

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                     |                                                 |                                                                                                                                |                                                                                                          |                                                                                                                         |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | <b>License Exempt DWS Approved Inspection Checklist</b><br><b>Office of Licensing   Division of Licensing and Background Checks</b> |                                                 |                                                                                                                                |                                                                                                          | This inspection checklist is the tool OL licensors use to ensure consistency for every inspection.<br>(Revised 05/2025) |                                     |
| Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Backman Elementary                                                 | Facility ID:                                                                                                                        | F10-28771                                       | Phone Number:                                                                                                                  | (801) 578-8100                                                                                           | Notes / Sticky Notes                                                                                                    |                                     |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 601 N 1500 W<br>Salt Lake City, UT, 84116                          |                                                                                                                                     |                                                 | Email Address:                                                                                                                 | Alivia.Avila@slcschools.org,<br>Tim.Perkins@slcschools.org,<br>Melissa.Andrews@slcschools.org            |                                                                                                                         |                                     |
| Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Brian Guzman                                                       | Expiration Date of Approval:                                                                                                        | 04/30/2026                                      | Date of Last Inspection:                                                                                                       | 02/12/2025                                                                                               |                                                                                                                         |                                     |
| Please Review The following items prior to the inspection:<br>(Mark with a check mark if completed and make and necessary notes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                                                                                     |                                                 | Please review the following items during the inspection:<br>(Mark with a check mark if completed and make and necessary notes) |                                                                                                          |                                                                                                                         |                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Provider Code of Conduct and Client Rights                         |                                                                                                                                     |                                                 | <input checked="" type="checkbox"/>                                                                                            | Training assessed at this inspection                                                                     |                                                                                                                         |                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Facility Personnel Listed in UCCLAPP                               |                                                                                                                                     |                                                 | <input checked="" type="checkbox"/>                                                                                            | For Pre-Approval Inspections: Open CCL Website and show sample forms and Training page                   |                                                                                                                         |                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Was previous technical assistance given within the last 36 months? |                                                                                                                                     |                                                 | <input checked="" type="checkbox"/>                                                                                            | For Annual Announced Inspections: Have the provider go to their CCL portal and submit a Renewal Request. |                                                                                                                         |                                     |
| GENERAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                                                                     |                                                 |                                                                                                                                |                                                                                                          |                                                                                                                         |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                     |                                                 |                                                                                                                                |                                                                                                          |                                                                                                                         |                                     |
| <b>Inspection Information</b><br>- All areas that are inaccessible to children in care must remain inaccessible for this inspection. During the inspection, the licensor will ask to have locked areas unlocked. All accessible areas must be compliant with all applicable rules during the inspection.<br>- I will send you an official inspection report once this inspection has been approved by OL management.<br>- 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.<br>- You may submit feedback on this inspection through your Child Care Licensing Portal or at <a href="https://dlbc.utah.gov/EvalForm.html">https://dlbc.utah.gov/EvalForm.html</a> |                                                                    |                                                                                                                                     |                                                 |                                                                                                                                |                                                                                                          |                                                                                                                         |                                     |
| Inspection Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Unannounced                                                        | Date:                                                                                                                               | 10/30/2025                                      | Time Started:                                                                                                                  | 3:15 PM                                                                                                  | Time Ended:                                                                                                             | 4:00 PM                             |
| Number of Rule Noncompliances:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | 1                                                                                                                                   | Name of Individual Informed of this Inspection: |                                                                                                                                | Brian Guzman                                                                                             |                                                                                                                         |                                     |
| Licensor(s) Conducting this Inspection:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    | Cassi Hess                                                                                                                          |                                                 | CCL Staff Observing Inspection:                                                                                                |                                                                                                          | The licensor reviewed compliance                                                                                        | <input checked="" type="checkbox"/> |

## License Exempt DWS Approved Inspection Checklist

Office of Licensing

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

### Licensors Introductory Items



Introduction of any unknown OL staff to the provider



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.



Give a brief explanation of the inspection process to the provider



Wash hands or use hand sanitizer before touching items in the facility.



Confirm email and phone numbers



Confirm hours of operation

### General Notes

### REQUIREMENT CHECKLIST

| Requirement Number                                    |  | Requirement Description                                                                                                                                                                                                          | C                                   | NC                       | NA                       | Compliance Required By: | Corrected During Inspection | Technical Assistance Offered | Notes |
|-------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|-----------------------------|------------------------------|-------|
|                                                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                  |                                     |                          |                          |                         |                             |                              |       |
| <b>P = Pre-License Inspection Only</b>                |  |                                                                                                                                                                                                                                  |                                     |                          |                          |                         |                             |                              |       |
| <b>ledws 4: New and Renewal Approvals</b>             |  |                                                                                                                                                                                                                                  | C                                   | NC                       | NA                       | Date                    | CDI                         | TA                           |       |
| 4-(1)(c)                                              |  | To recieve a new LE DWS approval, the applicant must complete <b>New Provider Training</b> .                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | <input type="checkbox"/>     |       |
| 4-(3)(a)                                              |  | To renew a LE DWS Approval, the provider must <b>submit a Renewal Request through their CCL Provider Portal</b> at least 30 calendar days before the expiration of the current approval.                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | <input type="checkbox"/>     |       |
| <b>ledws 6: Administration and Children's Records</b> |  |                                                                                                                                                                                                                                  | C                                   | NC                       | NA                       | Date                    | CDI                         | TA                           | Notes |
| 6(1)                                                  |  | The provider must ensure all areas of the facility are maintained and used in a safe manner to prevent injury to children. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | <input type="checkbox"/>     |       |
| 6(2)                                                  |  | When caring for children with special needs, the provider must make any necessary accommodations to meet their needs.                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | <input type="checkbox"/>     |       |

|                                                     |                                                                                                                                                                                                                                                                                                                         |                                     |                          |                          |             |                          |                          |              |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------|
| 6(3) <i>Reminder</i>                                | On the day of its occurrence, the provider must ensure parents are notified of any incident, accident, or an injury involving their child(ren).                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 6(4) <i>Reminder</i>                                | Within 48 hours of the change, the provider must ensure parents and Child Care Licensing staff are notified of a change in the program's phone number or email address.                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 6(5)                                                | The provider must ensure each child in care who is younger than school-age has current immunizations.                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 6(6)                                                | If the documentation is not maintained by another agency or organization, the provider must ensure there is documentation of current immunizations for each child younger than school-age (children who are homeless or in foster care may have a 90 day exemption) available for review by Child Care Licensing staff. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <input type="checkbox"/>                            | There are no children younger than school age.                                                                                                                                                                                                                                                                          |                                     |                          |                          |             |                          |                          |              |
| <input type="checkbox"/>                            | Documentation of current immunization records is maintained by another agency or organization.                                                                                                                                                                                                                          |                                     |                          |                          |             |                          |                          |              |
| <input type="checkbox"/>                            | This is a Pre-Approval Inspection. Compliance is not required or assessed for 6(3) and 6(4).                                                                                                                                                                                                                            |                                     |                          |                          |             |                          |                          |              |
| <b>ledws 7: Personnel and Training Requirements</b> |                                                                                                                                                                                                                                                                                                                         | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 7(1) (a)-(c)                                        | The provider must be at least 21 years old and ensure compliance with all federal, state, and local laws and rules, including fire requirements, pertaining to the operation of the program and the facility that houses the program.                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |

|              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                          |                          |  |                          |                          |  |
|--------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| 7(2) (a)-(c) |  | <p>The provider must ensure there is a qualified director who is responsible for the day-to-day operation of the facility/ program. The provider must ensure the director is at least 21 years old and have one of the following:</p> <ul style="list-style-type: none"> <li>-an associates, bachelors, or graduate degree from an accredited college/university or successful completion of at least 12 semester credit hours of college/university level coursework in child development, early childhood education, elementary education, or a related field; or</li> <li>-a currently valid national certification such as a Certified Childcare Professional (CCP) issued by the National Child Care Association, a Child Development Associate (CDA) issued by the Council for Early Childhood Professional Recognition; or</li> <li>-a currently valid Child Care Licensing-approved National Administrator Credential (NAC) plus at least 60 hours of approved Utah Early Childhood Career Ladder courses in child development or 60 hours of approved Utah Early Childhood Career Ladder courses in child development or 60 hours of approved Utah Early Childhood Career Ladder courses in child development.</li> </ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7(3)         |  | The provider must ensure there is a director designee with the authority to act on behalf of the director. The provider must ensure the director designee is at least 18 years old.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7(4)         |  | The provider must ensure the director or the director designee is at the facility whenever children are in attendance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7(5)         |  | The provider must ensure all caregivers who count in caregiver to child ratios are at least 18 years old.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7(6)         |  | The provider must ensure all assistant caregivers are at least 16 years old and work under the immediate supervision of caregivers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                          |                          |                          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 7(7)          | The provider must ensure all caregivers and assistant caregivers:<br>-do not engage in or allow conduct that is adverse to the public health, morals, welfare, and safety of the children in care; and<br>-take all reasonable measures to protect the safety of children in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7(8)          | The provider must ensure all directors, director designees, caregivers, and assistant caregivers hired after April 30, 2022 complete CCL's online <b>preservice training</b> no more than 6 months before their first day of interacting with the children in care. <b>VERIFY</b> (if any new caregivers since the last inspection) CCL Preservice Training was completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7(10) (a)-(k) | The provider must ensure directors, director designees and caregivers who count in caregiver to child ratios complete at least 1 hour of <b>ongoing child care training</b> for each month they have been employed or volunteered or at least 10 hours each exemption year (between the start and end date of the exemption). The provider must ensure the training includes at least the following topics: disaster preparedness, response, and recovery; -pediatric first aid and CPR; children with special needs; safe handling and disposal of hazardous materials; the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements; principles of child growth and development, including brain development; prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies; prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices; recognizing the signs of homelessness and available assistance; review of the program's Emergency Preparedness, Response, and Recovery Plan; and review of the LE DWS Approval Requirements. <b>ASK</b> if caregivers are | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                                     |             |                          |                          |              |
|------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------|--------------------------|--------------------------|--------------|
| 7(11) (a)-(f)                      |  | The provider must ensure the <b>ongoing training</b> is documented and the documentation is available for review by the Child Care Licensing staff. The provider must ensure the documentation includes at least the following: the name of the director, director designee, or caregiver; the training topic; the first date the person counted in ratios; the date of the training; the length of the training; and the source of the training.<br><b>VERIFY</b> CCL Ongoing Training was completed. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>ledws 8. Background Checks.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 8(1) (a)-(b)                       |  | The provider must ensure all Covered Individuals are eligible before being with children in care. The provider must ensure background check forms and background check fees are submitted for all new Covered Individuals.<br>The provider must ensure fingerprints and fingerprint processing fees for the FBI Next Generation Identification check are submitted for all new Covered Individuals 18 years old and older and all 16 and 17 year old assistant caregivers.                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 8(2)                               |  | The provider must ensure eligible Covered Individuals are associated with their facility before the Covered Individual is with children in care.                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 8(3)                               |  | The provider must ensure guests are always in the same room/area with an eligible individual and wear guest name tags.                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 8(6)                               |  | The provider must ensure individuals who are not eligible are not at the facility or part of the program.                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | <input type="checkbox"/> | <input type="checkbox"/> |              |

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                          |             |                          |                          |              |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------|
| 8(7) (a)-(c)              | To keep their background check eligibility current, the provider must ensure that a new background check form and fingerprints are submitted for any Covered Individual who has:<br>-resided outside of Utah since their last background check was completed;<br>-has not been associated with an active OL approved child care facility within the past 180 days; or<br>-has turned 18 years old and has not previously submitted fingerprints for a OL background check. If the 18-year-old has previously submitted fingerprints for a CCL background check, only a new background check form is required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <input type="checkbox"/>  | <b>Pre-Approval Inspections Only:</b> Explain having government-issued photos IDs available for review.<br><b>Annual Unannounced and Announced Inspections Only:</b> Check IDs of Covered Individuals present during the inspection.                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |             |                          |                          |              |
| <b>ledws 9. Facility.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 9(1)                      | The provider must ensure there is a working telephone at the facility at all times children are in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 9(2)                      | The provider must ensure there is a working fire extinguisher accessible to caregivers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 9(3)                      | <b>If</b> there is an <b>outdoor area</b> that is used by children in care and that is maintained by the provider, the provider must ensure that the area is <b>safely accessible</b> .                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 9(4)                      | <b>If</b> there is an <b>outdoor area</b> that is used by children in care and that is maintained by the provider, the provider must ensure <b>drinking water</b> is available to children in care.                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 9(5) (a)-(c)              | <b>If</b> there is an <b>outdoor area</b> that is used by children in care and that is maintained by the provider, the provider must ensure the following are inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care: <b>-metal animal swings, -unanchored swings, and -unanchored slides.</b>                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |

| 9(6)                                    | <p>If there is an <b>outdoor area</b> that is used by children in care and that is maintained by the provider, the provider must ensure <b>standing water</b> is inaccessible (surrounded by a barrier that is at least 48 inches high) to children in care.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/>     | <input type="checkbox"/> |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------|------------------------------|--------------------------|--------------------|--------------------|---|--------|---|---|---|-----------------|---|---|---|---------------|---|----|---|-------------|---|----|---|-------------|----|----|---|-------------|----|----|---|------------|----|----|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| 9(7) (a)-(b)                            | <p>If there is an <b>outdoor area</b> that is used by children in care and that is maintained by the provider and there are children younger than school age in care, the provider must ensure: <b>-The area is enclosed within a 4 foot high fence or wall, or a solid natural barrier that is at least 4 feet high</b></p> <p><b>-Fences do not have gaps greater than 5 by 5 inches and gaps</b> between the bottom of the fence and the ground cannot be more than 5 inches.</p>                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/>     | <input type="checkbox"/> |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| <input type="checkbox"/>                | The outdoor area is not maintained by the provider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| <b>ledws 10. Ratios and Group Size.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>                   | <b>TA</b>                | <b>Notes</b>       |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 10(1)                                   | <table border="1"> <thead> <tr> <th colspan="4">Single Age Groups</th> </tr> <tr> <th>Minimum Number of Caregivers</th> <th>Children's Age</th> <th>Number of Children</th> <th>Maximum Group Size</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>infant</td> <td>4</td> <td>8</td> </tr> <tr> <td>1</td> <td>younger toddler</td> <td>4</td> <td>8</td> </tr> <tr> <td>1</td> <td>older toddler</td> <td>5</td> <td>10</td> </tr> <tr> <td>1</td> <td>2 years old</td> <td>8</td> <td>16</td> </tr> <tr> <td>1</td> <td>3 years old</td> <td>12</td> <td>24</td> </tr> <tr> <td>1</td> <td>4 years old</td> <td>15</td> <td>30</td> </tr> <tr> <td>1</td> <td>school age</td> <td>20</td> <td>40</td> </tr> </tbody> </table> | Single Age Groups        |                          |                          |             | Minimum Number of Caregivers | Children's Age           | Number of Children | Maximum Group Size | 1 | infant | 4 | 8 | 1 | younger toddler | 4 | 8 | 1 | older toddler | 5 | 10 | 1 | 2 years old | 8 | 16 | 1 | 3 years old | 12 | 24 | 1 | 4 years old | 15 | 30 | 1 | school age | 20 | 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Single Age Groups                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| Minimum Number of Caregivers            | Children's Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Number of Children       | Maximum Group Size       |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 1                                       | infant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4                        | 8                        |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 1                                       | younger toddler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4                        | 8                        |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 1                                       | older toddler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5                        | 10                       |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 1                                       | 2 years old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8                        | 16                       |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 1                                       | 3 years old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12                       | 24                       |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 1                                       | 4 years old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 15                       | 30                       |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 1                                       | school age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20                       | 40                       |                          |             |                              |                          |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |
| 10(2)(a)-(d)                            | <p>For any mixed-age groups of children, the provider shall:</p> <ul style="list-style-type: none"> <li>-maintain at least the number of required caregivers;</li> <li>-not exceed the number of children in the caregiver-to-child ratio;</li> <li>-not exceed the maximum group sizes; and</li> <li>-separate any single-age group that reaches their maximum group size from the mix.</li> </ul>                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/>     | <input type="checkbox"/> |                    |                    |   |        |   |   |   |                 |   |   |   |               |   |    |   |             |   |    |   |             |    |    |   |             |    |    |   |            |    |    |                          |                          |                          |  |                          |                          |  |

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                          |             |                          |                          |              |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------|
| 10(3) (a)-(b)                                   | For mixed-age groups of children not including infants and toddlers, the provider shall ensure that:<br>-the caregiver-to-child ratio is determined by the age of the oldest child present in the group minus one child of that age group; and<br>-the maximum group size is determined by the age of the oldest child present in the group, minus two children of that same age group.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 10(4) (a)-(c)                                   | For mixed-age groups of children including infants and toddlers, the provider shall ensure that:<br>-infants are only mixed with toddlers, unless:<br>--the group has eight or fewer children;<br>--there are no more than three children younger than two years old in the group with one caregiver; and<br>--there are at least two caregivers with the group if more than two children who are younger than 18 months old are present and the group has more than four children;<br>--if older toddlers and two-year-old children are mixed, there is at least one caregiver for up to seven children and at least two caregivers for eight and up to 14 children in the group;<br>--older toddlers and older children are only mixed, besides when only mixed with two-year-old children, when:<br>--the group has eight or fewer children;<br>--there are no more than three older toddlers in the group; and<br>--there are at least two caregivers with the group if more than three younger toddlers are present and the group has more than five children. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 10(5)                                           | During <b>naptime</b> (which cannot exceed 2 hours), the minimum caregiver to child ratios may double for children <b>18 months old or older</b> if the children are in a restful or non-active state and the caregiver can communicate with another onsite caregiver without leaving the napping children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>ledws 11. Child Supervision and Security</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |

|                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                          |             |                          |                          |              |
|--------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------|
| 11(1)                                            |  | The provider must ensure caregivers <b>maintain active supervision</b> of all children in care at all times. Active supervision means caregivers must be physically in the room/area with children younger than school age and must be able to hear school age children and be near enough to intervene; must know the number of children in their care at all times; must be focused on the children and not their personal interests; and must be aware of the entire group even when interacting with a small group or individual child. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 11(2)                                            |  | Children <b>3 years old and older may go to the bathroom by themselves</b> if there is a policy to ensure their safety.                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 11(3)                                            |  | To maintain the security and supervision of the children in care, the provider must ensure children are <b>signed in and out</b> of the facility/program with the time of arrival and the time of departure. The provider must ensure these records are kept for at least three years.                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 11(4)                                            |  | 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> 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"/> | <input type="checkbox"/> |              |
| 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"/> | <input type="checkbox"/> |              |
| <b>ledws 12. Child Guidance and Interaction.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 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"/> | <input type="checkbox"/> |              |

|                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                          |             |                          |                          |              |
|--------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------|
| 12(2)                                                        |  | The provider must ensure all employees and volunteers follow the <b>reporting requirements for witnessing or suspicion of abuse, neglect, or exploitation</b> found in Utah Code, Section 62A-4a-403 and 62A-4a-411.                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 12(2)                                                        |  | The provider shall ensure that interactions with the children do not include:<br>(a) any form of <b>corporal punishment</b> or any action that produces physical pain or discomfort including hitting, spanking, shaking, biting, or pinching;<br>(b) <b>restraining a child's movement</b> by binding, tying, or any other form of restraint that exceeds gentle, passive restraint;<br>(c) <b>shouting</b> at children;<br>(d) any form of <b>emotional abuse</b> ;<br>(e) <b>forcing or withholding food, rest, or toileting</b> ; or<br>(f) <b>confining a child</b> 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"/> | <input type="checkbox"/> |              |
| <b>Iedws Section 13. Child Safety and Injury Prevention.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 13(1)                                                        |  | The provider must ensure <b>firearms</b> are stored separately from ammunition and in a cabinet or area that is locked with a key, combination, or fingerprint lock, unless otherwise allowed by law.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 13(2)                                                        |  | The provider must ensure <b>toxic or hazardous substances</b> are inaccessible to children in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 13(3)                                                        |  | The provider must ensure <b>tobacco, e-cigarettes, and e-juice</b> are inaccessible to children in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 13(4)                                                        |  | The provider must ensure <b>open flames</b> are inaccessible to children in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 13(5)                                                        |  | The provider must ensure <b>trampolines are inaccessible</b> to children in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |

|                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |             |                          |                          |                                                                                   |
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| 13(6)                                                            |  | The provider must ensure <b>open containers of alcohol are inaccessible</b> to children in care.                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                   |
| 13(7)                                                            |  | The provider must ensure <b>sexually explicit materials are inaccessible</b> to children in care.                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                   |
| 13(8)                                                            |  | The provider must ensure are inaccessible <b>illegal items are inaccessible</b> to children in care.                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                   |
| 013(9)(a)-(d)                                                    |  | The provider shall ensure that <b>toxic or hazardous chemicals</b> 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                   |
| <b>ledws 14. Emergency Preparedness, Response, and Recovery.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b>                                                                      |
| 14(1)                                                            |  | The provider shall post the center's <b>street address and emergency numbers</b> , 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"/> | <input type="checkbox"/> | The provider did not have emergency numbers posted as stated in the requirements. |
| 14(2)                                                            |  | The provider must ensure at least one person at the facility at all times children are in care, at least one person in each vehicle transporting children, and at least one person present during off-site activities has <b>current Red Cross, American Heart Association, or equivalent pediatric First Aid and CPR certification</b> . The provider must ensure the CPR certification is from a class that included hands-on testing. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                   |

|       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                          |  |                          |                          |  |
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| 14(3) |  | The provider must ensure <b>documentation of current First Aid and CPR certification is available for review</b> by the Office of Licensing staff.                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 14(4) |  | The provider must have, and follow when needed, a written <b>Emergency Preparedness, Response, and Recovery Plan</b> that is reviewed annually and updated when needed. The provider must ensure the plan is available for review by Office of Licensing staff and includes procedures for at least:<br>-shelter in place,<br>-lockdown,<br>-evacuation and relocation,<br>-communication with parents and reunification of families,<br>-continuity of operations, and<br>-accommodating infants and toddlers, children with disabilities, and children with chronic medical conditions during emergencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 14(5) |  | The provider must ensure <b>fire evacuation drills</b> are held during each month the program is open.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 14(6) |  | The provider must ensure the date and time of <b>each fire evacuation drill is documented and the documentation is available for review</b> by Office of Licensing staff.                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 14(7) |  | The provider must ensure <b>disaster (other than fire) drills</b> are held at least every six months that the program is open.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 14(8) |  | The provider must ensure the date and time of <b>each disaster drill is documented and the documentation is available for review</b> by Office of Licensing staff.                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| 14(9)                                          |                                                                                                                     | By the next working day, the provider must ensure <b>Office of Licensing staff is notified of any fatality, hospitalization, emergency medical response, or injury that required attention from a health care provider</b> unless the medical service was part of the child's medical treatment plan. The provider must also ensure documentation of the incident is submitted to Office of Licensing staff within five working days of the incident.                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <input type="checkbox"/>                       | This is a Pre-Approval Inspection. Compliance is not required or assessed for 14(5), 14(6), 14(7), 14(8), or 14(9). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                          |                          |             |                          |                          |              |
| <b>ledws 15. Health and Infection Control.</b> |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 15(1)                                          |                                                                                                                     | The provider must ensure all areas of the facility used for care are clean and sanitary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 15(2)                                          |                                                                                                                     | To prevent and control infectious diseases, the provider must ensure all employees, volunteers, and children in care wash their hands thoroughly with liquid soap and warm running water:<br>-upon arrival<br>-before handling and/or preparing food;<br>-before serving and/or eating meals and snacks;<br>-after using the toilet;<br>-before administering and/or taking medication;<br>-after coming into contact with body fluids (blood, urine, feces, vomit, mucus, and saliva);<br>-after playing with or handling animals; and<br>-after cleaning and/or taking out garbage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>ledws 16. Food and Nutrition.</b>           |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 16(1)                                          |                                                                                                                     | The provider must meet the of the <b>nutritional needs</b> of children in care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |

|                                  |                                                                                      |                                                                                                                                                                                                                    |                                     |                                                                                                                |                          |             |                          |                          |              |
|----------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------|
| 16(2)                            |                                                                                      | The provider must ensure there is a <b>record of known food allergies</b> of children in care.                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 16(3)(a)-(b)                     |                                                                                      | Immediately upon recognizing it, the provider must <b>report to the parent any allergic reaction</b> a child in care has to a particular food.                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <input type="checkbox"/>         | Snacks or meals are not given to children in care.                                   |                                                                                                                                                                                                                    |                                     |                                                                                                                |                          |             |                          |                          |              |
| <input type="checkbox"/>         | This is a Pre-Approval Inspection. Compliance is not required or assessed for 16(3). |                                                                                                                                                                                                                    |                                     |                                                                                                                |                          |             |                          |                          |              |
| <b>ledws 17. Medications.</b>    |                                                                                      |                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <b>Check here if there are NO Medications on the premises and the provider does not administer medications</b> |                          |             |                          |                          |              |
| 17(1)                            |                                                                                      | The provider must ensure over the counter or prescription medications are <b>inaccessible</b> to children in care.                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 17(2)                            |                                                                                      | The provider must ensure there is <b>parental permission</b> before administering medication to children in care.                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 17(3)                            |                                                                                      | Immediately upon the recognition of the error, the provider must ensure parents are notified of any <b>adverse reaction to a medication or an error in the administration of medication</b> for their child (ren). | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>ledws 18. Activities.</b>     |                                                                                      |                                                                                                                                                                                                                    | <b>C</b>                            | <b>NC</b>                                                                                                      | <b>NA</b>                | <b>Date</b> | <b>CDI</b>               | <b>TA</b>                | <b>Notes</b> |
| 18(1)                            |                                                                                      | The provider must ensure parents are aware of any <b>off-site activities</b> .                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>ledws 19. Play Equipment.</b> |                                                                                      |                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <b>Check here if there is no play equipment maintained by the provider</b>                                     |                          |             |                          |                          |              |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                          |                          |                          |                          |  |
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| 19(1) | <p>If there is <b>play equipment that is used by the children in care and that is maintained by the provider</b>, the provider must ensure:</p> <p>All stationary play equipment used by children in care meets the following requirements for <b>use zones</b>:</p> <p><b>When all children in care are at least two years old:</b></p> <ul style="list-style-type: none"><li>-If the height of a designated play surface (any accessible elevated surface for standing, walking, crawling, sitting, or climbing or an accessible flat surface at least 2" by 2" in size and having an angle less than 30 degrees from horizontal) or climbing bar on a piece of equipment, excluding swings, is greater than 30 inches:</li><li>• The use zone must extend a minimum of 6 feet in all directions from the perimeter of each piece of equipment.</li><li>• The use zones of two pieces of equipment that are positioned adjacent to one another may overlap if the designated play surfaces of each structure are no more than 30 inches above the protective cushioning underneath the equipment. When this is the case, there must be a minimum of 6 feet between the adjacent pieces of equipment.</li><li>• There must be a minimum use zone of 9 feet between adjacent pieces of equipment if the designated play surface of one or both pieces of equipment is more than 30 inches above the protective cushioning underneath the equipment.</li><li>-The use zone in the front and rear of a single-axis swing must extend a minimum of twice the height of the pivot point of the swing and may not overlap the use zone of any other piece of equipment.</li><li>-The use zone of a multi-axis swing must extend a minimum of 6 feet plus the length of the suspending members and must never overlap the use zone of another piece of equipment.</li><li>-The use zone for merry-go-rounds must never overlap the use zone of another piece of equipment.</li><li>-The use zone for spring rockers must extend a minimum of 6 feet from the at-rest perimeter of the equipment.</li></ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
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| 19(2) | <p>If there is play equipment that is used by children in care and that is maintained by the provider, the provider must ensure:</p> <p>There is adequate protective cushioning in all use zones. If a unitary cushioning material, such as rubber mats or poured rubber-like material is used as protective cushioning, the provider must ensure that the cushioning material is securely installed so that it cannot become displaced or picked up by children. Stationary play equipment may be placed on grass, but must not be placed on concrete, asphalt, dirt, or any other hard surface when:</p> <ul style="list-style-type: none"><li>- All children in care are school age and the highest designated play surface (a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size) is less than 30 inches from the ground and there are no moving parts on which children sit or stand.</li><li>- All children in care are at least 2 years old and the highest designated play surface (a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size) is less than 20 inches from the ground and there are no moving parts on which children sit or stand.</li><li>- Any child in care is an infant or toddler and the highest designated play surface (a flat surface on a piece of stationary play equipment that a child could stand, walk, sit, or climb on, and that is at least 2" by 2" in size) is less than 18 inches from the ground and there are no moving parts on which children sit or stand.</li></ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
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| 19(3) |  | <p>If there is <b>play equipment that is used by children in care and that is maintained by the provider</b>, the provider must ensure: Stationary play equipment has <b>protective barriers</b> on all play equipment platforms that are more than 48 inches above the ground. The bottom of the protective barrier must be less than 3-1/2 inches above the surface of the platform, and there can be no openings greater than 3-1/2 inches in the barrier. The top of the protective barrier must be at least 38 inches above the surface of the platform when all children in care are school-age and at least 30 inches above the ground when any child in care is younger than school-age.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 19(4) |  | <p>If there is <b>play equipment that is used by children in care and that is maintained by the provider</b>, the provider must ensure:<br/>There are <b>no entrapment hazards</b> on any piece of stationary play equipment or within or adjacent to the use zone of any piece of stationary play equipment.</p>                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 19(5) |  | <p>If there is <b>play equipment that is used by children in care and that is maintained by the provider</b>, the provider must ensure:<br/>There are <b>no strangulation hazards</b> on any piece of stationary play equipment or within or adjacent to the use zone of any piece of stationary play equipment.</p>                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |

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| 19(6)                                     |  | <p>If there is <b>play equipment that is used by children in care and that is maintained by the provider</b>, the provider must ensure:</p> <p><b>When any child in care is an infant or toddler:</b></p> <p>-There are no designated play surfaces that <b>exceed 3 feet in height</b> on any piece of stationary play equipment used by infants and toddlers</p> <p>- Swings used by <b>infants and toddlers must have enclosed seats.</b></p> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/>            |  | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>ledws 20. Transportation.</b>          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | Check here if the provider does not transport children                       |                                     |  | CDI                      | TA                       | Notes |
| 20(1)                                     |  | While transporting children in care, the provider must ensure the driver has children in care in <b>appropriate individual safety restraints.</b>                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/>            |  | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 20(2)                                     |  | While transporting children in care, the provider must ensure the driver <b>never leaves the children in care unattended in the vehicle.</b>                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/>            |  | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>ledws 23. Diapering.</b>               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | Check here is the provider does not care for diapered children               |                                     |  |                          |                          |       |
| 23(1)                                     |  | The provider must ensure children's diapers are changed at a <b>diaper changing station with railings.</b>                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>                                                     | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |       |
| 23(2)                                     |  | The provider must ensure caregivers <b>do not leave children unattended</b> when the children are on the diapering surface.                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>                                                     | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>ledws 24. Infant and Toddler Care.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | Please check this box if the provider does not care for infants and toddlers |                                     |  | CDI                      | TA                       | Notes |

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| 24(1)  |  | The provider must ensure <b>high chairs have T-shaped safety straps or devices</b> that are used whenever a child is in the chair.                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 024(2) |  | The provider must ensure <b>infants sleep in equipment designed for sleep</b> , such as a crib, bassinet, porta-crib or play pen and are not placed to sleep on mats or cots or in bouncers, swings, car seats, or other pieces of similar equipment. The provider shall ensure <b>soft toys, loose blankets, or other objects are not placed in sleep equipment while in use</b> by sleeping infants. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |