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|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks                                                                                             |                                                                        | <b>Child Care Commercial PRESCHOOL Inspection Checklist</b>                             |             |                                     |                                       | This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection. <i>(Revised 11/2023)</i> |  |
|                                                                                                                                                                                                                                                                         |                                                                        | <a href="https://childcarelicensing.utah.gov">R381-40 - Childcarelicensing.utah.gov</a> |             |                                     |                                       |                                                                                                                              |  |
| Facility Name:                                                                                                                                                                                                                                                          | Sunshine Square Preschool Heber                                        | Facility ID:                                                                            | (F23-109284 | Phone Number:                       | (801) 856-4322                        | Notes / Sticky Notes                                                                                                         |  |
| Address:                                                                                                                                                                                                                                                                | 345 W 600 S<br>#405<br>Heber City, UT, 84032                           |                                                                                         |             | Email Address:                      | suzie.anderson.use@hotmail.com        |                                                                                                                              |  |
| Total Number of rooms for capacity:                                                                                                                                                                                                                                     |                                                                        |                                                                                         |             |                                     | 5                                     |                                                                                                                              |  |
| Director:                                                                                                                                                                                                                                                               | Melissa Phelps                                                         | Approved Capacity:                                                                      | 50          | Number of Rooms Being Used:         | 5                                     |                                                                                                                              |  |
| License Expiration Date:                                                                                                                                                                                                                                                | 1/31/26                                                                | Last Announced:                                                                         | 1/14/2025   | Last Unannounced Inspection:        | 5/16/2024                             |                                                                                                                              |  |
| Please review the following items before and during the inspection:<br>(Mark with a check mark when completed and make all necessary notes)                                                                                                                             |                                                                        |                                                                                         |             |                                     |                                       |                                                                                                                              |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                     | W-9 Completed                                                          |                                                                                         |             | <input checked="" type="checkbox"/> | Sex Offender Registry                 | n/a for this inspection                                                                                                      |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                     | DWS Eligible / Payment to Provider Terms and Conditions signed         |                                                                                         |             | <input checked="" type="checkbox"/> | Current Variances                     | no                                                                                                                           |  |
| NAICS (North American Industry Classification System)                                                                                                                                                                                                                   |                                                                        |                                                                                         |             | <input checked="" type="checkbox"/> | Facility Personnel Listed in UCCLAPP  | yes                                                                                                                          |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                     | Provider/Facility NOT on the NAICS Report                              |                                                                                         |             | <input checked="" type="checkbox"/> | DAS Review                            | yes                                                                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | All Names on the NAICS Report have a cleared background check          |                                                                                         |             | <input checked="" type="checkbox"/> | Training assessed at this inspection? | no                                                                                                                           |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                | There were names on the NAICS Report without cleared background checks |                                                                                         |             | <input checked="" type="checkbox"/> | Safety Glass Form                     | no new                                                                                                                       |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                     | Verify Facility Operating Hours                                        | same                                                                                    |             | <input checked="" type="checkbox"/> | Capacity of center during inspection  | 23                                                                                                                           |  |
| Inspection Information: <a href="#">On Site Technical Assistance Worksheet</a>                                                                                                                                                                                          |                                                                        |                                                                                         |             |                                     |                                       |                                                                                                                              |  |
| - 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 <a href="https://childcarelicensing.utah.gov/EvalForm.html">https://childcarelicensing.utah.gov/EvalForm.html</a>                                                           |                                                                        |                                                                                         |             |                                     |                                       |                                                                                                                              |  |
| Signature Information                                                                                                                                                                                                                                                   |                                                                        |                                                                                         |             |                                     |                                       |                                                                                                                              |  |

|                                         |                                   |                                                          |          |               |                                 |             |          |
|-----------------------------------------|-----------------------------------|----------------------------------------------------------|----------|---------------|---------------------------------|-------------|----------|
| Inspection Type:                        | Follow-up                         | Date:                                                    | 5/6/2025 | Time Started: | 11:15 am                        | Time Ended: | 11:30 am |
| Number of Rule Noncompliances:          | 0                                 | Name of Individual Informed of this Inspection:          |          |               | Melissa Phelps                  |             |          |
| Licensor(s) Conducting this Inspection: |                                   | Sunny Ledding                                            |          |               | CCL Staff observing inspection: | none        |          |
| <input checked="" type="checkbox"/>     | CCL licensor reviewed compliance. | Sign or type name and date this inspection was reviewed: |          |               | Melissa Phelps                  |             | 5/6/2025 |

| 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: |
| Melissa Phelps                                                                                                                                                                                                                                                                  |                          |

|                                                                                                                                                                             |                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks | <b>Child Care PRESCHOOL Inspection Checklist</b>                                                                                                                           |                                     | This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection.                                                                                                                                                        |
|                                                                                                                                                                             | <a href="https://childcarelicensing.utah.gov">R381-40 - Childcarelicensing.utah.gov</a>                                                                                    |                                     |                                                                                                                                                                                                                                                            |
| <b>Licensor Introductory Items</b>                                                                                                                                          |                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                            |
| <input checked="" type="checkbox"/>                                                                                                                                         | Introduction of any unknown CCL staff to the provider                                                                                                                      | <input checked="" type="checkbox"/> | ASK: Where do you store medications?                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/>                                                                                                                                         | Give a brief explanation of the inspection process to the provider                                                                                                         | <input checked="" type="checkbox"/> | ASK: Have any windows been replaced since the last inspection?<br>If YES: A new safety glass form must be filled out. If the safety glass form indicates safety glass wasn't needed due to a barrier, verify the windows are still compliant.              |
| <input checked="" type="checkbox"/>                                                                                                                                         | ASK: the provider if they want you to tell staff about rule noncompliances as you conduct the walk- though, or wait until the inspection is over to tell them.             | <input checked="" type="checkbox"/> | ASK Are parts of the facility rented or lived in? If YES: Review the signed lease agreement and verify that there is a separate mailing address, a separate entrance and that there are no connecting unlocked interior doorways. R381 -40-9(12)(a)-(c)    |
| <input checked="" type="checkbox"/>                                                                                                                                         | If the program transports children, let the owner/director know that at some point during the inspection you will need to inspect the vehicles used to transport children. | <input checked="" type="checkbox"/> | ASK: Where are the first aid supplies for the facility and field trips?                                                                                                                                                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                         | Wash hands or use hand sanitizer before touching items in the facility.                                                                                                    | <input checked="" type="checkbox"/> | If children are diapered at the facility, let the owner/director know that you will need to observe one diaper change. The owner/director may want to have staff come and interrupt the inspection to let you know when they are ready to change a diaper. |
| <input checked="" type="checkbox"/>                                                                                                                                         | Ask Provider to verify email address and phone number.                                                                                                                     | same                                |                                                                                                                                                                                                                                                            |
| <b>General Notes</b>                                                                                                                                                        |                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                            |
| Empty space for general notes                                                                                                                                               |                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                            |

| RULES CHECKLIST                                                                     |                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                              |                             |                                 |       |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|-----------------------------|---------------------------------|-------|
| Rule #                                                                              | Rule Description                                                                                                                                                                                                                                                                         | C                                   | NC                       | NA                       | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High Extreme | Notes |
| R381-40                                                                             | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                          |                                     |                          |                          |                              |                             |                                 |       |
| <b>P = Pre-License Inspection Only</b>                                              |                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                              |                             |                                 |       |
| <b>R381-40-Section 4: License Application, Renewal, Changes and Variances</b>       |                                                                                                                                                                                                                                                                                          | C                                   | NC                       | NA                       | Date                         |                             | L, M, H, Ex                     | Notes |
| 40-4(3)(a)-(h)                                                                      | If the local fire authority states in writing that an applicant for a new or a renewal license does not require a fire inspection, the department shall verify the applicant's compliance:<br><br><b>ASK</b> - Are you in compliance with your local fire authority?                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    | M                               |       |
| <b>R381-40-Section 5: Rule Noncompliance, Penalties, and Agency Action Reviews.</b> |                                                                                                                                                                                                                                                                                          | C                                   | NC                       | NA                       | Date                         | CDI                         | L, M, H, Ex                     | Notes |
| 40-5(4)(e)                                                                          | The department may deny or revoke a license if the child care provider:<br>(e) <i>fails to allow authorized representatives of the department access to the facility</i> to ensure compliance with the requirements under R381-40;                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    | M                               |       |
| <b>R381-40-Section 6: Administration and Children's Records</b>                     |                                                                                                                                                                                                                                                                                          | C                                   | NC                       | NA                       | Date                         | CDI                         | L, M, H, Ex                     | Notes |
| 40-6(3)                                                                             | The provider shall protect children from conduct that endangers children in care, or is contrary to the health, welfare, and safety of the public.                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    | L, M, H                         |       |
| 40-6(6)                                                                             | The provider shall post their unaltered child care license on the facility premises in a place readily visible and accessible to the public.                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    | L                               |       |
| 40-6(7)                                                                             | The provider shall post a current copy of the department's Parent Guide at the facility for parent review during business hours.                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    | L                               |       |
| 40-6(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.<br><br><b>ASK</b> if there have been any changes to their telephone or contact information since the last inspection. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    | L                               |       |

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| 40-6(9)(a)-(b)  |  | The provider shall:<br>(a) have liability insurance; or<br>(b) inform parents in writing that the provider does not have liability insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L    |  |
| 40-6-(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | M    |  |
| 40-6(11)(a)-(m) |  | The provider shall ensure that each child's admission and health assessment form includes the following information:<br>(a) child's name;<br>(b) child's date of birth;<br>(c) parent's name, address, and phone number, including a daytime phone number;<br>(d) names of individuals authorized by the parent to sign the child out from the facility;<br>(e) name, address, and phone number of an individual to be contacted if an emergency happens and the provider cannot contact the parent;<br>(f) if available, the name, address, and phone number of an out-of-area emergency contact individual for the child;<br>(g) parent's permission for emergency transportation and emergency medical treatment;<br>(h) any known allergies of the child;<br>(i) any known food sensitivities of the child;<br>(j) any chronic medical conditions that the child may have;<br>(k) instructions for special or nonroutine daily health care of the child;<br>(l) current ongoing medications that the child may be taking; and<br>(m) any other special health instructions for the caregiver. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L, M |  |
| 40-6(12)(a)-(b) |  | The provider shall ensure that the admission and health assessment form is:<br>(a) reviewed, updated, and signed or initialed by the parent at least annually; and<br>(b) kept on-site for review by the department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | M    |  |

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| R381-40-12(13)                                                |  | Before admitting any child into the program, including the provider's and employees' own children, the provider shall obtain the following documentation from the child's parent:<br>(a) current immunizations;<br>(b) a medical schedule to receive required immunizations;<br>(c) a legal exemption; or<br>(d) a 90-day exemption for foster children and children who are homeless.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> |                    |              |
| <b>R381-40-Section 7: Personnel and Training Requirements</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |
| 40-7(2)                                                       |  | The provider shall ensure that the preschool program has a qualified director as required under Section R381-40-7.                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <b>M</b>           |              |
| 40-7(3)(c)(d)                                                 |  | The provider shall ensure that the director:<br>(c) if hired after January 1, 2023, has completed the 2-1/2 hour preservice training offered by the department;<br>(d) completes the new director training offered by the department within 60 working days of assuming director duties;<br><b>ASK</b> (if the director is new) if they took CCL Preservice training and completed New Center Director Training. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <b>L, M</b>        |              |
| 40-7(3)(f)                                                    |  | The provider shall ensure that the director completes at least 10 hours of child care training each year based on the facility's license date, or at least 45 minutes of child care training each month they work if hired partway through the facility's licensing year.                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <b>M</b>           |              |
| 40-7(5)                                                       |  | The provider shall ensure that the director is on duty at the facility for at least half of the time every week the program is open.                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <b>M</b>           |              |
| 40-7(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.                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <b>M</b>           |              |
| 40-7(7)(c)                                                    |  | The provider shall ensure that the director designee:<br>if hired after January 1, 2023, has completed the 2-1/2 hour preservice training offered by the department before beginning job duties;<br><b>ASK</b> (if the director designee is new) if they took CCL Preservice Training.                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <b>L, M</b>        |              |

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| 40-7(7)(e)       | The provider shall ensure that the director designee completes at least 10 hours of child care training each year based on the facility's license date, or at least 45 minutes of child care training each month they work if hired partway through the facility's licensing year.                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-7(7)(f)*      | The provider shall ensure that the director designee has current first aid and cardio pulmonary resuscitation (CPR)<br><b>ASK:</b> Is the DD acting as director? If so, then look for current CPR and FA                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |      |  |
| 40-7(8)          | The provider shall ensure that the director or the director designee is present at the facility when the center is open for care.                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-7(9)(c)(e)(f) | The provider shall ensure that caregivers:<br>(c) complete the 2-1/2 hour preservice training offered by the department<br>(e) are introduced to other program staff and to the caregiver's assigned group of children;<br>(f) review the information in each child's health assessment in the caregiver's assigned group, including allergies, food sensitivities, and other individual needs; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M |  |
| 40-7(9)(g)       | The provider shall ensure that caregivers complete at least 10 hours of child care training each year, based on the facility's license date, or at least 45 minutes of child care training each month they work if hired partway through the facility's licensing year.                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-7(10)(b)      | The provider shall ensure that any other staff including drivers, cooks, and clerks:<br>(b) complete the 2-1/2 hour preservice training offered by the department before beginning job duties                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M |  |
| 40-7(11)         | The provider shall ensure that volunteers are eligible by a CCL background check before becoming involved with child care.                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |      |  |
| 40-7(12)         | The provider shall ensure that <b>student interns</b> who are registered and participating in a high school or college child care course and <b>guests</b> wear a <b>guest nametag</b> .                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |      |  |

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                          |  |                          |   |  |
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| 40-7(13)(a)-(b) | The provider shall ensure that household members who are:<br>(a) 12 to 17 years old are considered eligible by a CCL background check; and<br>(b) 18 years old or older are eligible by a CCL background check that includes fingerprints.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H |  |
| 40-7(14)(a)-(b) | The provider shall ensure that individuals who provide Individualized Educational Plan or Individualized Family Service plan services including physical, occupational, or speech therapists:<br>(a) provide proper identification before having access to the facility or to a child at the facility; and<br>(b) have received the child's parent's permission for services to take place at the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H |  |
| 40-7(16)(a)-(o) | The provider shall ensure that each covered individual required to complete preservice training receives the 2-1/2 hour preservice training offered by the department that includes at least the following topics:<br>(a) applicable laws and requirements under Rule R381-40;<br>(b) children whose special needs may include a disability;<br>(c) recognizing the signs of homelessness and available assistance;<br>(d) building and physical premises safety;<br>(e) prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;<br>(f) pediatric first aid and CPR;<br>(g) emergency preparedness, response, and recovery plan;<br>(h) prevention of and response to emergencies due to food and allergy reactions;<br>(i) safe handling and disposal of hazardous materials and bio contaminants;<br>(j) prevention and control of infectious diseases including immunizations;<br>(k) administration of medication;<br>(l) child and brain development, including the social, emotional, physical, cognitive, and language principles of child growth;<br>(m) precautions in transporting children;<br>(n) prevention of shaken baby syndrome, abusive head trauma, child maltreatment, and coping with crying babies; and<br>(o) prevention of sudden infant death syndrome and the use of safe sleeping practices. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L |  |

|                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |             |                          |                    |              |
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| 40-7(17)(a)-(b)                             |  | The provider shall ensure that annual child care training includes at least the following topics:<br>(a) Sections R381-40-7 through R381-40-22; and<br>(b) each topic listed in Subsections R381-40-7(16)(a) through (o).                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L                  |              |
| 40-7(18)(a)-(d)                             |  | The provider shall ensure that documentation of each individual's annual child care training is on-site for review by the department and includes the following:<br>(a) training topic;<br>(b) date of the training;<br>(c) name of the individual or organization that presented the training; and<br>(d) total hours or minutes of training.                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L                  |              |
| 40-7(19)(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:<br>(a) at the facility;<br>(b) in each vehicle transporting children; and<br>(c) at each off site activity.                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-7(20)                                    |  | The provider shall ensure that CPR certification includes hands-on testing.                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-7(21)(a)-(c)                             |  | The provider shall ensure that the following records for each covered individual are on-site for review by the department:<br>(a) the date of initial employment or association with the program;<br>(b) a current pediatric first aid and CPR certification, if required under Rule R381-40; and<br>(c) a six-week record of the times worked each day.                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L                  |              |
| <b>R381-40-Section 8: Background Checks</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |
| 40-8(1)(a)-(b)                              |  | Before a new covered individual becomes involved with child care, the provider shall use the CCL provider portal search to verify that the individual is eligible and:<br>(a) associate that individual with their facility; or<br>(b) not associate the individual if the individual is associated with another CCL facility and the new individual will be at the facility for no more than one business day. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |  |                          |   |                                                                                                                                                    |
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| 40-8(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:<br>(a) require the individual to submit an online background check form and fingerprints;<br>(b) authorize the individual's background check through the CCL provider's portal;<br>(c) pay any required fees; and<br>(d) receive written notice from CCL that the individual passed the background check.                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H | There was a teacher in a class without a cleared background check. On 5/6/25, the licensor verified all teachers in a class had background checks. |
| 40-8(3)(a)-(c)* | To keep their background check eligibility current, the provider shall require a covered individual to submit a new background check form, fingerprints, and fees if the covered individual has:<br>(a) resided outside of Utah since their last background check was completed;<br>(b) not been associated with an active, CCL approved child care facility within the past 180 days; or<br>(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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |   |                                                                                                                                                    |
| 40-8(4)(a)-(c)  | Within ten working days from when a child who resides in the facility turns 12 years old, the provider shall:<br>(a) ensure that an online background check form is submitted;<br>(b) authorize the child's background check through the CCL provider's portal; and<br>(c) pay any required fees.                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |                                                                                                                                                    |
| 40-8(11)        | If a covered individual is deemed 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.                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H |                                                                                                                                                    |
| 40-8(13)        | 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. Failure to notify the department within 48 hours may result in disciplinary action, including revocation of the license.                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |                                                                                                                                                    |

| R381-40-Section 9: Facility |   |                                                                                                                                                                                                                                                                                                                                                                                           | C                                   | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
|-----------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|------|--------------------------|-------------|-------|
| 40-9(1)                     | P | The provider shall ensure that any building or play structure on the premises constructed before 1978 that has peeling, flaking, chalking, or failing paint undergoes a test for lead. If there is lead-based paint at the facility, the provider shall contact their local health department within five working days and follow required procedures for remediation of the lead hazard. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-9(2)                     |   | The provider shall ensure that each room and indoor area that children use is ventilated by mechanical ventilation, or by windows that open and have screens.                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 40-9(3)                     | 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.                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-9(4)                     |   | The provider shall ensure that rooms and areas have adequate light intensity for the safety of the children and the type of activity the provider is conducting.                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 40-9(5)                     |   | The provider shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L, M        |       |
| 40-9(6)                     |   | The provider shall ensure that there is a working telephone at the facility, in each vehicle while transporting children, and during off site activities.                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-9(7)                     | P | The provider shall ensure that there is at least one working toilet and one working sink when there are up to 15 children in the facility, and at least two working toilets and two working sinks when there are more than 15 children present in the facility.                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 40-9(8)(a)-(c)              |   | If there is an outdoor area in the facility, the provider shall ensure that the outdoor area:<br>(a) is safely accessible to the children;<br>(b) is enclosed within a fence, wall, or solid natural barrier that is at least four feet high; and<br>(c) has no gaps five by five inches or greater in or under the fence or barrier.                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

|                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                          |             |                          |                    |              |
|-----------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------|--------------|
| 40-9(9)(a)-(c)                                |  | If the provider does not empty the swimming pool on the premises after each use, the provider shall:<br>(a) meet applicable state and local laws and ordinances related to the operation of a swimming pool;<br>(b) maintain the pool in a safe manner; and<br>(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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-9(10)(a)-(f)                               |  | The provider shall maintain buildings and outdoor areas in good repair and safe condition including:<br>(a) ceilings, walls, and floor coverings;<br>(b) lighting, bathroom, and other fixtures;<br>(c) draperies, blinds, and other window coverings;<br>(d) indoor and outdoor play equipment;<br>(e) furniture, toys, and materials accessible to the children; and<br>(f) entrances, exits, steps, and walkways including keeping them free of ice, snow, and other hazards.                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L, M, H            |              |
| 40-9(11)                                      |  | 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.                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M, H               |              |
| <b>R381-40-Section 10: Capacity and Ratio</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |
| 40-10(1)                                      |  | The department may limit the maximum allowed capacity for a child care facility based on local ordinances.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> |                    |              |
| 40-10(2)                                      |  | The provider shall ensure that the number of children in care at any given time does not exceed the capacity identified on the license.                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> |                    |              |
| 40-10(3)                                      |  | The department may determine the total capacity based on the number of rooms and the ages of children cared for in those rooms.                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-10(4)(a)-(b)                               |  | As listed in Table 1 for single-age groups of children, the provider shall:<br>(a) maintain at least the number of caregivers; and<br>(b) not exceed the number of children in the caregiver-to-child ratio per room.                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |

|                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                          |             |                          |                    |              |
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| 40-10(5)(a)-(b)                                           |  | As listed in Tables 2 through 4 for mixed-age groups of children, the provider shall:<br>(a) maintain at least the number of caregivers; and<br>(b) not exceed the number of children in the caregiver-to-child ratio per room.                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H, M               |              |
| 40-10(6)                                                  |  | The provider may exclude the provider's or an employee's child age four years or older from the caregiver-to-child ratio when the parent of the child is working at the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-10(7)                                                  |  | 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.                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| <b>R381-40-Section 11: Child Supervision and Security</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |
| 40-11(1)(a)-(e)                                           |  | The provider shall ensure that caregivers provide and maintain active supervision of each child, including:<br>(a) the caregiver is physically present in the room or area with the children;<br>(b) caregivers know the number of children in their care at any time;<br>(c) caregivers' attention is focused on the children and not on caregivers' personal interests;<br>(d) caregivers are aware of the entire group of children even when interacting with a smaller group or an individual child; and<br>(e) caregivers position themselves so each child in their assigned group is actively supervised. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M, H               |              |
| 40-11(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:<br>(a) they are left unsupervised for no more than two consecutive hours per group;<br>(b) the director or the director designee is physically present and available as needed; and<br>(c) they are not volunteers.                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-11(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.                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L, H               |              |

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| 40-11(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.                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> |                    |              |
| 40-11(5)                                                  |  | The provider shall ensure that parents of children in care do not have unsupervised contact with any child in care, except with their own children.                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L                  |              |
| 40-11(6)                                                  |  | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> |                    |              |
| 40-11(7)(a)-(e)                                           |  | To maintain security and supervision of children, the provider shall ensure that:<br>(a) each child is signed in and out in accordance with this section;<br>(b) only parents or persons with written authorization from the parent may sign-out a child;<br>(c) photo identification is required if the individual signing the child in or out is unknown to the provider;<br>(d) persons signing children in and out use identifiers, including a signature, initials, or electronic code; and<br>(e) the sign-in and sign-out records include the date and time each child arrives and leaves. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> |                    |              |
| 40-11(9)                                                  |  | 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.                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> |                    |              |
| <b>R381-40-Section 12: Child Guidance and Interaction</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |
| 40-12(1)                                                  |  | The provider shall ensure that no child is subjected to physical, emotional, or sexual abuse while in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-12(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.                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L                  |              |

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| 40-12(5)(a)-(f)                                               |  | The provider shall ensure that interactions with the children do not include:<br>(a) any form of corporal punishment or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;<br>(b) restraining a child's movement by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;<br>(c) shouting at children;<br>(d) any form of emotional abuse;<br>(e) forcing or withholding food, rest, or toileting; or<br>(f) confining a child in a closet, locked room, or other enclosure including a box, cupboard, or cage. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-12(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 Section 80-2-602.                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| <b>R381-40-Section 13: Child Safety and Injury Prevention</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |
| 40-13(1)                                                      |  | The provider shall ensure that children and staff use the building, outdoor area, toys, and equipment safely and as intended by the manufacturer to prevent injury to children.                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-13(2)                                                      |  | The provider shall ensure that poisonous and harmful plants are inaccessible to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-13(3)                                                      |  | The provider shall ensure that sharp objects, edges, corners, or points that could cut or puncture skin are inaccessible to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-13(4)                                                      |  | The provider shall ensure that choking hazards are inaccessible to children younger than three years old.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-13(5)                                                      |  | The provider shall ensure that strangulation hazards including ropes, cords, chains, and wires attached to a structure and long enough to encircle a child's neck are inaccessible to children.                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-13(6)                                                      |  | The provider shall ensure that tripping hazards including unsecured flooring, rugs with curled edges, or cords in walkways are inaccessible to children.                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |

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| 40-13(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.                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M     |  |
| 40-13(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.                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H     |  |
| 40-13(9)(a)-(d)  |  | The provider shall ensure that toxic or hazardous chemicals including cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials are:<br>(a) inaccessible to children;<br>(b) used according to manufacturer instructions;<br>(c) stored in containers labeled with the contents of the container; and<br>(d) disposed of properly. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M     |  |
| 40-13(10)(a)-(d) |  | The provider shall ensure that the following items are inaccessible to children:<br>(a) matches or cigarette lighters;<br>(b) open flames;<br>(c) hot wax or other hot substances; and<br>(d) when in use, portable space heaters, wood burning stoves, and fireplaces.                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H  |  |
| 40-13(11)(a)-(b) |  | The provider shall ensure that the following items are inaccessible to children:<br>(a) live electrical wires; and<br>(b) for children younger than five years old, electrical outlets and surge protectors without protective caps or safety devices when not in use.                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H  |  |
| 40-13(12)(a)-(b) |  | Unless used and stored as allowed by any state or federal law, the provider shall ensure that firearms including guns, muzzleloaders, rifles, shotguns, hand guns, pistols, and automatic guns are:<br>(a) locked in a cabinet or area using a key, combination lock, or fingerprint lock; and<br>(b) stored unloaded and separate from ammunition.              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H, Ex |  |
| 40-13(13)        |  | The provider shall ensure that weapons including paintball guns, BB guns, airsoft guns, sling shots, arrows, and mace are inaccessible to children.                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H     |  |

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| 40-13(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.                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-13(15)                                                                 | If there is an outdoor area used by the children, the provider shall ensure that an outdoor source of drinking water, including individually labeled water bottles, a pitcher of water and individual cups, or a working water fountain is available to each child when the outside temperature is 75 degrees or higher.                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M, H               |              |
| 40-13(16)                                                                 | The provider shall ensure that areas accessible to children are free of heavy or unstable objects that children could pull down on themselves, including furniture, unsecured televisions, and standing ladders.                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-13(17)                                                                 | The provider shall ensure that hot water accessible to children does not exceed 120 degrees Fahrenheit.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L, M               |              |
| 40-13(18)(a)-(d)                                                          | The provider shall ensure that tobacco, e-cigarettes, e-juice, e-liquids, and similar products are inaccessible and, in compliance with Title 26, Chapter 38, Utah Indoor Clean Air Act, are not used:<br>(a) in the facility or any other building when a child is in care;<br>(b) in any vehicle that is being used to transport a child in care;<br>(c) within 25 feet of any entrance to the facility or other building occupied by a child in care; or<br>(d) in any outdoor area or within 25 feet of any outdoor area occupied by a child in care. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M, H               |              |
| <b>R381-40-Section 14: Emergency Preparedness, Response, and Recovery</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |

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| 40-14(1)(a)-(e) | The provider shall <b>develop and follow a written emergency preparedness, response, and recovery plan</b> that:<br>(a) includes procedures for evacuation, relocation, shelter in place, lockdown, communication with and reunification of families, and continuity of operations;<br>(b) includes procedures for accommodations for children with disabilities, and children with chronic medical conditions;<br>(c) includes instructions to follow in case of an allergy or serious reaction to food or any other trigger that may affect the child's health;<br>(d) is available for review by parents, staff, and the department during business hours; and<br>(e) is followed if an emergency happens, unless otherwise instructed by emergency personnel. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |         |  |
| 40-14(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M, H |  |
| 40-14(3)        | The provider shall keep first-aid supplies in the center, including at least antiseptic, bandages, and tweezers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L       |  |
| 40-14(4)        | The provider shall conduct fire evacuation drills at least quarterly and make sure drills include a complete exit of each child, staff, and volunteers from the building.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M       |  |
| 40-14(5)        | The provider shall conduct drills for disasters other than fires at least once every six months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M       |  |
| 40-14(9)(a)-(b) | If a child is injured while in care and receives medical attention, or for a child fatality, the provider shall:<br>(a) submit a completed accident report form to the department within the next business day of the incident; or<br>(b) contact the department within the next business day and submit a completed accident report form within five business days of the incident.                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M       |  |
| 40-14(10)       | The provider shall keep a six-week record of each incident, accident, and injury report on-site for review by the department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L       |  |

| R381-40-Section 15: Health and Infection Control |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C                                   | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
|--------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|------|--------------------------|-------------|-------|
| 40-15(1)(a)-(f)                                  |  | The provider shall keep the building, furnishings, equipment, and outdoor area clean and sanitary including:<br>(a) walls and flooring free of spills, dirt, and grime;<br>(b) areas and equipment used for the storage, preparation, and service of food;<br>(c) surfaces free of rotting food or a build-up of food;<br>(d) the building and grounds free of a build-up of litter, trash, and garbage;<br>(e) frequently touched surfaces, including doorknobs and light switches; and<br>(f) the facility free of animal feces. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-15(2)                                         |  | The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other pests.                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-15(3)                                         |  | The provider shall ensure that fabric toys and items including stuffed animals, cloth dolls, pillow covers, and dress-up clothes are machine washable and if used, washed at least each week or as needed.                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 40-15(4)(a)-(b)                                  |  | The provider shall clean and sanitize any toys and materials used by children:<br>(a) at least once a week or more often if needed; and<br>(b) after being contaminated by a body fluid.                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-15(5)                                         |  | The provider shall ensure that water play tables or tubs are cleaned and sanitized daily, if used by the children.                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> |             |       |
| 40-15(6)                                         |  | The provider shall ensure that staff clean and sanitize bathroom surfaces including toilets, sinks, faucets, and counters.                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-15(7)                                         |  | The provider shall ensure that toilet paper is accessible to children and kept in a dispenser.                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-15(8)                                         |  | The provider shall post handwashing procedures that are readily visible from each handwashing sink and shall ensure that the procedures are followed.                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |  |                          |   |  |
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| 40-15(9)(a)-(h)  | The provider shall ensure that staff and volunteers wash their hands thoroughly with liquid soap and running water at required times including:<br>(a) upon arrival;<br>(b) after using the toilet or helping a child use the toilet;<br>(c) after contact with a body fluid;<br>(d) after cleaning up or taking out garbage;<br>(e) after diapering a child;<br>(f) before administering medications to children;<br>(g) before and after eating meals and snacks or feeding a child; and<br>(h) when coming in from outdoors. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-15(11)(a)-(f) | The provider shall ensure that children wash their hands thoroughly with liquid soap and running water at required times including:<br>(a) upon arrival;<br>(b) after using the toilet;<br>(c) after contact with a body fluid;<br>(d) before using a water play table or tub;<br>(e) before eating a snack; and<br>(f) when coming in from outdoors.                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-15(12)        | The provider shall ensure that only single-use towels from a covered dispenser or an electric hand dryer is used to dry hands.                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L |  |
| 40-15(13)        | The provider shall store personal hygiene items, including 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.                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L |  |
| 40-15(14)        | The provider shall ensure the prompt change of a child's clothing if the child has a toileting accident.                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-15(15)(a)-(d) | The provider shall ensure that children's clothing that is wet or soiled from a body fluid is:<br>(a) not rinsed or washed at the facility;<br>(b) placed in a leakproof container that is labeled with the child's name; and<br>(c) returned to the parent; or<br>(d) thrown away with parental consent.                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |

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| 40-15(16)(a)-(g) |  | The provider shall ensure that staff take precautions when cleaning floors, furniture, and other surfaces contaminated by blood, urine, feces, or vomit. Except for toileting accidents, staff shall:<br>(a) wear waterproof gloves;<br>(b) clean the surface using a detergent solution;<br>(c) rinse the surface with clean water;<br>(d) sanitize the surface;<br>(e) throw away in a leakproof plastic bag the disposable materials, including paper towels, that were used to clean up the body fluid;<br>(f) wash and sanitize any nondisposable materials used to clean up the body fluid, including cleaning cloths, mops, or reusable rubber gloves, before reusing them; and<br>(g) wash their hands after cleaning up the body fluid. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |   |  |
| 40-15(17)        |  | The provider shall ensure that a child who is ill with an infectious disease is not cared for at the facility except when the child shows signs of illness after arriving at the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |   |  |
| 40-15(18)(a)-(b) |  | If a child becomes ill while in care:<br>(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<br>(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.                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-15(19)        |  | If any child or employee has an infectious disease, an unusual or serious illness, or a sudden onset of an illness, the provider shall notify the local health department on the day the provider discovers the illness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |   |  |
| 40-15(20)(a)-(d) |  | If a staff member or child has an infectious disease or parasite, the provider shall post a notice at the facility that:<br>(a) does not disclose any personal identifiable information;<br>(b) is posted in a conspicuous place where it can be seen by parents;<br>(c) is posted and dated on the same day that the disease or parasite is discovered; and<br>(d) remains posted for at least five days.                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |   |  |

| R381-40-Section 16: Food and Nutrition |  |                                                                                                                                                                                                                                                                                             | C                                   | NC                                                                                                      | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
|----------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------|------|--------------------------|-------------|-------|
| 40-16(1)                               |  | The provider shall ensure that each child is offered a snack when services are provided for three or more hours.                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-16(2)(a)-(b)                        |  | The provider shall ensure that the person who serves snacks to children:<br>(a) is aware of the children in their assigned group who have food allergies or sensitivities, and<br>(b) ensures that the children are not served the snack to which they are allergic or sensitive.           | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 40-16(3)(a)-(c)                        |  | The provider shall ensure that food and drink brought in by parents for their child's use is:<br>(a) labeled with the child's name;<br>(b) refrigerated if needed; and<br>(c) consumed only by that child.                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| R381-40-Section 17: Medications        |  |                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | Check here if there are NO Medications on the premises and the provider does not administer medications |                          |      | CDI                      | L, M, H, Ex | Notes |
| 40-17(1)                               |  | The provider shall lock nonrefrigerated medications or store them at least 48 inches above the floor.                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-17(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 leakproof container.                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-17(3)(a)-(d)                        |  | If parents supply any over-the-counter or prescription medications, the provider shall ensure those medications:<br>(a) are labeled with the child's full name;<br>(b) are stored in the original or pharmacy container;<br>(c) have the original label; and<br>(d) have child safety caps. | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M, H        |       |
| 40-17(4)                               |  | The provider shall obtain a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |  |                          |      |  |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|------|--|
| 40-17(5)(a)-(d) | The provider shall ensure that the medication permission form includes at least:<br>(a) the name of the child;<br>(b) the name of the medication;<br>(c) written instructions for administration; and<br>(d) the parent signature and the date signed.                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L    |  |
| 40-17(6)(a)-(d) | The provider shall ensure that instructions for administering the medication include at least:<br>(a) the dosage;<br>(b) how the medication will be given;<br>(c) the times and dates to administer the medication; and<br>(d) the disease or condition being treated.                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-17(7)(a)-(b) | If the provider supplies an over-the-counter medication for children's use, the provider shall ensure that no staff administer the medication to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent is:<br>(a) written; or<br>(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    |  |
| 40-17(8)(a)-(d) | The provider shall ensure that the staff administering the medication:<br>(a) washes their hands;<br>(b) check the medication label to confirm the child's name if the parent supplied the medication;<br>(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<br>(d) administers the medication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H    |  |
| 40-17(9)(a)-(c) | The provider shall ensure that immediately after administering a medication, the staff giving the medication records the following information:<br>(a) the date, time, and dosage of the medication given;<br>(b) any error in administering the medication or adverse reactions; and<br>(c) their signature or initials.                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H |  |

|                                       |  |                                                                                                                                                                                                                                                              |                                     |                          |                          |             |                          |                    |              |
|---------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------|--------------|
| 40-17(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. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-17(11)                             |  | The provider shall notify the parent before the scheduled medication dosage to a child if the provider chooses not to administer medication as instructed by the parent                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | H                  |              |
| 40-17(12)                             |  | The provider shall keep a six-week record of medication permission and administration forms on-site for review by the department.                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L                  |              |
| <b>R381-40-Section 18: Activities</b> |  |                                                                                                                                                                                                                                                              | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>L, M, H, Ex</b> | <b>Notes</b> |
| 40-18(1)                              |  | The provider shall offer daily activities that support each child's healthy physical, social, emotional, cognitive, and language development.                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-18(2)                              |  | 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.                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-18(3)                              |  | The provider shall post a daily schedule that includes activities that support children's healthy development.                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | L                  |              |
| 40-18(4)                              |  | The provider shall ensure that toys, materials, and equipment needed to support children's healthy development are available to the children.                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |
| 40-18(5)                              |  | Except for occasional special events, the provider shall ensure that the children's primary screen time activity on media including television, cell phones, tablets, and computers is limited to 30 minutes per day, or 2-1/2 hours per week.               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | M                  |              |

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|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--|--------------------------|------|--|
| 40-18(6)(a)-(f) | <p>If the provider offers swimming activities or if wading pools are used, the provider shall ensure that:</p> <p>(a) the parent gives permission before their child in care uses the pool;</p> <p>(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;</p> <p>(c) diapered children wear swim diapers when they are in the pool;</p> <p>(d) wading pools are emptied and sanitized after use by each group of children;</p> <p>(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</p> <p>(f) lifeguards and pool personnel do not count toward the caregiver-to-child ratio.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H |  |
| 40-18(7)(a)-(f) | <p>If the provider offers offsite activities, the provider shall ensure that:</p> <p>(a) the parent gives written consent before each activity;</p> <p>(b) the required caregiver-to-child ratio and supervision are maintained during the entire activity;</p> <p>(c) first aid supplies, including at least antiseptic, bandages, and tweezers are available;</p> <p>(d) children wear or carry with them the name and phone number of the center;</p> <p>(e) children's names are not used on name tags, t-shirts, or in other visible ways; and</p> <p>(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.</p>                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H |  |
| 40-18(8)(a)-(e) | <p>The provider shall ensure that caregivers take the written emergency information and releases for each child in the group on any offsite activity, and that the information includes:</p> <p>(a) the child's name;</p> <p>(b) the parent's name and phone number;</p> <p>(c) the name and phone number of a person to notify in case of an emergency if the parent cannot be contacted;</p> <p>(d) the names of people authorized by the parents to pick up the child; and</p> <p>(e) current emergency medical treatment and emergency medical transportation releases.</p>                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |

| R381-40-Section 19: Play Equipment |  |                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | Check here if there is no play equipment                                                |                          |  |                          |   |  |
|------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|--|--------------------------|---|--|
|                                    |  |                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | Check here if cushioning could not be assessed due to frozen ground                     |                          |  |                          |   |  |
|                                    |  |                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | Check here if cushioning is tile, pour-in-place, or unitary - no measurment form needed |                          |  |                          |   |  |
| 40-19(1)                           |  | The provider shall ensure that children using play equipment use it safely and as intended by the manufacturer.                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>                                                                | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(2)                           |  | The provider shall ensure that stationary play equipment has a surrounding use zone that extends from the outermost edge of the equipment, and with the exception of swings, that stationary play equipment has at least a six-foot use zone if any designated play surface is higher than 20 inches. | <input type="checkbox"/>            | <input type="checkbox"/>                                                                | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(3)                           |  | 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.                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>                                                                | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(4)                           |  | 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.                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(5)                           |  | The provider shall ensure that the use zone for a multi-axis swing, including a tire swing, extends at least the measurement of the suspending rope or chain plus six feet.                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(6)                           |  | The provider shall ensure that the use zone for a merry-go-round extends at least six feet in all directions from its outermost edge.                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                                                                | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(7)                           |  | The provider shall ensure that the use zone for a spring rocker extends at least six feet from the outermost edge of the rocker when at rest if the seat is higher than 20 inches.                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>                                                                | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |

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| 40-19(8)(a)-(d)  |  | The provider shall ensure that the following use zones do not overlap the use zone of any other piece of play equipment:<br>(a) the use zone in front of a slide;<br>(b) the use zone in the front and rear of any single-axis swing, including a single-axis enclosed swing;<br>(c) the use zone of a multi-axis swing; and<br>(d) the use zone of a merry-go-round if the platform diameter measures 20 inches or more.                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(9)         |  | Unless prohibited under Subsection R381-40-19(8), the provider shall ensure that the use zones of play equipment only overlap when 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.                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(10)        |  | The provider shall ensure that, when in use, stationary play equipment is not placed on a hard surface including concrete, asphalt, dirt, or the bare floor.                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(11)        |  | 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.                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |
| 40-19(12)(a)-(b) |  | If the provider uses sand, gravel, or shredded tires as protective cushioning, the provider shall ensure that the depth of the material meets the guidelines in Table 5, and:<br>(a) that the cushioning is periodically checked for compaction and loosened to the depth listed in Table 5 if compacted; and<br>(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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M |  |

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| 40-19(13)(a)-(c) | If the provider uses shredded wood products as protective cushioning, the provider shall:<br>(a) keep on-site for review by the department documentation from the manufacturer that the wood product is protective cushioning;<br>(b) ensure there is adequate drainage under the material; and<br>(c) ensure the depth of the shredded wood meets the guidelines in Table 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-19(14)        | If the provider uses unitary cushioning, the provider shall maintain on-site for review by the department documentation from the manufacturer that the material is cushioning for playgrounds.                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | L, M |  |
| 40-19(15)        | If the provider uses a unitary cushioning, 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.                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-19(16)        | The provider shall ensure that a play equipment platform that is more than 30 inches above the floor or ground has a protective barrier that is at least 29 inches high.                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-19(17)        | 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.                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-19(18)        | The provider shall ensure that stationary play equipment is stable or securely anchored.                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | M    |  |
| 40-19(19)        | The provider shall ensure that there are no trampolines on the premises that are accessible to any child in care.                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H    |  |
| 40-19(20)        | The provider shall ensure that there are no entrapment hazards 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    |  |
| 40-19(21)        | The provider shall ensure that there are no strangulation hazards 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    |  |
| 40-19(22)        | 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.                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | H    |  |

|                                           |  |                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                               |                          |  |                          |             |       |
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| 40-19(23)                                 |  | The provider shall ensure that there are no tripping hazards including 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           |       |
| 40-19(24)                                 |  | For preschool programs operating before January 1, 2021 that need to make compliance modifications to existing play equipment, the department may facilitate a phase-in schedule for up to five years from the initial inspection.                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                                      | <input type="checkbox"/> |  | <input type="checkbox"/> |             |       |
| <b>R381-40-Section 20: Transportation</b> |  |                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <b>Check here if the provider does not transport children</b> |                          |  | CDI                      | L, M, H, Ex | Notes |
| 40-20(1)(a)-(b)                           |  | For each child that the licensee transports, the provider shall obtain a transportation permission form:<br>(a) signed by the parent; and<br>(b) on-site for review by the department.                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>                                      | <input type="checkbox"/> |  | <input type="checkbox"/> | M           |       |
| 40-20(2)(a)-(e)                           |  | The provider shall ensure that each vehicle used for transporting children:<br>(a) is enclosed with a roof or top;<br>(b) is equipped with safety restraints;<br>(c) has a current vehicle registration;<br>(d) is maintained in a safe and clean condition; and<br>(e) contains first aid supplies, including at least antiseptic, bandages, and tweezers. | <input type="checkbox"/>            | <input type="checkbox"/>                                      | <input type="checkbox"/> |  | <input type="checkbox"/> | M           |       |
| 40-20(3)(a)-(c)                           |  | The provider shall ensure that the safety restraints in each vehicle that transports children are:<br>(a) appropriate for the age and size of each child who is transported, as required by Utah law;<br>(b) properly installed; and<br>(c) in safe condition and working order.                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>                                      | <input type="checkbox"/> |  | <input type="checkbox"/> | M           |       |

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                      |                          |  |                          |             |       |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------|--------------------------|--|--------------------------|-------------|-------|
| 40-20(4)(a)-(i)                      | <p>The provider shall ensure that the driver of each vehicle who is transporting children:</p> <p>(a) is at least 18 years old;</p> <p>(b) has and carries with them a current, valid driver's license for the type of vehicle being driven;</p> <p>(c) has with them the written emergency contact information for each child being transported;</p> <p>(d) ensures that each child being transported is in an individual safety restraint that is used according to Utah law;</p> <p>(e) ensures that the inside vehicle temperature is between 60-85 degrees Fahrenheit;</p> <p>(f) never leaves a child in the vehicle unattended by an adult;</p> <p>(g) ensures that children stay seated while the vehicle is moving;</p> <p>(h) never leaves the keys in the ignition when not in the driver's seat; and</p> <p>(i) ensures that the vehicle is locked during transport.</p> | <input type="checkbox"/>            | <input type="checkbox"/>                                             | <input type="checkbox"/> |  | <input type="checkbox"/> | M, H        |       |
| 40-20(5)(a)-(d)                      | <p>If the provider walks or uses public transportation to transport children to or from the facility, the provider shall ensure that:</p> <p>(a) each child being transported has a completed transportation permission form signed by their parent;</p> <p>(b) a caregiver goes with the children and actively supervises the children;</p> <p>(c) the caregiver-to-child ratio is maintained; and</p> <p>(d) a caregiver with the children has written emergency contact information and releases for the children being transported.</p>                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                                             | <input type="checkbox"/> |  | <input type="checkbox"/> | M           |       |
| R381-40-20(6)(a)-(b)                 | <p>The provider shall:</p> <p>(a) have transport liability insurance; or</p> <p>(b) inform parents in writing that the provider does not have transport liability insurance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>                                             | <input type="checkbox"/> |  | <input type="checkbox"/> |             |       |
| <b>R381-40 - Section 21: Animals</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <b>Please check this box if there are no animals on the premises</b> |                          |  | CDI                      | L, M, H, Ex | Notes |
| 40-21(1)                             | <p>The provider shall inform parents of the kinds of animals allowed at the facility.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>                                             | <input type="checkbox"/> |  | <input type="checkbox"/> | L           |       |

|                                                                                  |                                                                                                                                                                                                                                      |                                     |                          |                          |      |                          |             |       |
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| 40-21(2)(a)-(c)                                                                  | The provider shall ensure that there is no animal on the premises that:<br>(a) is naturally aggressive;<br>(b) has a history of dangerous, attacking, or aggressive behavior; or<br>(c) has a history of biting even one individual. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | H           |       |
| 40-21(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.                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 40-21(4)                                                                         | The provider shall ensure that there is no animal or animal equipment in food preparation or eating areas.                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 40-21(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.                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| 40-21(6)                                                                         | The provider shall ensure that children and staff wash their hands immediately after playing with or touching reptiles and amphibians.                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-21(7)                                                                         | The provider shall ensure that dogs, cats, and ferrets that the facility houses have current rabies vaccinations.                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | M           |       |
| 40-21(8)                                                                         | The provider shall keep current animal vaccination records on-site for review by the department.                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> | L           |       |
| <b>Section 22: Diapering (If the Provider accepts children who wear diapers)</b> |                                                                                                                                                                                                                                      | C                                   | NC                       | NA                       | Date | CDI                      | L, M, H, Ex | Notes |
| <b>Check here if there are no diapered children in care:</b>                     |                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> |                          |                          |      |                          |             |       |
| R381-40-22(1)                                                                    | This section applies only to a provider that accepts children who wear diapers.                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> |             |       |
| 40-22(2)                                                                         | The provider shall post diapering procedures at each diapering station and ensure that each staff member follows the procedures.                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> |             |       |
| 40-22(3)(a)-(b)                                                                  | The provider shall ensure that each child's diaper is:<br>(a) checked at least once every two hours; and<br>(b) promptly changed when wet or soiled.                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |      | <input type="checkbox"/> |             |       |

|                 |  |                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |  |                          |  |  |
|-----------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--|--|
| 40-22(4)        |  | The provider shall ensure that caregivers change children's diapers at a diapering station and not changed on surfaces used for any other purpose.                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  |
| 40-22(5)        |  | The provider shall ensure that the diapering surface is smooth, waterproof, and in good repair.                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  |
| 40-22(6)        |  | The provider shall ensure that caregivers do not leave children unattended on the diapering surface.                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  |
| 40-22(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.                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  |
| 40-22(8)        |  | The provider shall ensure that caregivers wash their hands after each diaper change.                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  |
| 40-22(9)(a)-(c) |  | The provider shall ensure that caregivers place wet and soiled disposable diapers:<br>(a) in a container that has a disposable plastic lining and a tight-fitting lid;<br>(b) directly in an outdoor garbage container that has a tight-fitting lid; or<br>(c) in a container that is inaccessible to children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  |
| 40-22(10)       |  | The provider shall ensure that indoor containers where wet and soiled diapers are placed are cleaned and sanitized each day.                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  |