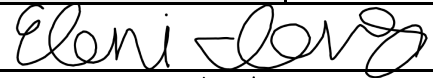


|                                                                                                                                                                             |                                                                                          |                                                                                  |                                                 |                                                                                      |                                           |                                                                                                                                    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks |                                                                                          | <b>License Exempt Inspection Checklist</b><br><b>Childcarelicensing.utah.gov</b> |                                                 |                                                                                      |                                           | This inspection checklist is the tool CCL<br>licensors use to ensure consistency for<br>every inspection. <i>(Revised 07/2023)</i> |                          |
| Facility Name:                                                                                                                                                              |                                                                                          | Facility ID:                                                                     |                                                 | Phone Number:                                                                        |                                           | Notes including information from<br>Sticky Notes                                                                                   |                          |
| Location<br>Address:                                                                                                                                                        |                                                                                          |                                                                                  |                                                 | Email<br>Address:                                                                    |                                           |                                                                                                                                    |                          |
| Contact Person(s):                                                                                                                                                          |                                                                                          |                                                                                  |                                                 |                                                                                      |                                           |                                                                                                                                    |                          |
| Expiration Date of Application<br>or Expiration Date of Approval:                                                                                                           |                                                                                          |                                                                                  | Schedule:                                       |                                                                                      |                                           |                                                                                                                                    |                          |
| <input type="checkbox"/>                                                                                                                                                    | Annual Unannounced and Annual Announced Inspections Only: - Review the CCL-NAICS Report. |                                                                                  |                                                 |                                                                                      |                                           |                                                                                                                                    |                          |
| The facility is not on the report:                                                                                                                                          |                                                                                          |                                                                                  |                                                 | <input type="checkbox"/>                                                             | All employees on the report are eligible: |                                                                                                                                    | <input type="checkbox"/> |
| <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 Inspection:                                                      |                                           |                                                                                                                                    |                          |
| <input type="checkbox"/>                                                                                                                                                    | The Licensor reviewed compliance.                                                        | Please sign/type individual informed name and date of review:                    |                                                 |  |                                           |                                                                                                                                    |                          |

1/13/25

| Rule 8 - Exemptions                  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Risk        | Notes                                 |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|-------------|---------------------------------------|
| 4(2)                                 | Providers listed in this subsection shall submit to the department, each year the program is open for business, an <b>application for verification</b> of license exempt status on the form provided by the department.                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | M           | Expiration Date of Current Exemption: |
| 4(3)(a)-(b)                          | Providers listed in this subsection shall post, in a conspicuous location near the entrance of the provider's facility, a <b>notice prepared by the Department that states that the facility is exempt</b> from licensure and certification; and provides the department's contact information for submitting a complaint.                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | M           |                                       |
| <b>Background Check Requirements</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>Risk</b> | <b>Notes</b>                          |
| 5(4)(a)-(b)                          | Before a <b>new covered individual becomes involved</b> with child care in the program, the provider shall use the CCL provider portal search to: verify that <b>the individual is eligible and associate that individual</b> with their facility if the covered individual appears in the search.                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | M           |                                       |
| 5(5)(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: have the individual <b>submit an online background check form and fingerprints for individuals age 18 years old and older; authorize the individual's background check</b> through the CCL provider's portal; <b>pay any required fees</b> ; and <b>receive written notice from CCL that the individual is eligible.</b>                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | H           |                                       |
| 5(6)(a)-(c)                          | To keep their background check eligibility <b>current</b> , the provider shall also ensure that a <b>new background check form and fingerprints are submitted and authorized</b> and fees are paid for any covered individual who has: resided outside of Utah since their last background check was completed; not been associated with an active, CCL approved child care facility within the past 180 days ; or 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | M           |                                       |
| 5(13)                                | If a covered individual is <b>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, 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.                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | H           |                                       |
| <input type="checkbox"/>             | <b>Check IDs of Covered Individuals present during the inspection.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                    |             |                                       |