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FAMILY CHILD CARE CENTER (FCCC) OR CHILD CARE CENTER (CCC)

CHAPTER 4

GENERAL REQUIREMENTS

Section 1. **Program Specific Certification Standards.**

(a) All child caring facilities shall comply with all sections of this Chapter and the following Chapters and Sections of these Rules:

- (i) Chapter 1: All;
- (ii) Chapter 2: All;
- (iii) Chapter 3: All;
- (iv) Chapter 4: All;
- (v) Chapter 8 All;
- (vi) Chapter 9: All; and
- (ix) Chapter 10: All.

Section 2. **Capacity/Supervision Requirements.**

(a) The licenser shall determine total capacity for each facility. The licensed capacity shall never be exceeded. Maximum group size shall be limited by facility capacity. For specific rules relating to Capacity and Supervision refer to Chapters 5, 6, and 7.

(b) Staff:child ratios and supervision requirements as described in this chapter shall be maintained at all times.

(c) Staff:child ratios and maximum group size shall be maintained as follows (Table 4-1) during all hours of operation when facilities care for only one (1) age group:

Table 4-1

Ages of Children	Staff:Child Ratio	Maximum Group Size
Birth to 12 mos.	1:4; 2:8; 3:10	10
12 mos. - 24 mos.	1:5; 2:10; 3:12	12
24 mos. - 36 mos.	1:8; 2:16; 3:18	18
3 year olds	1:10; 2:20; 3:24	24
4 and 5 year olds	1:12; 2:24; 3:30	30
School age and older	1:18; 2:32; 3:40	40

(d) Fewer children may be present in the youngest age group and slots shifted to older age groups, but the age of the youngest child shall dictate the ratio.

(e) When age groups are combined the following staff:child ratios and group sizes for the youngest age group present shall apply. These options represent maximum numbers of children per youngest age group and total.

(i) When one (1) staff person is present caring for up to six (6) children under the age of 36 months there shall be no more than two (2) under the age of 12 months, no more than two (2), one (1) year to 24 months, and no more than two (2), two (2) years to 36 months, with a maximum group size of eight (8) children; or

(ii) When one (1) staff person is present, if there are only two (2) children under the age of two (2), the maximum group size can be increased to ten (10) children and no more than five (5) children shall be present in the 24-36 month age group.

(iii) When two (2) staff persons are present and caring for a mixed age group there shall be no more than four (4) children under the age of 12 months, no more than four (4), one (1) year to 24 months, and no more than four (4), two (2) years to 36 months, with a maximum group size of 15 children.

(f) When four (4) or more infants are present, the provider or staff shall have an infant/toddler director credential.

(g) Reasonable accommodations shall be made for children with special needs and shall be based on the child's abilities.

(h) Supervision of children 10 years or older may be relaxed with parents' written permission to allow children to be out of the direct supervision of an adult while participating in parent approved activities.

(i) In order to be counted in the staff:child ratio, staff shall be attending to the children. Necessary cooking, cleaning, janitorial, or similar tasks performed by a staff person counted in the staff:child ratio may take no longer than a few minutes, shall be done in such a way that the children are within sight and sound of the staff person, and the staff person can quickly and easily leave the task to handle direct child caring duties.

(j) Staff under the age of majority shall be under the direct supervision of an adult staff member at all times. Minimum age of staff shall be 16 years.

(k) Youth trainees may be present in the facility with a written plan outlining their specific purpose for being present, a TB test, training goals and objectives.

(l) A youth trainee shall be supervised, aided, and assisted by an adult staff at all times. The facility shall maintain records and document training time in the facility with dates, time, location and supervising trainer. There shall be one (1) youth trainee per one (1) adult staff. Youth trainees are never counted in staff:child ratios.

(m) There shall be at least one (1) adult staff supervising the care of children at all times.

(n) At least one (1) person certified in infant/child CPR and first aid shall be in attendance at all times and in all areas that children are in care.

Section 3. **Provider, Director, and Staff Requirements.**

(a) Before the provider, director, their staff, household member, substitute or volunteer assume responsibility for the direct care of children, work in the facility or move into the Family Child Care Home or Family Child Care Center, the following shall be on file:

(i) Current TB test results and risk assessment in accordance with Wyoming Department of Health recommendation;

(ii) Start date or date moved into home;

(iii) A child abuse/neglect Central Registry check which does not reveal any disqualifying information.

(iv) A full fingerprint based national criminal history record background check. Staff, household members, substitutes, and volunteers may not be employed or present in the facility if the background check indicates they have been convicted or have a pending deferred prosecution of a felony or misdemeanor or a substantiation involving:

(A) Felony:

(I) Abuse, neglect, abandonment, exploitation or endangering children or vulnerable adults;

(II) A sexual offense against a person or child;

(III) Allowing the commission of a sexual offense against a child;

(IV) Violence, including rape, sexual assault, physical assault, kidnapping, battery or homicide;

(V) A crime against a child or vulnerable adult;

- (VI) Physical assault;
- (VII) Domestic violence;
- (VII) Battery;
- (IX) Drug offense; or
- (X) Arson.

(B) Misdemeanor:

(I) Violent misdemeanor committed as an adult against a child; or

(II) Violent misdemeanor including battery, physical assault, or domestic violence within the last five (5) years.

(C) Any other crime that causes the facility to be concerned for the safety or well-being of children or others.

(D) Prospective employees, disqualified staff, or household members may request a review of the accuracy and completeness of the criminal history to the Department within 10 days of the receipt of the disqualification notice, except when the provider or director is submitting an initial application.

(I) Verification of an accurate and complete criminal history shall be submitted in conjunction with the request for a review.

(II) The Department shall review evidence of the inaccuracy or incompleteness of the record and render a decision within 20 days of the receipt of the review request and verification.

(III) The prospective employee, disqualified staff, or household members shall not be afforded the right to a Contested Case Hearing.

(E) Prospective employees, disqualified staff, or household members with a felony drug conviction or a conviction of misdemeanor physical assault, battery, or domestic violence within the last five (5) years, may request a review, within 10 days of the receipt of the disqualification notice, of whether the individual has been rehabilitated.

(I) Evidence of rehabilitation shall be submitted with the request for review.

(II) The Department shall determine if rehabilitation has occurred and provide notice to the provider or director.

(III) The prospective employee, disqualified staff, or household members shall not be afforded the right to an Contested Case Hearing.

(c) All persons who provide direct care to children and are used in staff:child ratios 24 hours or more in one (1) month shall meet the same training requirements as the provider. See Section 9 of this Chapter.

(d) The provider or director is responsible for the actions of any staff, household member, volunteer, substitute or youth trainee who has contact with the children while the facility is operating.

(e) All staff, household members, substitutes, and volunteers shall complete a child abuse/neglect Central Registry background check once a year and a full fingerprint based national criminal history record background check every five (5) years.

Section 4. **Parental Rights.**

(a) Parents or guardians shall have unrestricted and immediate access to his/her children and any area of the facility where their child is located.

(b) Locks can be used on doors to the facility if the following is in place:

(i) A door bell or other means a parent can alert staff of his or her presence, which is maintained, operational and responded to immediately at all times the door is locked;

(ii) All fire egress hardware shall be maintained and operational to allow exit from the interior of the building, as per the Fire Inspector's direction.

(c) Parents have a right to the following information:

(i) All inspection reports required as a condition for the licensing of the facility;

(ii) Phone number for the facility;

(iii) All known and/or treated injuries that occur to his/her child while he/she is in care;

(iv) Any situation that occurred during child care that caused concerns for the child's health or safety;

(v) Staff:child ratio requirements;

- (vi) Menus;
- (vii) Complaint and compliance history; and
- (viii) Documentation of provider, director, and staff training.

Section 5. **Policies.**

(a) Parents shall be given a copy of written program policies, initially and when there are changes to the policy. Program policy shall include the following:

- (i) Discipline procedures;
- (ii) Sick children in care;
- (iii) Administration of medication;
- (iv) Safety procedures outlining conditions for use of a swimming or wading pool if one is used;
- (v) Administrative policy such as payment, hours of operation and services provided by the child care facility;
- (vi) Safety procedures for the release of children;
- (vii) The presence of any weapons on the premises;
- (viii) Any unusual policies (i.e. not celebrating birthdays or holidays);
- (ix) Information on sleeping arrangement and supervision when overnight care of children is provided;
- (x) Emergency preparedness guidelines and procedures shall be given to parents in writing and include:
 - (A) How parents shall be notified in the case of an emergency at the facility;
 - (B) Relocation site with contact information at that site; and
 - (C) Procedures for child reunification or release.
- (xi) Complaint procedures for reporting concerns; and

(xii) Information on obtaining a facility's complaint and compliance report.

Section 6. Discipline and Guidance.

(a) Written discipline policy shall be followed by all staff and shall:

(i) Not include any discipline that is in violation of applicable laws;

(ii) Outline methods of guidance appropriate to the ages of the children enrolled;

(iii) Explicitly describe positive guidance, such as redirection, natural and logical consequences, modeling of positive behavior and other non-violent, non-abusive methods of discipline; and

(iv) Be included in orientation of all staff.

(b) When "time out" is used, it shall:

(i) Enable the child to regain control of himself/herself and shall keep the child in visual contact with a caregiver;

(ii) Be a last resort technique for a child who is harming another, or in danger of harming himself/herself; and

(iii) Be used infrequently and for very brief periods of time-out using one (1) minute for each year of the child's age. It shall be used selectively, taking into account the child's developmental stage and the usefulness of "time out" for the particular child.

(c) Children in care shall not act as or be employed as staff or be allowed authority over other children.

(d) The following behavior shall be prohibited in all child care settings:

(i) Punishment associated with food, rest or toilet training;

(ii) Rough handling of children, including but not limited to hitting, spanking, beating, shaking, pinching, pushing or other measures that could produce physical pain;

(iii) Inappropriate use of language, including but not limited to profanity, name-calling, derogatory or demeaning terminology or screaming related to disciplinary purposes;

- (iv) Any form of humiliation including threats of physical punishment;
- (v) Any form of emotional maltreatment including rejecting, terrorizing, corrupting, isolating or ignoring a child. Children can be removed from a group, but not isolated. Behaviors of a child may be ignored, but not the child; and
- (vi) Any form of confining a child's movement or restraining a child as a means of punishment.

Section 7. Medications.

(a) Medications shall only be given in child care when the facility has agreed to administer medications and adheres to the following:

(i) Staff who administers medication has received the training approved by the Department on administration of medication; and

(ii) A medication consent form has been completed and signed by the parent or legal guardian and includes:

(A) Name of child and parent or guardian; and

(B) Specific instructions for the date and time to be administered and dosage; or

(C) A standing order from a parent or health professional for commonly used nonprescription medication that defines what medication and when a medication should be used.

(b) Prescription medications and pharmaceutical samples prescribed by a physician or licensed health professional and all over the counter medications shall bear the original prescription label or written instructions to include the following information:

(i) Child's name printed on the container;

(ii) Amount and frequency of dosage; and

(iii) Name of prescribing physician or other health professional, with the exception of over-the-counter medications.

(c) All medications shall be stored per manufacturer's instructions and:

(i) In a safety lock container;

(ii) In an enclosed space that is inaccessible to children; or

(iii) In a refrigerator separated from food in a sealed plastic container, inaccessible to children.

(d) The facility shall keep a written record of all medication, including over-the-counter medication given to children. This record shall include:

- (i) Name of child;
- (ii) Name of medication;
- (iii) Date and time the medication was administered;
- (iv) Amount of medication given; and
- (v) Signature or initials of person administering medication.

(e) Notification of medication administration shall be given to the parent or guardian on the day it was administered.

(f) Any deviation from recommended dosage on the label shall be accompanied by a physician's written instructions.

(g) Medications shall not be used beyond the date of expiration and shall not be stored on premises when no longer needed.

(h) The use of sunscreen, insect repellent, essential oils and over the counter topical medications shall not be subject to the training requirements of this Section.

(i) The sunscreen, insect repellent, essential oils and over the counter topical medications shall be stored in the original container and the manufacturer's instructions for use shall be followed; and

(ii) A consent form, signed by the parent or legal guardian, which allows the application of sunscreen, insect repellent, essential oils and over the counter topical medications on his/her child and indicates the brands of sunscreen unless supplied by parent for his/her child only.

Section 8. Transportation and Field Trips.

(a) Vehicles used to transport children shall be maintained in safe condition and comply with applicable motor vehicle laws.

(b) Operators of vehicles used to transport children shall have the appropriate type of driver's license and be at least 18 years of age.

(c) The number of persons in a vehicle used to transport children shall not exceed the manufacturer's recommended capacity nor the number of seat belts installed when the vehicle was manufactured.

(d) Each child who is a passenger shall be properly secured in a child safety restraint system or seat belt as required by law. The child safety restraint system shall conform to Federal Motor Vehicle Safety Standards for child restraint systems.

(e) When children are taken off site, there shall be:

- (i) A first aid kit;
- (ii) Emergency medical release forms on all children;
- (iii) A current and updated attendance record; and
- (iv) Adult supervision at all times.

Section 9. Training.

(a) The applicant or provider shall complete pre-service orientation training which shall include, but not be limited to:

- (i) Safety and health of children;
- (ii) Fire safety, approved by the fire authority;
- (iii) Sanitation procedures, approved by the sanitation authority;
- (iv) First Aid and CPR;
- (v) Medication administration;
- (vi) Sudden Infant Death Syndrome (SIDS);
- (vii) Safe sleep practices;
- (viii) Blood borne pathogens;
- (ix) Recognition and reporting of suspected child abuse or neglect;
- (x) Shaken Baby Syndrome;
- (xi) Nutrition training; and

(xii) Transportation of children.

(b) Within three (3) months of staff's start date and prior to assuming responsibility for unsupervised direct care of children, all staff shall receive the approved pre-service and facility staff orientation training.

(i) The facility staff orientation training shall include all staff policies, procedures, and child care licensing rules; and

(ii) Facility staff shall sign a statement acknowledging they have read the facility policies, procedures, and child care licensing rules.

(c) Any orientation training that meets the requirements of the pre-service training completed within the 12 months prior to the issuance of the initial license may be applied to the pre-service training.

(d) All other training may be applied toward the first year training requirements.

(e) All staff shall have Infant/Child Cardiopulmonary Resuscitation (CPR) and First Aid (FA) training and certification shall be kept current.

(i) One (1) training credit shall be applied for each subsequent time First Aid and Infant/Child CPR are updated.

(f) Any staff person engaged in child care 24 hours or more per month, providing direct care for children, and counted in staff:child ratios shall complete a minimum of 16 training credits to be completed annually. Directors are required to meet all licensing rule requirements.

(g) No more than 50% of the required training credits shall be acquired from videos, books or other written, pre-recorded materials, except when it is demonstrated that other training options are not available.

(h) To meet the 16 training credit requirement, a combination of the following training shall be completed in the first year:

(i) Eight (8) credits of training in Early Learning Guidelines and Early Learning Foundations shall be completed within the first licensing year; and

(ii) Eight (8) elective training credits in the area of early learning, early childhood, and/or child development.

(i) For subsequent licensing years, to meet the 16 training credit requirement, a combination of the following training shall be completed:

(i) Eight (8) core credits of total training shall include all of the following areas:

- (A) Blood borne pathogens;
- (B) Fire safety approved by the fire authority;
- (C) Sanitation approved by the health authority;
- (D) Recognition and reporting of suspected child abuse or neglect;
- (E) Emergency preparedness;
- (F) Sudden Infant Death Syndrome (SIDS);
- (G) Safe Sleep;
- (H) Shaken Baby Syndrome;
- (I) Transportation; and

(ii) Eight (8) elective training credits in the area of early learning, early childhood, and/or child development.

(j) Proof of completion of child care training credits shall be kept on file by the facility and shall include documentation of training credits, transcripts or certification of first aid and infant/child CPR.

(k) Training shall be approved by the Department before credit shall be allowed. Training sponsored by an accredited college or university does not require Department's approval if it is related to the care of children. Each college credit hour shall equal 15 training credits.

(l) Any staff member who has a professional certificate or license requiring continuing education units (CEU's) in the area of child growth and development, may apply those units to meet child care licensing requirements. Each CEU credit hour shall equal 15 training credits.

(m) Training credits shall only be applied to the current licensing year.

(n) Training for Infant or Toddler Staff:

(i) When four (4) or more infants are present, at least one (1) staff person working directly with infants or toddlers shall have a minimum of eight (8) training credits of specialized training in the care of infants or toddlers every two years; and

(ii) All other staff caring for infants or toddlers shall complete a minimum of four (4) training credits, every two (2) years in specialized infant or toddler training as part of their training requirements.

Section 10. **Records.**

(a) Child care facilities shall maintain complete and updated administrative, staff and children's records on-site. All records shall be retained for a minimum of three (3) years.

(i) All records for children actively participating in a program shall be reviewed and updated annually.

(b) Administrative records shall include:

(i) Attendance record for each child to include dates attended and arrival/departure times verified by staff;

(ii) Current health, fire, zoning (if required) and licensing inspection reports; and

(iii) Private water testing reports if required.

(iv) Manufacturer's instructions for all indoor and outdoor play equipment, if installed by the current provider, director or board of directors.

(c) Provider, director, staff, substitute and volunteer records shall include:

(i) Name, date of birth, address, and telephone number;

(ii) TB test results in accordance with Wyoming Department of Health recommendation;

(iii) Start date or date moved into home;

(iv) Documented proof of all required training credits received by staff to include the number of hours of training, dates and titles of training;

(v) Dates, hours worked and area of responsibility;

(vi) Results of a child abuse/neglect Central Registry check and verification of a completed full national fingerprint based criminal history background check to include all adult household members; and

(vii) A physician's statement when there is a question of any staff member's ability to provide safe and adequate care for children.

(d) Individual child's records shall be in place before a child is left in care and shall include:

(i) The child's full name, birth date, current address and date of enrollment;

(ii) Name, home, employment addresses and phone number of parent(s) or guardian(s) legally responsible for the child;

(iii) Names, addresses and telephone numbers of persons authorized to take the child from the facility. Children may not be released to unauthorized persons without prior parent approval and proper identification;

(iv) Names, addresses and telephone numbers of person(s) who can assume responsibility for the child in the event of an emergency, if parent(s) or guardian(s) cannot be reached immediately;

(v) Name and telephone number of the child's physician and dentist;

(vi) Health information including allergies, chronic physical problems and pertinent social information on the child and his family;

(vii) Immunization records as required by W.S. 14-4-116 and the Department of Health, Immunization Program, except for school age children who are attending public school. In programs that are operated on a drop-in basis, immunization records for children are not required, but recommended to be on file. If attendance on a drop-in basis exceeds 30 calendar days, immunization records are required;

(viii) Written authorization from parent(s) or guardian(s) for the child to participate in field trips or excursions, whether walking or riding;

(ix) Written authorization from parent(s) or guardian(s) for the child to be transported;

(x) Written authorization from parent(s) or guardian(s) for the child to use a swimming or wading pool if one is used;

(xi) Written authorization from parent(s) or guardian(s) for emergency medical care; and

(xii) Reports of injury or illness occurring while a child is in care requiring hospitalization, or treatment by a physician or the occurrence of the death of a child.

Section 11. **Reports.**

(a) All child care facilities shall report any injury, illness or incident which occurs at the facility and results in medical treatment, hospitalization or death to the parents of the child(ren) immediately and to the child care licenser within 24 hours. A written report shall be sent to the child care licenser within three (3) days of the incident. The death of any child in care, regardless of cause, shall be reported to licensing immediately.

(b) Emergency response to the child care facility by law enforcement, fire, or ambulance during hours of operation shall be verbally reported to the child care licenser within 24 hours.

(c) All staff are required to report cases of suspected child abuse or neglect. A provider, director or their staff shall report immediately to the local Department office and local law enforcement any circumstances indicating that a child in care may have been subjected to abuse or neglect.

Section 12. **Confidentiality.**

(a) The Department records concerning the licensing of facilities are open to public inspection with some exceptions as stated in this Section.

(b) Anyone wishing to read or obtain information from a record not available on the Department's website shall make a written request to the Department. Parts of the record that are not available for public inspection are:

(i) Names and personal information of children or their relatives, and names of complainants;

(ii) Personal information of the provider and/or director and staff, such as but not limited to, social security numbers, date of birth, background check results, physician's statements; and

(iii) Any information that is confidential by law.

(c) The provider shall make all required inspection reports available for public inspection.

(d) Children's names, pictures and any other information of them shall not be posted on social media sites without a parent or guardian's written permission.

Section 13. Evening and Overnight Care.

(a) When any facility cares for children past 7:00 p.m., the following rules shall apply in addition to all other rules and regulations specific to the type of facility:

(i) Children shall receive a full evening meal. Children who are in attendance overnight shall also receive breakfast unless released to the parent before 8:00 a.m.;

(ii) Children of the opposite sex over six (6) years of age shall have separate sleeping areas; and

(iii) Sleeping child(ren) shall sleep on the same level as the staff person and the staff person shall be able to hear the child(ren).

Section 14. Health and Safety Requirements.

(a) Children shall be present only in areas of the facility approved and inspected for child care and designated for their use.

(b) Rooms not designated and approved for child care shall be made inaccessible to children with the exception of rooms used as an evacuation route or shelter.

(c) The overall condition of the child care facility and grounds, including play areas, equipment, and toys, shall be maintained in a clean, uncluttered, safe condition and free of hazards.

(d) All rooms used by children shall be adequately heated, cooled, illuminated, and ventilated.

(e) If infant care is included in the same building as a facility caring for children of other ages, infants shall be provided with a designated and safe play area.

(f) Toys shall be suitable for age and development.

(g) Awake infants or toddlers shall not be confined to a crib, playpen/play yard, swing, high chair, car seat, carrier, or in one (1) position for excessive periods of time.

(h) A sufficient supply of clean, dry diapers shall be available, and diapers shall be changed as frequently as needed. Diaper changing shall be documented for each infant and available to the parent.

(i) Decks, porches, steps, stairs and walkways shall be maintained in good repair and safe condition. Stairs, decks and elevated porches shall have sturdy railings, child safety gates or guard rails.

(j) Children shall not have access to cords or ropes, including but not limited to, window treatment cords or electrical cords.

(k) Spaces that could entrap children, including but not limited to, openings in guardrails or banisters, shall measure three and a half (3.5) inches or less, or more than nine (9) inches to prevent entrapment.

(l) Potentially dangerous or unsafe items shall be made inaccessible to children.

(m) Electrical outlets shall be tamper resistant or covered with safety caps when not in use.

(n) Any item which may present a burn hazard including heating units and appliances, shall be made inaccessible to children unless its use is for an activity directly supervised by an adult.

(o) Electric fans shall be out of the reach of children or shall be fitted with an appropriate mesh to prevent access to the blades by children.

(p) Chemicals shall not be used around children and in a manner that contaminates surfaces such as tables, carpets, lawns, food, or food preparation areas.

(q) Weapons/Firearms. The facility shall develop, adopt, follow and maintain on file, written policies and procedures governing the safe management of firearms and weapons.

(i) The facility shall prohibit the use of any firearms or other weapons on the grounds of the facility or program or in any building used by children, except by law enforcement personnel in emergency and non-emergency situations;

(ii) In Family Child Care Homes and Family Child Care Centers located in the provider's home, firearms and ammunition shall be stored and locked separately from each other in an area that is inaccessible to children. Reloading rooms shall be locked and inaccessible to children; and

(iii) No explosives of any type shall be allowed.

(r) Any animal with a history of attacking even one (1) person or demonstrating aggressive behavior, shall be made inaccessible to the children in care.

(s) Media, including but not limited to, movies and internet sites that are rated higher than PG shall not be accessible to children during child care hours.

(t) Staff and household members shall not be under the influence or consume alcohol, illegal drugs or misuse prescription drugs or over-the-counter drugs, on or off the premises during operating hours and while transporting children. The use of tobacco, tobacco products or electronic cigarettes is prohibited in the facility when children are present.

(u) An operable phone shall be available in the facility at all times and emergency phone numbers to include 911, poison control, an adult emergency substitute, as well as the address and phone number of the facility shall be posted by the telephone or in a location that is immediately visible at all times.

(v) Emergency preparedness guidelines shall be written, available, followed and include:

(i) Plans for evacuation, shelter-in-place, lockdown of the facility, reunification and procedures for responding to each type of emergency likely in the area;

(ii) Plans for children with special needs as soon as they are enrolled in the program;

(iii) That children's emergency contact phone numbers and attendance records shall be taken outside during all emergency evacuation and drills;

(iv) That drills shall include practice from all exit locations, at varied times of the day, and during varied activities; and

(v) That fire safety and emergency evacuation diagrams (floor plans) shall be posted by all exits.

(w) All equipment and products used in child care facilities shall be used per manufacturer instructions.

(x) Wet or soiled clothing, including disposable undergarments, shall be changed promptly. A sufficient supply of clean clothing for emergency use shall be provided.

(y) Children shall be provided opportunity for, but shall not be required, to sleep and children shall have their own separate cots, pads, and bedding; and

(i) Cots or pads shall be spaced at least two (2) feet apart on all sides. The bedding shall be washed once a week or more often as needed.

(ii) For overnight care, children shall have a separate cot or non-inflatable bed on which to sleep.

(z) Toys, phones, doorknobs, door casings, handles and railings shall be cleaned and sanitized once a week or whenever visibly soiled. Table tops, high chairs or food serving surfaces be sanitized before and after each use.

(aa) Staff shall wash their hands:

(i) After using the toilet or helping a child use a toilet, diaper changing, handling bodily fluid, handling pets, cleaning or handling the garbage, or handling food (The kitchen sink shall not be used for hand washing after diaper changing); and

(ii) Before diaper changing, handling food, eating, and giving medication.

(bb) Children shall wash their hands:

(i) Before and after eating; and

(ii) After using the toilet, handling pets, and/or playing in sandboxes.

(cc) A sturdy stool shall be available to children as needed to make hand washing sinks accessible.

(dd) Soap and single service hand towels shall be available at all hand washing sinks.

(ee) Dirty laundry shall not be accessible to children.

(ff) All child care facilities shall have at least a basic first-aid kit or its equivalent on hand at all times. The first aid kit shall be taken on field trips and outings.

Section 15. **Indoor Play Space.**

(a) The indoor area designated for the children's use while in care shall include a minimum of 35 square feet of usable play space per child, and this space shall be available to the children on a continual basis.

(b) If the required outdoor space in Section 16 is not available, and the facility has been granted a variance for the lack thereof, the same amount of indoor space required in (c) below may be used and provide for types of activities equivalent to those performed in an outdoor space and shall be used at least one (1) time per day for at least 30 minutes;

(c) When children are separated into age groups, and only one (1) age group is using the indoor play space at any given time, the following minimum play space requirements apply;

(i) Thirty-five (35) square feet for each child birth to 18 months of age;

(ii) Fifty (50) square feet for each child 18 months to 24 months of age;
and

(iii) Seventy-five (75) square feet for each child over the age of 24 months of age.

(d) Indoor play equipment with a fall height of more than 24 inches shall be installed over a resilient surface covering the appropriate use zones:

(i) Resilient surfacing shall be installed, maintained and replaced according to the manufacturer's instructions.

(e) Commercial constant air inflatable devices shall be used indoors only if the manufacturer's guidelines permit.

Section 16. **Outdoor Play Space.**

(a) There shall be a minimum of 75 square feet of outdoor play space for each child when ages of children are combined, except as provided in Section 15.

(b) If a child care facility does not provide care for more than a four (4) hour period per day, outdoor play space is not required. However, if the facility does have outdoor play space and it is used for play, that space shall meet licensing requirements.

(c) This space shall be used at least one (1) time per day for at least 30 minutes when weather and environmental conditions do not pose a significant health or safety risk.

(d) When children are separated into age groups, and only one (1) age group is using the outdoor play space at any given time, the following minimum play space requirements apply:

(i) Thirty-five (35) square feet for each child birth to 18 months of age;

(ii) Fifty (50) square feet for each child 18 months to 24 months of age;
and

(iii) Seventy-five (75) square feet for each child over the age of 24 months of age.

(e) The outdoor play area shall be enclosed with a fence. The fence shall be at least four (4) feet in height and the bottom edge shall be no more than three and one-half (3 ½) inches off the ground.

(f) Some shaded areas shall be provided in the outdoor play area.

(g) Sandboxes shall be constructed to permit drainage and shall be covered tightly and secured when not in use.

(h) Equipment shall be sturdy, stable, and free of hazards that are accessible to children during normal supervised play and all pieces of equipment shall be installed as directed by the manufacturer's instructions and specifications.

(i) Outdoor play equipment with a fall height of more than 24 inches shall be installed over a resilient surface covering the appropriate use zones:

(i) Equipment with a fall height of more than 24 inches but less than seven (7) feet shall have six (6) inches of uncompressed resilient surface, except sand;

(ii) Equipment with a fall height of seven (7) feet to 10 feet shall have nine (9) inches of uncompressed resilient surface;

(iii) Sand should not be used as a surfacing material when the fall height is greater than four (4) feet; and

(iv) Resilient surfacing shall be installed, maintained and replaced according to the manufacturer's instructions.

(j) Providers shall ensure that children have protection appropriate for weather conditions.

(k) Outdoor play areas shall be free from miscellaneous debris or litter such as tree branches, soda cans, bottles, glass, or animal waste.

(l) Window wells shall be covered, but shall not impede egress or allow for entrapment.

(m) Trampolines over three (3) feet in diameter shall not be used on or off the premises and shall be fenced or otherwise made inaccessible to child care children. Small exercise trampolines may be used by children three (3) years or older with adult supervision and written parental permission.

(n) Commercial constant air inflatable devices shall ONLY be used in accordance with the Consumer Product Safety Commission (CPSC) standards and under the following conditions:

(i) Follow all manufacturer's guidelines for safe installation (including anchoring) and ongoing maintenance. The constant air inflatable devices shall be situated away from any fences, greenhouses, power lines and branches. The electrical cables shall be inaccessible to children and shall not create a tripping hazard;

(ii) Follow all manufacturer's guidelines for age and weight limits; consider limiting use to children six (6) years of age and older;

(iii) Follow all manufacturer's guidelines regarding the number of children allowed on the device at any one (1) time; consider limiting use to one (1) child at a time. If more than one child will be on the bouncer at the same time, make sure the children are about the same age and size (weight);

(iv) Follow all manufacturer's guidelines regarding use during inclement weather; the weather conditions shall be monitored on a constant basis;

(v) Children shall be directly supervised by staff in the immediate vicinity (watched constantly, not just in the area) at all times; if supervision cannot be maintained, the constant air inflatable device shall be deflated and made inaccessible to children; and

(vi) Develop and implement a Parental Waiver which details the safety measures put in place to ameliorate the risk to children (ALL parents shall sign the waiver to have their children participate in activities on the constant air inflatable device).

Section 17. Swimming Pools, Wading Pools, and Water Hazards.

(a) When water hazards are present within the approved play area, the following shall apply:

(i) Shall be enclosed by a fence no less than four (4) feet high;

(ii) Facility policy shall include written safety procedures outlining conditions for use of a swimming pool, wading pool or other bodies of water and be given to parents and staff;

(iii) Written parental consent is required for use of a swimming or wading pool;

(iv) An adult staff member shall be in the immediate vicinity at all times when a water hazard is available and accessible;

(v) An adult shall remain in direct physical contact with infants at all times;

(vi) There shall be at least one (1) certified lifeguard present when a swimming pool is in use when there is more than three (3) feet of water;

(vii) Children are to be instructed on the safe use of a swimming pool;

(viii) When using a public or private swimming pool, staff:child ratios for infants and toddlers, birth to 36 months, shall be 1:1; for children three (3) five to (5) years old shall be 1:4; for children who have completed kindergarten or are enrolled in first grade or higher or are six (6) years or older shall be 1:6 while swimming. Certified lifeguards may be used to meet these staff:child ratios when the lifeguard is age 16 or older and assigned only to that group of children; and

(ix) Children shall not be allowed to use hot tubs or spas and they shall be made inaccessible.

Section 18. **Food Service.**

(a) Nutritionally balanced snacks, meals and appropriate portions for the needs and ages of children shall be provided;

(i) Adequate fluids shall be provided and encouraged; and

(ii) Special dietary needs and/or food allergies shall be posted in food preparation areas and in the area the child eats.

(b) If a child is in attendance for five (5) or more hours, a meal shall be provided, unless a child arrives after lunchtime and an evening meal is not provided by the facility. In this case, a nutritious snack shall be provided.

(c) Pasteurized milk shall be made available at all meals, unless written documentation is provided by the parent and is on file.

(d) Parents may provide meals and bottles for their own child. These meals and bottles shall be clearly marked with the child's name, stored and served in accordance with approved health and sanitation procedures.

(e) Food shall be served on plates, other disinfected containers, or clean single use items such as napkins. Food shall not be placed on bare surfaces.

(f) Children shall not be forced to eat.

Section 19. **Infant and/or Toddler Care.**

(a) Safe conditions:

(i) There shall be a minimum of 50 square feet per infant or toddler if play and sleep space is combined. When not combined, 35 square feet of available play space shall be provided per child.

(ii) When cribs, bassinets or play pens are used, the following applies:

(A) Shall be separated by a space of not less than three (3) feet;

(B) Shall comply with the manufacturer's instructions and in accordance with the Consumer Product Safety Commission's (CPSC) current standards: <https://www.cpsc.gov/en/Safety-Education/Safety-Guides/Kids-and-Babies/Cribs/>; and

(C) Stacking cribs shall not be used.

(b) Sleeping infants shall:

(i) Be placed on their backs for sleeping, unless a licensed health care provider signs a waiver. If the infant has not been observed turning repeatedly from stomach to back and back to stomach by the provider, the infant shall be returned to his/her back for sleeping;

(ii) Be placed on a firm, flat surface for sleeping;

(iii) Have nothing placed in or over the crib, bassinet, or play pen;

(iv) Pacifiers shall only be used when provided by the parent(s);

(v) Have nothing placed over his/her head or face while sleeping;

(vi) Be placed in the same or adjacent room with enough light to see each infant's face, to view the color of the infant's skin and to check on the infant's breathing;

(vii) Be actively supervised by staff in an ongoing manner by checking on them for the above every five (5) minutes;

(viii) Not be swaddled without a licensed health care professional statement, including instructions and a time frame for swaddling an infant, on file. Swaddling is prohibited for infants that have the ability to roll over independently. A one-piece sleeper or sack equipped with an attached system that fastens securely only across the upper torso may be used; however shall not restrict the arms, hips, or legs of the infant. The sleeper or sack shall be used to manufacturer's guidelines and shall not slide up around the infant's face; and

(ix) Be moved as soon as possible if he/she falls asleep in any piece of infant equipment other than a crib.

(c) When four (4) or more infants are present, the facility shall have a staff person responsible who shall:

(i) Hold an Infant/Toddler Director Credential recognized by the Department;

(ii) Be available for at least 50% of the work week, unless an exception by the licenser for good cause is given; and

(iii) Require two (2) staff be in the facility at all times.

(d) Food Service for Infants:

(i) Staff may prepare bottles, when doing so must use an approved water source as outlined in Chapter 8, Section 2. Formula shall be stored in its original container and the manufacturer's mixing instructions shall be followed and any deviation from these instructions shall be accompanied by written instructions from a licensed health care provider.

(ii) Expressed human milk shall:

(A) Be labeled with a water-resistant label with the child's name and the date and time the milk was expressed; and

(B) Be refrigerated immediately upon arrival at the facility.

(iii) Bottle propping shall not be permitted. Infants shall receive individual direct care during feeding. Bottles shall not be left with a sleeping infant.

(iv) Infants shall be fed on demand unless the parent provides written instructions otherwise.

(v) All infant feeding shall be documented and available to parents daily.