(a)-(d)		Before a new covered individual who does not appear in the CCL provider portal search becomes involved with child care in the program, the provider shall: (a) have the individual submit an online background check form and fingerprints for individuals age 18 years old and older; (b) authorize the individual's background check through the CCL provider's portal; (c) pay any required fees; and (d) receive written notice from CCL that the individual is eligible.	☒	☐	☐		☐	H	
100-8(3)(a)-(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: (a) resided outside of Utah since their last background check was completed; (b) not been associated with an active, CCL approved child care facility within the past 180 days; or (c) has turned 18 years old and has not previously submitted fingerprints for a CCL background check. If the 18-year-old has previously submitted fingerprints for a CCL background check, only a new background check form will be required.	☒	☐	☐		☐	M	

100-8(4)(a)-(c)		Within ten working days from when a child who resides in the facility turns 12 years old, the provider shall: (a) ensure that an online background check form is submitted; (b) authorize the child's background check through the CCL provider's portal; and (c) pay any required fees.	☒	☐	☐		☐	M	
100-8(11)		If a covered individual is considered not eligible by CCL, 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, 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.	☒	☐	☐		☐	H	
100-8(14)		The provider and the covered individual shall notify the department within 48 hours of becoming aware of the covered individual's arrest warrant, felony or misdemeanor arrest, charge, conviction, or supported LIS finding.	☒	☐	☐		☐	M	
Section 9: Facility			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-9(1)	P	The provider shall ensure that there is at least 35 square feet of indoor space for each child in care, including the provider's and employees' children.	☒	☐	☐		☐	M	
100-9(5)		The provider shall ensure that the number of children in care at any given time does not exceed the capacity identified on the license. ASK for a total number including children being transported and on off site activities.	☒	☐	☐		☐	M	
100-9(6)		The provider shall ensure that any building or play structure on the premises constructed before 1978 that has peeling, flaking, chalking, or failing paint is tested for lead. If lead-based paint is found, the provider shall contact their local health department within five working days and follow required procedures for remediation of the lead hazard.	☒	☐	☐		☐	M, H	
100-9(7)		The provider shall ensure that each room and indoor area that is used by children is ventilated by mechanical ventilation, or by windows that open and have screens.	☒	☐	☐		☐	L, M	

100-9(8)	P	The provider shall ensure that windows and glass doors within 36 inches from the floor or ground are made of safety or tempered glass, or have a protective guard.	☒	☐	☐		☐	M	
100-9(9)		The provider shall ensure that rooms and areas have adequate light intensity for the safety of the children and the type of activity being conducted.	☒	☐	☐		☐	L, M	
100-9(10)		The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.	☒	☐	☐		☐	L, M	
100-9(11)		The provider shall ensure that there is a working telephone at the facility, in each vehicle while transporting children, and during off site activities.	☒	☐	☐		☐	M	
100-9(12)	P	The provider shall ensure that there is a working handwashing sink in each classroom or next to each classroom in buildings constructed after July 1, 1997.	☒	☐	☐		☐	L	
100-9(13)(a)-(b)	P	The provider shall ensure that rooms where infants or toddlers are cared for have: (a) one sink that is used exclusively for the preparation of food and bottles and handwashing before food preparation, and another sink that is used only for handwashing after diapering and nonfood activities; or (b) one working sink that is used only for handwashing in the room, and bottle and food preparation is done in the kitchen and brought to the infant and toddler area by a non-diapering staff member.	☒	☐	☐		☐	M	
100-9(14)	P	The provider shall ensure that there is at least one working toilet and one working sink for each group of one to 25 children in the center who are two years old and older.	☒	☐	☐		☐		
100-9(15)	P	The provider shall ensure that there is at least one bathroom that provides privacy available for use by school-age children.	☒	☐	☐		☐	M	
100-9(16)		The provider shall ensure that there is an outdoor area that is safely accessible to children.	☒	☐	☐		☐	M	

100-9(17) 100-9(18)	P	The provider shall ensure that the outdoor area has at least 40 square feet of space for each child using the area at one time. The provider shall ensure that the total square footage of the outdoor area shall accommodate at least one-third of the approved capacity at one time or shall be at least 1600 square feet.	☒	☐	☐		☐	M	
100-9(19) 100-9(21)		The provider shall ensure that the outdoor area is enclosed within a fence, wall, or solid natural barrier that is at least four feet high. The provider shall ensure that children are in an enclosed area when children are outdoors, except during off site activities.	☒	☐	☐		☐	M, H	
100-9(20)		The provider shall ensure that there is no gap five by five inches or greater in or under the fence or barrier.	☒	☐	☐		☐	M, H	
100-9(22)		The provider shall ensure that there is shade available to protect the children from excessive sun and heat when children are in the outdoor area.	☒	☐	☐		☐	L, M	
100-9(23)(a)-(c)		If there is a swimming pool on the premises that is not emptied after each use, the provider shall: (a) meet applicable state and local laws and ordinances related to the operation of a swimming pool; (b) maintain the pool in a safe manner; and (c) 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.	☒	☐	☐		☐	H	
100-9(24)(a)-(f)		The provider shall maintain buildings and outdoor areas in good repair and safe condition 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.	☒	☐	☐		☐	L, M, H	

100-9(25)		The provider shall ensure that accessible raised decks or balconies that are five feet or higher, and open stairwells that are five feet or deeper have protective barriers that are at least three feet high.	☒	☐	☐		☐	M, H	
Section 10: Ratios and Group Size			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-10(1)(a)-(b)		As listed in Table 1 for single-age groups of children, the provider shall: (a) maintain at least the number of caregivers and not exceed the number of children in the caregiver-to-child ratio; and (b) not exceed the maximum group sizes.	☒	☐	☐		☐	L, M, H	
100-10(2)(a)-(d)		For any mixed-age groups of children, the provider shall: (a) maintain at least the number of required caregivers; (b) not exceed the number of children in the caregiver-to-child ratio; (c) not exceed the maximum group sizes; and (d) separate any single-age group that reaches their maximum group size from the mix.	☒	☐	☐		☐	L, M, H	
100-10(3)(a)-(c)		For mixed-age groups of children including infants and toddlers , the provider shall ensure that: (a) infants are only mixed with toddlers, unless: - (i) the group has eight or fewer children; - (ii) there are no more than three children younger than two years old in the group; and - (iii) there are at least two caregivers with the group if more than two children who are younger than 18 months old are present and the group has more than four children; (b) if older toddlers and two-year-old children are mixed, there is at least one caregiver for up to seven children and at least two caregivers for eight and up to 14 children in the group; (c) Older toddlers and older children are only mixed, besides when only mixed with two-year-old children, when: - (i) the group has eight or fewer children; - (ii) there are no more than three older toddlers in the group; and - (iii) there are at least two caregivers with the group if more than three younger toddlers are present and the group has more than five children.	☒	☐	☐		☐	H	

100-10(4)(a)-(b)		For mixed-age groups of children not including infants and toddlers , the provider shall ensure that: (a) the caregiver-to-child ratio is determined by the age of the oldest child present in the group minus one child of that age group; and (b) the maximum group size is determined by the age of the oldest child present in the group, minus two children of that same age group.	☒	☐	☐		☐	H	
100-10(5)(a)-(c)		During nap time, the provider shall ensure that the caregiver-to-child ratio is doubled only if: (a) the children in the group are at least 18 months old; (b) the children in the group are in a restful and nonactive state; and (c) the caregiver supervising the napping children can contact another on-site caregiver without leaving the children unattended.	☒	☐	☐		☐	H, M	
100-10(6)		The provider shall ensure that there are at least two caregivers present when there is only one group of children on the premises and that group has more than eight children, or more than two infants or toddlers.	☒	☐	☐		☐	H	
100-10(7)(a)-(b)		The provider shall include the provider's and employees' children age four years old or older in care: (a) in the group size when the parent of the child is working at the facility; and (b) in the group size and the caregiver-to-child ratio when the parent of the child is not working at the facility.	☒	☐	☐		☐		
100-10(8)		The provider may include caregivers, student interns who are registered in a high school or college child care course, and volunteers who are 16 or 17 years old in the caregiver-to-child ratio.	☒	☐	☐		☐	M	
100-10(9)		The provider shall ensure that guests do not count in caregiver-to-child ratios.	☒	☐	☐		☐	L, M, H	
Section 11: Child Supervision and Security			C	NC	NA	Date	CDI	L, M, H, Ex	Notes

100-11(1)(a)-(f)		The provider shall ensure that caregivers provide and maintain active supervision of each child, including: (a) for children younger than five years old, a caregiver is physically present in the room or area with the children; (b) for school-age children, a caregiver can hear the children and is close enough to intervene; (c) caregivers know the number of children in their care at any time; (d) caregivers' attention is focused on the children and not on caregivers' personal interests; (e) caregivers are aware of the entire group of children even when interacting with a smaller group or an individual child; and (f) caregivers position themselves so each child in their assigned group is actively supervised. ASK how many children are in your care, including those not in this area?	☒	☐	☐		☐	M, H	
100-11(2)(a)-(c)*		The provider shall ensure that staff and household members who are 16 or 17 years old only have unsupervised contact with any child in care, including during offsite activities and transportation when: (a) they are left unsupervised for no more than two consecutive hours per group; (b) the director or the director designee is physically present and available as needed; and (c) they are not volunteers.	☒	☐	☐		☐		
100-11(3)		The provider shall ensure that staff, volunteers, and household members who are younger than 16 years old are not assigned to care for or supervise any child in care.	☒	☐	☐		☐	H	
100-11(4)		The provider shall ensure that student interns who are registered and participating in a high school or college child care course and guests do not have unsupervised contact with any child in care, including during offsite activities and transportation.	☒	☐	☐		☐	M	
100-11(5)		The provider shall ensure that parents of children in care do not have unsupervised contact with any child in care, except their own children.	☒	☐	☐		☐		

100-11(6)(a)-(e)		The provider shall ensure that when video cameras or mirrors are used to supervise napping children: (a) the napping room is adjacent to a non-napping room; (b) there is a staff member in the non-napping room; (c) cameras or mirrors are positioned so that the staff member can see and hear each child; (d) there is an open door without a barrier, such as a gate, between the napping room and the non-napping room; and (e) the staff member moves children who wake up to the non-napping room.	☒	☐	☐		☐		
100-11(7)		The provider shall ensure that a blanket or other item is not placed over sleeping equipment in a way that prevents the caregiver from seeing the sleeping child.	☒	☐	☐		☐		
100-11(8)		The provider shall ensure that parents have access to their child and the areas used to care for their child when their child is in care.	☒	☐	☐		☐		
100-11(9)(a)-(f)		To maintain security and supervision of children, the provider shall ensure that: (a) each child is signed in and out; (b) only parents or individuals with written authorization from the parent may sign out a child; (c) photo identification is required if the individual signing the child out is unknown to the provider; (d) individuals signing children in and out use identifiers, such as a signature, initials, or electronic code; (e) the sign-in and sign-out records include the date and time each child arrives and leaves; and (f) there is written permission from the child's parent if school-age children sign themselves in or out.	☒	☐	☐		☐	L, H	
100-11(11)		The provider shall ensure that a six-week record of each child's daily attendance, including sign-in and sign-out records, is kept on-site for review by the department.	☒	☐	☐		☐	L	
Section 12: Child Guidance and Interaction			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-12(1)		The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.	☒	☐	☐		☐	H	

100-12(2)		The provider shall inform parents, children, and those who interact with the children of the center's behavioral expectations and how any misbehavior will be handled.	☒	☐	☐		☐	L	
100-12(5)(a)-(f)		The provider shall ensure that interactions with the children do not include: (a) any form of corporal punishment or any action that produces physical pain or discomfort such as hitting, spanking, shaking, biting, or pinching; (b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint; (c) shouting at children; (d) any form of emotional abuse; (e) forcing or withholding food, rest, or toileting; or (f) confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.	☒	☐	☐		☐	H	
100-12(6)		Any individual who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in state law.	☒	☐	☐		☐	H	
Section 13: Child Safety and Injury Prevention			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-13(1)		The provider shall ensure that the building, outdoor area, toys, and equipment are used in a safe manner and as intended by the manufacturer to prevent injury to children.	☒	☐	☐		☐	M	
100-13(2)		The provider shall ensure that poisonous and harmful plants are inaccessible to children.	☒	☐	☐		☐	M	
100-13(3)		The provider shall ensure that sharp objects, edges, corners, or points that could cut or puncture skin are inaccessible to children.	☒	☐	☐		☐	M	
100-13(4)		The provider shall ensure that choking hazards are inaccessible to children younger than three years old.	☒	☐	☐		☐	M	

100-13(5)		The provider shall ensure that strangulation hazards such as ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck are inaccessible to children.	☒	☐	☐		☐	M	
100-13(6)		The provider shall ensure that tripping hazards such as unsecured flooring, rugs with curled edges, or cords in walkways are inaccessible to children.	☒	☐	☐		☐	M	
100-13(7)		The provider shall ensure that empty plastic bags large enough for a child's head to fit inside, latex gloves, and balloons are inaccessible to children younger than five years old.	☒	☐	☐		☐	M	
100-13(8)		The provider shall ensure that standing water that measures two inches or deeper and five by five inches or greater in diameter is inaccessible to children.	☒	☐	☐		☐	H	
100-13(9)(a)-(d)		The provider shall ensure that toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials 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.	☒	☐	☐		☐	M	
100-13(10)(a)-(d)		The provider shall ensure that the following items are 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.	☒	☐	☐		☐	M, H	
100-13(11)(a)-(b)		The provider shall ensure that the following items are 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.	☒	☐	☐		☐	M, H	

100-13(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 firearms such as guns, muzzleloaders, rifles, shotguns, hand guns, pistols, and automatic guns are: (a) locked in a cabinet or area using a key, combination lock, or fingerprint lock; and (b) stored unloaded and separate from ammunition.	☒	☐	☐		☐	H, Ex	
100-13(13)		The provider shall ensure that weapons such as paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace are inaccessible to children.	☒	☐	☐		☐	H	
100-13(14)		The provider shall ensure that alcohol, illegal substances, and sexually explicit material are inaccessible, and not used on the premises, during off site activities, or in center vehicles any time a child is in care.	☒	☐	☐		☐	H	
100-13(15)		The provider shall ensure that an outdoor source of drinking water, such as individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child when the outside temperature is 75 degrees or higher.	☒	☐	☐		☐	M, H	
100-13(16)		The provider shall ensure that areas accessible to children are free of heavy or unstable objects that children could pull down on themselves, such as furniture, unsecured televisions, and standing ladders.	☒	☐	☐		☐	M	
100-13(17)		The provider shall ensure that hot water accessible to children does not exceed 120 degrees Fahrenheit.	☒	☐	☐		☐	L, M	
100-13(18)		The provider shall ensure that high chairs that are used by children have T-shaped safety straps or safety devices that are used when a child is in the chair.	☒	☐	☐		☐	M, H	
100-13(19)		The provider shall ensure that infant walkers with wheels are inaccessible to children.	☒	☐	☐		☐	M	

100-13(20)(a)-(d)		The provider shall ensure that tobacco, e-cigarettes, e-juice, e-liquids, and similar products are inaccessible and, in compliance with the Utah Indoor Clean Air Act, not used: (a) in the facility or any other building when a child is in care; (b) in any vehicle that is being used to transport a child in care; (c) within 25 feet of any entrance to the facility or other building occupied by a child in care; or (d) in any outdoor area or within 25 feet of any outdoor area occupied by a child in care.	☒	☐	☐		☐	M, H	
Section 14: Emergency Preparedness, Response, and Recovery			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-14(1)(a)-(d)		The provider shall have a written emergency preparedness, response, and recovery plan that: (a) includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations; (b) includes procedures for accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions; (c) is available for review by parents, staff, and the departments during business hours; and (d) is followed if an emergency happens, unless otherwise instructed by emergency personnel.	☒	☐	☐		☐		
100-14(2)		The provider shall post the center's street address and emergency numbers, including at least fire, police, and poison control, near each telephone in the center or in an area clearly visible to anyone needing the information.	☒	☐	☐		☐	L, M, H	
100-14(3)		The provider shall keep first-aid supplies in the center, including at least antiseptic, bandages, and tweezers.	☒	☐	☐		☐	L	
100-14(4)		The provider shall conduct fire evacuation drills monthly and make sure drills include a complete exit of each child, staff, and volunteers from the building.	☒	☐	☐		☐	M	

100-14(5)(a)-(e)		The provider shall document each fire drill, including: (a) the date and time of the drill; (b) the number of children participating; (c) the name of the individual supervising the drill; (d) the total time to complete the evacuation; and (e) any problems encountered and remediation.	☒	☐	☐		☐	L	
100-14(6)		The provider shall conduct drills for disasters other than fires at least once every six months .	☒	☐	☐		☐	M	
100-14(7)(a)-(e)		The provider shall document each disaster drill, including: (a) the type of disaster, such as earthquake, flood, prolonged power or water outage, or tornado; (b) the date and time of the drill; (c) the number of children participating; (d) the name of the individual supervising the drill; and (e) any problems encountered and remediation.	☒	☐	☐		☐	L	
100-14(8)		The provider shall vary the days and times on which fire and other disaster drills are held.	☒	☐	☐		☐	L	
100-14(9)		The provider shall keep documentation of the previous 12 months of fire and disaster drills on-site for review by the department.	☒	☐	☐		☐	L	
100-14(10)(a)-(c)		The provider shall: (a) give parents a written report on the day of occurrence of each incident, accident, or injury involving their child; (b) ensure the report has the signatures of the caregivers involved, the center director or director designee, and the individual picking up the child; and (c) if school-age children sign themselves out of the center, send a copy of the report to the parent on the day following the occurrence.	☒	☐	☐		☐	M	

100-14(13)(a)-(b)		If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall: (a) submit a completed accident report form to 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.	☒	☐	☐		☐	L, M, H	
100-14(14)		The provider shall keep a six-week record of each incident, accident, and injury report on-site for review by the department.	☒	☐	☐		☐	L	
Section 15: Health and Infection Control			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-15(1)(a)-(f)		The provider shall keep the building, furnishings, equipment, and outdoor area clean and sanitary 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.	☒	☐	☐		☐	M	
100-15(2)		The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other pests.	☒	☐	☐		☐	M	
100-15(3)(a)-(c)		The provider shall clean and sanitize any toys and materials used by children: (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.	☒	☐	☐		☐	M	
100-15(4)		The provider shall ensure that 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.	☒	☐	☐		☐	L	

100-15(5)		The provider shall clean and sanitize highchair trays before each use.	☒	☐	☐		☐	L	
100-15(6)		The provider shall clean and sanitize water play tables or tubs daily if used by the children.	☒	☐	☐		☐	M	
100-15(7)		The provider shall clean and sanitize bathroom surfaces including toilets, sinks, faucets, toilet and sink handles, and counters each day the facility is open for business.	☒	☐	☐		☐	M	
100-15(8)		The provider shall clean and sanitize potty chairs after each use.	☒	☐	☐		☐	M	
100-15(9)		The provider shall keep toilet paper in a dispenser that is accessible to children	☒	☐	☐		☐	M	
100-15(10)		The provider shall post handwashing procedures that are readily visible from each handwashing sink and shall ensure that the procedures are followed.	☒	☐	☐		☐	L	
100-15(11)(a)-(g)		The provider shall ensure that staff and volunteers wash their hands thoroughly with liquid soap and running water: (a) upon arrival; (b) before handling or preparing food or bottles; (c) before and after eating meals and snacks or feeding a child; (d) after using the toilet or helping a child use the toilet; (e) after contact with a body fluid; (f) when coming in from outdoors; and (g) after cleaning up or taking out garbage.	☒	☐	☐		☐	M	

100-15(13)(a)-(f)		The provider shall ensure that children wash their hands thoroughly with liquid soap and running water: (a) upon arrival; (b) before and after eating meals and snacks; (c) after using the toilet; (d) after contact with a body fluid; (e) before using a water play table or tub; and (f) when coming in from outdoors.	☒	☐	☐		☐	M	
100-15(14)		The provider shall ensure that only single-use towels from a covered dispenser or an electric hand dryer is used to dry hands.	☒	☐	☐		☐	L	
100-15(15)		The provider shall store personal hygiene items, such as toothbrushes, combs, and hair accessories separate, so they do not touch each other, and ensure they are not shared or they are sanitized between each use.	☒	☐	☐		☐	L	
100-15(16)(a)-(b)		The provider shall ensure that pacifiers, bottles, and nondisposable 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.	☒	☐	☐		☐	M	
100-15(17)		The provider shall ensure that a child's clothing is promptly changed if the child has a toileting accident.	☒	☐	☐		☐	M	
100-15(18)(a)-(d)		The provider shall ensure that children's clothing that is wet or soiled from a body fluid is: (a) not rinsed or washed at the center; (b) placed in a leak proof container that is labeled with the child's name; and (c) returned to the parent, or (d) thrown away with parental consent.	☒	☐	☐		☐	M	
100-15(20)		The provider may not care for a child who is ill with an infectious disease at the center except when the child shows signs of illness after arriving at the center.	☒	☐	☐		☐	M	

100-15(21)(a)-(b)		If a child becomes ill while in care: (a) the provider shall contact the child's parent or, if the parent cannot be reached, an individual listed as the emergency contact to immediately pick up the child; and (b) if the child is ill with an infectious disease, the provider shall make the child comfortable in a safe, supervised area that is separated from the other children until the parent arrives.	☒	☐	☐		☐	M	
100-15(24)(a)-(c)		To prevent contamination of food, the spread of foodborne illnesses, and other diseases, the provider shall ensure that: (a) individuals who prepare food in the kitchen do not change diapers or help in toileting children; (b) caregivers who care for diapered children only prepare food for the children in their care, and they do not prepare food outside of the room used by the diapered children or prepare food for other children and adults in the facility; and (c) individuals with an infectious disease or showing symptoms such as diarrhea, fever, coughing, or vomiting do not prepare or serve foods.	☒	☐	☐		☐	M	
Section 16: Food and Nutrition			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-16(1)		The provider shall offer a meal or snack to each child age two years old and older at least once every three hours.	☒	☐	☐		☐	M	

100-16(2)(a)-(e)	If food for children's meals or snacks is supplied by the provider, the provider shall ensure that: (a) the meal service meets local health department food service rules; (b) the foods that are served meet the nutritional requirements of the USDA Child and Adult Care Food Program (CACFP) whether or not the provider participates in the CACFP; (c) the provider uses the CACFP meal pattern requirements, the standard 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; (d) the current week's menu is posted for review by parents and the department; and (e) if not participating or in good standing with the CACFP, keep a six-week record of foods served at each meal and snack.	☒	☐	☐		☐	L	
100-16(3)(a)-(b)	The provider shall ensure that the individual who serves food to children: (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.	☒	☐	☐		☐	M, H	
100-16(4)	The provider may not place children's food on a bare table, and shall serve children's food on dishes, napkins, or sanitary highchair trays, except an individual finger food such as a cracker, which may be placed directly in a child's hand.	☒	☐	☐		☐	L	
100-16(5)(a)-(c)	If parents bring food and drink for their child's use, the provider shall ensure that the food is: (a) labeled with the child's name; (b) refrigerated if needed; and (c) consumed only by that child.	☒	☐	☐		☐	L	
Section 17: Medications		☐	Check here if there are NO Medications on the premises and the provider does not administer medications			CDI	L, M, H, Ex	Notes

100-17(1)		The provider shall lock nonrefrigerated medications or store them at least 48 inches above the floor.	☒	☐	☐		☐	M	
100-17(2)		The provider shall lock refrigerated medications or store them at least 36 inches above the floor and, if liquid, store them in a separate leak proof container.	☒	☐	☐		☐	M	
100-17(3)(a)-(d)		If parents supply any over-the-counter or prescription medications, the provider shall ensure those medications are: (a) labeled with the child's full name; (b) kept in the original or pharmacy container; (c) have the original label; and (d) have child safety caps.	☒	☐	☐		☐	M, H	
100-17(4)		The provider shall have a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.	☒	☐	☐		☐	M	
100-17(5)(a)-(d)		The provider shall ensure that the medication permission form includes at least: (a) the name of the child; (b) the name of the medication; (c) written instructions for administration; and (d) the parent signature and the date signed.	☒	☐	☐		☐	L	
100-17(6)(a)-(d)		The provider shall ensure that instructions for administering the medication include at least: (a) the dosage; (b) how the medication will be given; (c) the times and dates to administer the medication; and (d) the disease or condition being treated.	☒	☐	☐		☐	M	

100-17(7)(a)-(b)		If the provider supplies an over-the-counter medication for children's use, the provider shall ensure that the medication is not administered to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent is: (a) written; or (b) verbal, if the date and time of the consent is documented and signed by the parent upon picking up their child.	☒	☐	☐		☐	H	
100-17(8)(a)-(d)		The provider shall ensure that the staff administering the medication: (a) washes their hands; (b) check the medication label to confirm the child's name if the parent supplied the medication; (c) 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 (d) administers the medication.	☒	☐	☐		☐	H	
100-17(9)(a)-(c)		The provider shall ensure that immediately after administering a medication, the staff giving the medication records the following information: (a) the date, time, and dosage of the medication given; (b) any error in administering the medication or adverse reactions; and (c) their signature or initials.	☒	☐	☐		☐	M, H	
100-17(10)		The provider shall report to the parent a child's adverse reaction to a medication or error in administration the medication immediately upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening.	☒	☐	☐		☐	H	
100-17(11)		The provider shall notify the parent before the time a medication needs to be given to a child if the provider chooses not to administer medication as instructed by the parent.	☒	☐	☐		☐	H	
100-17(12)		The provider shall keep a six-week record of medication permission and administration forms on-site for review by the department.	☒	☐	☐		☐	L	
Section 18: Activities			C	NC	NA	Date	CDI	L, M, H, Ex	Notes

100-18(1)		The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.	☒	☐	☐		☐	M	
100-18(2)		The provider shall ensure that daily activities include outdoor play as weather and air quality allow.	☒	☐	☐		☐	M	
100-18(3)		The provider shall ensure that physical development activities include light, moderate, and vigorous physical activity for a daily total of at least 15 minutes for every two hours children spend in the program.	☒	☐	☐		☐	M	
100-18(4)(a)-(b)		For each preschool and school-age group, the provider shall post a daily schedule that includes: (a) activities that support children's healthy development; and (b) the times activities occur including at least meal, snack, nap or rest, and outdoor play times.	☒	☐	☐		☐	L	
100-18(5)		The provider shall ensure that toys, materials, and equipment needed to support children's healthy development are available to the children.	☒	☐	☐		☐	M	
100-18(6)(a)-(c)		Except for occasional special events, the provider shall ensure that the children's primary screen time activity on media such as television, cell phones, tablets, and computers is: (a) not allowed for children zero to 17 months old; (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 (c) planned to address the needs of children five to 12 years old.	☒	☐	☐		☐	M	

100-18(7)(a)-(f)	If swimming activities are offered or if wading pools are used, the provider shall ensure that: (a) the parent gives permission before their child in care uses the pool; (b) caregivers stay at the pool supervising when a child is in the pool or has access to the pool, and when an accessible pool has water in it; (c) diapered children wear swim diapers when they are in the pool; (d) wading pools are emptied and sanitized after use by each group of children; (e) if the pool is over four feet deep, there is a lifeguard on duty who is certified by the Red Cross or other approved certification program any time children have access to the pool; and (f) lifeguards and pool personnel do not count toward the caregiver-to-child ratio.	☒	☐	☐		☐	M, H	
100-18(8)(a)-(f)	If off site activities are offered, the provider shall ensure that: (a) the parent gives written consent before each activity; (b) the required caregiver-to-child ratio and supervision are maintained during the entire activity; (c) first aid supplies, including at least antiseptic, bandages, and tweezers are available; (d) children wear or carry with them the name and phone number of the center; (e) children's names are not used on name tags, t-shirts, or in other visible ways; and (f) 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.	☒	☐	☐		☐	M, H	
100-18(9)(a)-(e)	The provider shall ensure that a caregiver with the children takes the written emergency information and releases for each child in the group on each off site activity, and that the information includes at least: (a) the child's name; (b) the parent's name and phone number; (c) the name and phone number of 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.	☒	☐	☐		☐	M	

Section 19: Play Equipment			☐	Check here if there is no play equipment			CDI	L, M, H, Ex	Notes
100-19(1)		The provider shall ensure that children using play equipment use it safely and in the manner intended by the manufacturer.	☒	☐	☐		☐	M	
100-19(2)		The provider shall ensure that the highest designated play surface on stationary play equipment used by infants or toddlers does not exceed three feet in height.	☒	☐	☐		☐	M	
100-19(3)		The provider shall ensure that swings used by infants or toddlers have enclosed seats.	☒	☐	☐		☐	H	
100-19(4)(a)-(c)		The provider shall ensure that stationary play equipment has a surrounding use zone that extends from the outermost edge of the equipment and that, with the exception of swings, stationary play equipment that is: (a) used by infants or toddlers has at least a three-foot use zone if any designated play surface is higher than 18 inches ; (b) used by preschoolers has at least a six-foot use zone if any designated play surface is higher than 20 inches ; and (c) used by school-age children has at least a six-foot use zone if any designated play surface is higher than 30 inches .	☒	☐	☐		☐	M	
100-19(5)		The provider shall ensure that the use zone in the front and rear of a single-axis, enclosed swing extends at least twice the distance of the swing pivot point to the swing seat.	☒	☐	☐		☐	M	
100-19(6)		The provider shall ensure that the use zone in the front and rear of a single-axis swing extends at least twice the distance of the swing pivot point to the ground.	☒	☐	☐		☐	M	
100-19(7)(a)-(b)		The provider shall ensure that the use zone for a multi-axis swing, such as a tire swing, extends: (a) at least the measurement of the suspending rope or chain plus three feet, if the swing is used by infants or toddlers; or (b) at least the measurement of the suspending rope or chain plus six feet, if the swing is used by preschoolers or school-age children.	☒	☐	☐		☐	M	

100-19(8)		The provider shall ensure that the use zone for a merry-go-round extends at least six feet in any direction from its outermost edge.	☒	☐	☐		☐	M	
100-19(9)(a)-(b)		The provider shall ensure that the use zone for a spring rocker extends: (a) at least three feet from the outermost edge of the rocker when at rest; or (b) at least six feet from the outermost edge of the rocker when at rest if the seat is higher than 20 inches , and the rocker is used by preschoolers or school-age children .	☒	☐	☐		☐	M	
100-19(10)(a)-(d)		The provider shall ensure that the following use zones do not overlap the use zone of any other piece of play equipment: (a) the use zone in front of a slide; (b) the use zone in the front and rear of any single-axis swing, including a single-axis enclosed swing; (c) the use zone of a multi-axis swing; and (d) the use zone of a merry-go-round if the platform diameter measures 20 inches or more.	☒	☐	☐		☐	M	
100-19(11)(a)-(b)		Unless prohibited in Subsection R381-100-19(10), the provider shall ensure that the use zones of play equipment only overlap when: (a) the equipment is used by infants or toddlers, and there is at least three feet between the pieces of equipment; or (b) the equipment is used by preschoolers or school-age children and there is at least six feet between the pieces of equipment if the designated play surface is 30 inches or lower, or there is at least nine feet between the pieces of equipment if the designated play surface is higher than 30 inches.	☒	☐	☐		☐	M	
100-19(12)		The provider shall ensure that, when in use, stationary play equipment is not placed on a hard surface such as concrete, asphalt, dirt, or the bare floor.	☒	☐	☐		☐	M	

100-19(13)		The provider shall ensure that protective cushioning covers the entire surface of each required use zone and that its depth or thickness is determined by the highest designated play surface of the equipment.	☒	☐	☐		☐	M	
100-19(14)(a)-(c)		If sand, gravel, or shredded tires are used as protective cushioning, the provider shall: (a) ensure that the cushioning is periodically checked for compaction and loosened to the depth listed in Table 2 if compacted; (b) if the material cannot be loosened due to extreme weather conditions, not allow children to play on the equipment until the material can be loosened to the required depth; and (c) ensure that the depth of the material meets the guidelines in Table 2. *** Please look in IM for new Table 2 Guidelines ***	☒	☐	☐		☐	M	
100-19(15)(a)-(c)		If shredded wood products are used as protective cushioning, the provider shall: (a) keep on-site for review by the department documentation from the manufacturer that the wood product is protective cushioning; (b) ensure there is adequate drainage under the material; and (c) ensure the depth of the shredded wood meets the guidelines in Table 3. *** Please look in IM for new Table 3 Guidelines ***	☒	☐	☐		☐	M	
100-19(16)		If a unitary cushioning is used, the provider shall maintain on-site for review by the department documentation from the manufacturer that the material is cushioning for playgrounds.	☒	☐	☐		☐	L, M	
100-19(17)		If a unitary cushioning is used, the provider shall ensure that the cushioning material is securely installed, so that it cannot become displaced when children jump, run, walk, land, or move on it, or be moved by children picking it up.	☒	☐	☐		☐	M	

100-19(18)(a)-(c)		The provider shall ensure that a play equipment platform that is more than: (a) 18 inches above the floor or ground and used by infants or toddlers has a protective barrier that is at least 24 inches high ; (b) 30 inches above the floor or ground and used by preschoolers has a protective barrier that is at least 29 inches high ; and (c) 48 inches above the floor or ground and used by school-age children has a protective barrier that is at least 38 inches high .	☒	☐	☐		☐	M	
100-19(19)		The provider shall ensure that there is no gap greater than 3-1/2 inches in or under a required protective barrier on a play equipment platform.	☒	☐	☐		☐	M	
100-19(20)		The provider shall ensure that stationary play equipment is stable or securely anchored.	☒	☐	☐		☐	M	
100-19(21)		The provider shall ensure that there are no trampolines on the premises that are accessible to any child in care.	☒	☐	☐		☐	H	
100-19(22)		The provider shall ensure that there are no entrapment hazards on or within the use zone of any piece of stationary play equipment.	☒	☐	☐		☐	H	
100-19(23)		The provider shall ensure that there are no strangulation hazards on or within the use zone of any piece of stationary play equipment.	☒	☐	☐		☐	H	
100-19(24)		The provider shall ensure that there are no crush, shearing, or sharp edge hazards on or within the use zone of any piece of stationary play equipment.	☒	☐	☐		☐	H	
100-19(25)		The provider shall ensure that there are no tripping hazards such as concrete footings, tree stumps, tree roots, or rocks within the use zone of any piece of stationary play equipment.	☒	☐	☐		☐	M	
Section 20: Transportation			☒	Check here if the provider does not transport children			CDI	L, M, H, Ex	Notes

100-20(1)(a)-(b)		For each child being transported, the provider shall have a transportation permission form: (a) signed by the parent; and (b) on-site for review by the department.	☐	☐	☐		☐	M	
100-20(2)(a)-(e)		The provider shall ensure that each vehicle used for transporting children: (a) is enclosed with a roof or top; (b) is equipped with safety restraints; (c) has a current vehicle registration; (d) is maintained in a safe and clean condition; and (e) contains first aid supplies, including at least antiseptic, bandages, and tweezers.	☐	☐	☐		☐	M	
100-20(3)(a)-(c)		The provider shall ensure that the safety restraints in each vehicle that transports children are: (a) appropriate for the age and size of each child who is transported, as required by Utah law; (b) properly installed; and (c) in safe condition and working order.	☐	☐	☐		☐	M	
100-20(4)(a)-(i)		The provider shall ensure that the driver of each vehicle who is transporting children: (a) is at least 18 years old; (b) has and carries with them a current, valid driver's license for the type of vehicle being driven; (c) has with them the written emergency contact information for each child being transported; (d) ensures that each child being transported is in an individual safety restraint that is used according to Utah law; (e) ensures that the inside vehicle temperature is between 60-85 degrees Fahrenheit; (f) never leaves a child in the vehicle unattended by an adult; (g) ensures that children stay seated while the vehicle is moving; (h) never leaves the keys in the ignition when not in the driver's seat; and (i) ensures that the vehicle is locked during transport.	☐	☐	☐		☐	M, H	

100-20(5)(a)-(d)		If the provider walks or uses public transportation to transport children to or from the facility, the provider shall ensure that: (a) each child being transported has a completed transportation permission form signed by their parent; (b) a caregiver goes with the children and actively supervises the children; (c) the caregiver-to-child ratio is maintained; and (d) a caregiver with the children has written emergency contact information and releases for the children being transported.	☐	☐	☐		☐	M	
Section 21: Animals			☒	Please check this box if there are no animals on the premises			CDI	L, M, H, Ex	Notes
100-21(1)		The provider shall inform parents of the kinds of animals allowed at the facility.	☐	☐	☐		☐	L	
100-21(2)(a)-(c)		The provider shall ensure that there is 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 even one individual.	☐	☐	☐		☐	H	
100-21(3)		The provider shall ensure that animals at the facility are clean and free of obvious disease or health problems that could adversely affect children.	☐	☐	☐		☐	L	
100-21(4)		The provider shall ensure that there is no animal or animal equipment in food preparation or eating areas.	☐	☐	☐		☐	L	
100-21(5)		The provider shall ensure that children younger than five years old do not assist with the cleaning of animals or animal cages, pens, or equipment.	☐	☐	☐		☐	L	
100-21(6)		If school-age children help in the cleaning of animals or animal equipment, the provider shall ensure that the children wash their hands immediately after cleaning the animal or equipment.	☐	☐	☐		☐	L	
100-21(7)		The provider shall ensure that children and staff wash their hands immediately after playing with or touching reptiles and amphibians.	☐	☐	☐		☐	M	

100-21(8)		The provider shall ensure that dogs, cats, and ferrets that are housed at the facility have current rabies vaccinations.	☐	☐	☐		☐	M	
100-21(9)		The provider shall keep current animal vaccination records on-site for review by the department.	☐	☐	☐		☐	L	
Section 22: Rest and Sleep			C	NC	NA	Date	CDI	L, M, H, Ex	Notes
100-22(1)		The provider shall offer children in care a daily opportunity for rest or sleep in an environment with subdued lighting, a low noise level, and freedom from distractions.	☒	☐	☐		☐	L	
100-22(2)		The provider shall not schedule nap or rest times for more than two hours a day.	☒	☐	☐		☐	L	
100-22(3)		The provider shall use a separate crib, cot, mat, or other sleeping equipment for each child during nap times.	☒	☐	☐		☐	M	
100-22(4)		The provider shall keep sleeping equipment in good repair, including that mats and mattresses have smooth, waterproof surfaces.	☒	☐	☐		☐	M	
100-22(5)(a)-(e)		The provider shall ensure that each crib: (a) has a tight-fitting mattress; (b) has slats spaced no more than 2-3/8 inches apart; (c) has at least 20 inches from the top of the mattress to the top of the crib rail, or at least 12 inches from the top of the mattress to the top of the crib rail if the child using the crib cannot sit up without assistance; (d) does not have strings, cords, ropes, or other entanglement hazards on the crib or within reach of the child; and (e) has documentation from the manufacturer or retailer stating that the crib was built after <u>June 28, 2011</u> , or that the crib is certified if the crib was manufactured before that date.	☒	☐	☐		☐	M	
100-22(6)		When in use, the provider shall place sleeping equipment such as cribs, cots, and mats at least two feet apart.	☒	☐	☐		☐	M	

100-22(7)		The provider shall ensure that sleeping equipment does not block exits.	☒	☐	☐		☐	M	
100-22(8)(a)-(c)		The provider shall make a sheet and blanket or acceptable alternative available to each child 12 months or older during nap time, and ensure that these items are: (a) clearly assigned to one child; (b) stored separately from other children's bedding; and (c) laundered as needed, but at least once a week, and before use by another child.	☒	☐	☐		☐	L	
100-22(9)		The provider shall clean and sanitize sleeping equipment that is not clearly assigned to and used by an individual child before each use.	☒	☐	☐		☐	M	
100-22(10)(a)-(b)		The provider shall: (a) store sleeping equipment in a way the surfaces children sleep on do not touch each other; or (b) clean and sanitize sleeping equipment before each use.	☒	☐	☐		☐	M	
Section 23: Diapering			☐	Check here is the provider does not care for diapered children			CDI	L, M, H, Ex	Notes
Observe in every room where diapers are changed:									
100-23(1)		The provider shall post diapering procedures at each diapering station and ensure that they are followed.	☒	☐	☐		☐	L	
100-23(4)		The provider shall ensure that the diapering surface is smooth, waterproof, and in good repair.	☒	☐	☐		☐	M	
100-23(5)		The provider shall ensure that each diapering station is equipped with railings to prevent a child from falling when being diapered.	☒	☐	☐		☐	M	
100-23(10)		Each day, the provider shall clean and sanitize indoor containers where wet and soiled diapers are placed.	☒	☐	☐		☐	M	
During diapering observation:									

100-23(2)(a)-(c)	The provider shall ensure that 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. ASK - Do you do this?	☒	☐	☐		☐	M	
100-23(3)	The provider shall ensure that caregivers change children's diapers at a diapering station and not on surfaces used for any other purpose.	☒	☐	☐		☐	M	
100-23(6)	The provider shall ensure that caregivers do not leave children unattended on the diapering surface.	☒	☐	☐		☐	H	
100-23(7)	The provider shall ensure that caregivers clean and sanitize the diapering surface after each diaper change, or use a disposable, waterproof diapering surface that is thrown away after each diaper change.	☒	☐	☐		☐	M	
100-23(8)	The provider shall ensure that caregivers who change diapers wash their hands after each diaper change.	☒	☐	☐		☐	M	
100-23(9)(a)-(c)	The provider shall ensure that caregivers place wet and soiled disposable diapers: (a) in a container that has a disposable plastic lining and a tight-fitting lid; (b) directly in an outdoor garbage container that has a tight-fitting lid; or (c) in a container that is inaccessible to children.	☒	☐	☐		☐	M	
100-23(11)(a)-(c)	If cloth diapers are used, the provider shall: (a) not rinse cloth diapers at the facility; and (b) place cloth diapers directly into a leak proof container that is inaccessible to any child and labeled with the child's name; or (c) place the cloth diapers in a leak proof diapering service container.	☒	☐	☐		☐	M	
Section 24: Infant and Toddler Care		☐	Please check this box if the provider does not care for infants and toddlers			CDI	L, M, H, Ex	Notes

100-24(1)		The provider shall ensure that each awake infant and toddler receives positive physical and verbal interaction with a caregiver at least once every 20 minutes.	☒	☐	☐		☐	M	
100-24(2)		To stimulate their healthy development, the provider shall ensure that infants receive daily interactions with adults; including on the ground interaction and closely supervised time spent in the prone position for infants less than six months old.	☒	☐	☐		☐	M	
100-24(3)		The provider shall ensure that infant and toddler areas are not used to pass through or access other indoor and outdoor areas.	☒	☐	☐		☐	M	
100-24(4)		The provider shall ensure that infants and toddlers play in the same enclosed outdoor space with older children only when there are eight or fewer children in the group.	☒	☐	☐		☐	H	
100-24(5)		The provider shall ensure that caregivers respond promptly to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, a wet or soiled diaper, fear, teething, or illness.	☒	☐	☐		☐	M	
100-24(6)		For their healthy development, the provider shall make safe toys available and accessible for each infant and toddler to engage in play.	☒	☐	☐		☐	M	
100-24(7)		The provider shall ensure that mobile infants and toddlers have freedom of movement in a safe area.	☒	☐	☐		☐	M	
100-24(8)		The provider shall not confine an awake infant or toddler in any piece of equipment, such as a swing, high chair, crib, playpen, or other similar piece of equipment for more than 30 minutes.	☒	☐	☐		☐	M	
100-24(9)		The provider shall ensure that only one infant or toddler occupies any one piece of equipment at a time, unless the equipment has individual seats for more than one child.	☒	☐	☐		☐	M	
100-24(10)		The provider shall make objects made of styrofoam inaccessible to infants and toddlers.	☒	☐	☐		☐	M	

100-24(11)		The provider shall allow each infant and toddler to eat and sleep on their own schedule.	☒	☐	☐		☐	M	
100-24(12)(a)-(d)		The provider shall ensure that baby food, formula, or breast milk that is brought from home for an individual child's use is: (a) labeled with the child's name; (b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food; (c) kept refrigerated if needed; and (d) discarded within 24 hours of preparation or opening, except for unprepared powdered formula or dry food.	☒	☐	☐		☐	M	
100-24(13)		If an infant cannot sit upright and hold their own bottle, the provider shall ensure that a caregiver holds the infant during bottle feeding and that bottles are not propped.	☒	☐	☐		☐	M	
100-24(14)		The provider shall ensure that the caregiver swirls and tests warm bottles for temperature before feeding to children.	☒	☐	☐		☐	L	
100-24(15)		The provider shall discard formula and milk, including breast milk, after feeding or within two hours of starting a feeding.	☒	☐	☐		☐	M	
100-24(16)		The provider shall ensure that caregivers cut solid foods for infants into pieces no larger than 1/4 inch in diameter, and cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.	☒	☐	☐		☐	M	
100-24(17)		The provider shall ensure that infants sleep in equipment designed for sleep 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.	☒	☐	☐		☐	H	
100-24(18)		The provider shall place infants on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.	☒	☐	☐		☐	H	

100-24(19)		The provider shall not place soft toys, loose blankets, or other objects in sleep equipment while in use by sleeping infants.	☒	☐	☐		☐	M	
100-24(20)(a)-(b)		The provider shall document each infant's eating and sleeping patterns each day infants are at the facility, and make sure the record: (a) is completed within an hour of each feeding or nap; and (b) includes the infant's name, the food and beverages eaten, and the times the infant slept.	☒	☐	☐		☐	L	
100-24(21)(a)-(c)		Within an hour of each infant or toddler's diaper change, the provider shall record: (a) the infant or toddler's name; (b) the time of the diaper change; and (c) whether the diaper was dry, wet, soiled, or both.	☒	☐	☐		☐	L	
100-24(22)(a)-(b)		The provider shall maintain on-site for review by the department a six-week record of: (a) the eating and sleeping patterns for each infant; and (b) the diaper changes for each infant and toddler.	☒	☐	☐		☐	L	