

# background



## building blocks

a child care professional's review of the basic standards that guide your practice

a Civitas initiative

Adapted with permission from *Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care Programs, Second Edition, 2002*; developed by the American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care.

*Building Blocks* is a tool designed to help child care professionals in every setting keep up to date with the latest guidelines for quality child care. Highlighting standards that are often overlooked or underutilized, *Building Blocks* provides you with a fresh way to review your skills and test your knowledge.

*Building Blocks* was adapted by Civitas with permission from *Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care Programs, Second Edition, 2002*. These are nationally recognized standards considered best practices in providing healthy and safe child care environments. *Caring for Our Children* was developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care.

- To obtain a downloadable pdf of *Caring for Our Children* go to <http://nrc.uchsc.edu/>.
- To purchase print copies for \$34.95 plus shipping and handling, contact
  - the American Academy of Pediatrics at 1.888.227.1770 or [www.aap.org](http://www.aap.org), reference order # X-MAO191
  - the American Public Health Association Publications Sales at 301.893.1894 or [www.apha.org](http://www.apha.org)

Each state has specific child care regulations to which providers need to adhere. To view each state's regulations, go to <http://nrc.uchsc.edu/STATES/states.htm> and click on the appropriate state. Providers are encouraged to exceed their state regulations when the national standards are more comprehensive or strict.

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Civitas is a national nonprofit organization. To learn more about us and Born Learning, visit [www.civitas.org](http://www.civitas.org).

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# administration

Administration and staffing issues are important aspects of any business—even more important when the business is caring for children. The following questions and answers will help you ensure that your procedures are up-to-date.

## staff ratios

- 1 True or False:** The younger the children, the lower the staff-to-child ratio.
- 2** In small family child care settings, are the provider's own children included in the staff-to-child ratio?

## ongoing staff trainings

- 3** Prior to initiating operation, small family child care home providers should provide what type of training documentation?
- 4** List five topics that all center directors and caregivers should receive training on at least every three years.
- 5** How often should a fire evacuation drill be practiced?

## policies about substance use

- 6** What substances are prohibited while children are in child care (including while in child care facilities/homes, during transportation, and on field trips)?

## confidentiality of records

- 7** When can staff disclose information from a child's record?

# administration

- 1. True.** The younger the children, the lower the staff-to-child ratio.
- 2. Yes.** The provider's own children are included in the staff-to-child ratio.
3. Small family child care home providers should provide written documentation of at least 12 hours of training in child development and health management for out-of-home child care facilities prior to initiating operation.
4. Center directors and caregivers should receive training at least every three years on the following topics: ■ child development knowledge and best practices, including knowledge on age-appropriate child developmental stages for each child in care; ■ child care as a support to parents; ■ parent relations; ■ ways that communicable diseases are spread; ■ procedures for preventing the spread of communicable disease, including hand washing, sanitation, diaper changing, food handling, health department notification of reportable diseases, equipment, toy selection and proper washing, sanitizing to reduce the risk for disease and injury, and health issues related to having pets in the facility; ■ immunization requirements for children and staff; ■ common childhood illnesses and their management, including child care exclusion policies; ■ organization of the facility to reduce the risks for illness and injury; ■ teaching child care staff and children about infection control and injury prevention; ■ staff occupational health and safety practices, such as proper procedures, in accordance with Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations; ■ emergency procedures; ■ promotion of health in the child care setting; ■ management of a blocked airway, rescue breathing, and other first aid procedures; ■ recognition and reporting of child abuse in compliance with state laws; ■ nutrition; ■ knowledge of medication administration policies and practices; ■ caring for children with special needs in compliance with the Americans with Disabilities Act (ADA); ■ behavior management.
5. Fire evacuation drills should be practiced once a month.
6. Smoking, illegal drugs, alcohol, chewing tobacco and toxic substances are prohibited while children are in child care facilities/homes, during transportation, and on field trips.
7. Staff can disclose information from a child's record only with written parental consent, except in cases where abuse or neglect is involved.

# program

As a child care provider, you interact with the children in your care in a variety of ways. The questions and answers listed here will review a sample of these meaningful exchanges.

## methods of supervision

- 1 True or False:** It is permissible to leave a child unsupervised while he or she is sleeping, as long as the sleeping arrangements are safe and in compliance.
- 2** When should caregivers count children to confirm the safe whereabouts of every child?

## discipline measures

- 3** Describe three appropriate methods for disciplining a child.
- 4 True or False:** Expectations for children's behavior should be written and shared with families and children of appropriate age.
- 5 True or False:** Spanking a child is allowed with the parent's permission.
- 6 True or False:** Threats or derogatory remarks about a child or child's family are never acceptable.
- 7** List three things that constitute emotional abuse on the part of the provider.
- 8 True or False:** Withdrawal or the threat of withdrawal of food, or forcing of food, rest, or bathroom opportunities are acceptable forms of discipline.

# program

- 1. False.** Caregivers should directly supervise children by sight and hearing at all times, even when the children are sleeping.
- Caregivers should regularly count children on a scheduled basis, at every transition, and whenever leaving one area and arriving at another to confirm the safe whereabouts of every child at all times.
- Disciplinary measures should be developmentally appropriate, clear and understandable to the child, consistent, and explained to the child before and at the time of any disciplinary action. Appropriate methods for disciplining a child include:
  - positive guidance and redirection;
  - setting clear-cut limits that foster the child's ability to become self-disciplined;
  - guiding children to develop self-control and orderly conduct in relationships with peers and adults;
  - showing children positive alternatives rather than just telling children "no";
  - caring for children without resorting to physical punishment or abusive language;
  - acknowledging and modeling desired behavior.
- 4. True.** Expectations for children's behavior should be written and shared with families and children of appropriate age.
- 5. False.** Corporal punishment, which includes beating, hitting, spanking, shaking, pinching, excessive exercise, exposure to extreme temperatures, and other measures producing physical pain, is never acceptable.
- 6. True.** Abusive or profane language or verbal abuse, threats, or derogatory remarks about the child or child's family are never tolerated. Caregivers are prohibited from employing any form of public or private humiliation, including threats of physical punishment.
- Behaviors toward a child that constitute emotional abuse on the part of a provider include:
  - *Rejecting:* includes verbal abuse and nonverbal acts that reject and degrade a child
  - *Terrorizing:* includes behavior that threatens or is likely to hurt or place the child or the child's loved ones in recognizable dangerous situations
  - *Ignoring:* includes not responding to a child's attempts to interact and/or denying a child affection or signs of caring
  - *Isolating:* denying the child opportunities to socialize or interact with others
  - *Corrupting:* acts that encourage the child to develop inappropriate, destructive, or criminal behaviors
- 8. False.** Withdrawal or the threat of withdrawal of food, or forcing of food, rest, or bathroom opportunities are never acceptable.

# health

The health and welfare of each child in your care is always a top priority. The following items highlight some of the most common and critical questions and answers regarding health.

## exclusion

- 1 List five conditions (including diseases and infections) that would require children and staff to be temporarily excluded from the facility until treatment is received.

## medication administration

- 2 What are the most important steps a provider should take when administering medications?

## infant sleeping position, equipment, and supplies

- 3 List five rules to follow to reduce the risk of SIDS.
- 4 Explain why bed or crib sharing is not allowed.
- 5 **True or False:** It is acceptable to leave toys or stuffed animals in a crib with a sleeping infant once she can turn over on her own.
- 6 If you choose to cover a sleeping baby in a light blanket, describe how the blanket should be positioned.

# health

1. The following are conditions that require children and staff to be temporarily excluded from the facility until treatment is received: ■ fever, accompanied by behavior changes or other signs or symptoms of illness; ■ symptoms and signs of possible severe illness; ■ diarrhea; ■ blood in stools not explainable by dietary change, medication, or hard stools; ■ vomiting illness (two or more episodes of vomiting in the previous 24 hours); ■ persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms; ■ mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious; ■ rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease; ■ purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge); ■ pediculosis (head lice)—in this situation, individuals can stay until the end of the day but then should get treatment; ■ scabies; ■ tuberculosis; ■ impetigo; ■ strep throat or other streptococcal infection; ■ varicella-zoster (chickenpox), until all sores have dried and crusted; ■ pertussis; ■ mumps; ■ hepatitis A virus; ■ measles; ■ rubella; ■ unspecified respiratory tract illness; ■ shingles (herpes zoster); ■ herpes simplex.

2. A provider should take these important steps when administering medications: ■ check that the name of the child on the medication label, and the child receiving the medication are the same; ■ read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals); ■ administer the medication according to the prescribed methods and the prescribed dose; ■ observe and report any side effects from medications; ■ document the administration of each dose by the time, the amount given, and who administers the medicine.

3. To reduce the risk of SIDS, follow these rules: ■ All infants under 12 months will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for a medical reason and a written note from the infant's health professional is provided. ■ Infants will not sleep on water beds, sofas, soft mattresses, or other soft surfaces. ■ Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys, and loose bedding will not be placed in infants' sleep environment. ■ Infants will not share a safety approved crib with other children. ■ Infants will remain lightly clothed and comfortable while sleeping. ■ Supervised "tummy time" will be observed while infant is awake. ■ No smoking will be allowed in infants' environment.

4. Bed sharing is not allowed for sanitation purposes and to ensure a safe sleep environment.

5. **False.** Cribs for infants should always be kept free of all toys, stuffed animals, and excess bedding. Even bumper pads and wedges are unnecessary.

6. When covering a sleeping baby with a light blanket, the child's feet should be close to the foot of the crib. The blanket should be tightly tucked in along the sides and foot of the mattress, reaching only as far as the baby's chest.

# health

## hand washing

- 1 True or False:** Caregivers should wash hands upon arrival for the day and when moving from one child care group to another.
- 2** A caregiver should wash hands *before and after* which situations? (List three.)
- 3** A caregiver should wash hands *after* which activities? (List four.)
- 4** During hand washing, after you have moistened hands and applied soap, describe how and for how long you should wash and rinse.
- 5** Describe how you should dry hands during the hand washing process.
- 6** If the water faucet does not shut off automatically, how should you turn off the water?
- 7 True or False:** After assisting the child with hand washing, the staff member should wash his or her own hands.
- 8** Describe the handwashing process for a child who is unable to stand and is too heavy to hold safely for hand washing at the sink.

# health

- 1. True.** Caregivers should wash hands upon arrival for the day or when moving from one child care group to another.
- 2.** A caregiver should wash hands *before and after*: ■ eating, handling food, or feeding a child; ■ giving medication; ■ playing in water that is used by more than one person.
- 3.** A caregiver should wash hands *after*: ■ diapering; ■ using the toilet or helping a child use a toilet; ■ handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths, or from sores; ■ handling uncooked food, especially raw meat and poultry; ■ handling pets and other animals; ■ playing in sandboxes; ■ cleaning or handling the garbage.
- 4.** A caregiver should wash and rinse hands in the following way: ■ Rub hands together vigorously until a soapy lather appears, and continue for at least 10 seconds. ■ Rub areas between fingers, around nailbeds, under fingernails and jewelry, and on back of hands. ■ Rinse hands under running water, no less than 60 degrees F and no more than 120 degrees F, until they are free of soap and dirt.
- 5.** A caregiver should dry his hands this way: ■ Leave the water running while drying hands. ■ Dry hands with clean, disposable paper or single-use cloth towel.
- 6.** If the water faucet does not shut off automatically, turn off taps with a disposable paper or single-use cloth towel.
- 7. True.** Staff members should wash their own hands after assisting a child with hand washing.
- 8.** For a child who is unable to stand and is too heavy to hold safely for hand washing at the sink, the hand washing process is as follows: ■ Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap. Then discard the towel. ■ Wipe the child's hands with a clean, wet paper towel until the hands are free of soap. Then discard the towel. ■ Dry the child's hands with a clean paper towel.

# health

## diapering

- 1 True or False:** Caregivers should never leave a child alone on a table or countertop, unless an emergency arises.
- 2** List three items you will need to have organized before you begin the diapering process.
- 3** What should the caregiver do if the child's feet cannot be kept free of the soiled diaper or skin during the diaper change process?
- 4** What should the caregiver do with soiled clothes?
- 5** Describe the process for cleaning a child's skin using wipes during the diapering process.
- 6** Describe the process for removing and disposing of diapers.
- 7 True or False:** After each diaper change, the caregiver should wash both her hands as well as the child's hands.

# health

**1. False.** Caregivers should never leave a child alone on a table or countertop, not even for an instant. If an emergency arises, caregivers should put the child on the floor or take the child with them.

**2.** Things to have organized before you begin the diapering process are: ■ absorbent paper liner large enough to cover the changing surface from the child's shoulders to beyond the child's feet; ■ fresh diaper, clean clothes; ■ wipes for cleaning the child's genitalia and buttocks; ■ a plastic bag for any soiled clothes; ■ disposable gloves; ■ a thick application of any diaper cream removed from the container to a piece of disposable material such as facial or toilet tissue.

**3.** If a child's feet cannot be kept free of the soiled diaper or skin during the diaper change process, a caregiver should remove the child's shoes and socks so the child does not contaminate these surfaces with stool or urine.

**4.** Caregivers should put any soiled clothes in a plastic bag and securely tie the plastic bag to send the soiled clothes home.

**5.** To clean a child's skin using wipes during the diapering process: ■ Lift the child's legs as needed to use disposable wipes and clean the skin on the child's genitalia and buttocks. ■ Remove stool and urine from front to back and use a fresh wipe each time. ■ Put the soiled wipes into the soiled diaper or directly into a plastic-lined, hands-free covered can, i.e., a step can.

**6.** Caregivers should follow this process for removing and disposing of diapers: ■ Remove the soiled diaper without contaminating any surface not already in contact with stool or urine. ■ Fold the soiled surface of the diaper inward. ■ Put soiled disposable diapers in a plastic-lined, hands-free covered can. ■ If reusable cloth diapers are used, put the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered can to give to parents or laundry service. ■ If gloves were used, remove them using the proper technique and put them into a plastic-lined, hands-free covered can, i.e., a step can. ■ Whether or not gloves were used, use a disposable wipe to clean the surfaces of the caregiver's hands and another to clean the child's hands, and put the wipes into the plastic-lined, hands-free covered can. ■ Check for spills under the child. If there are any, use the paper that extends under the child's feet to fold over the soiled paper so a fresh, unsoiled paper surface is now under the child's buttocks.

**7. True.** A caregiver should wash her hands as well as the child's hands after each diaper change.

# health

## diapering

- 1 What should a caregiver use to apply any necessary diaper creams?
- 2 **True or False:** Caregivers should clean and sanitize the diaper-changing surface only if the child has soiled the surface.
- 3 How should a caregiver sanitize the diaper-changing surface? What constitutes a sanitizing solution?
- 4 What type of information regarding the diaper change should you record in a child's daily log?

## use of toys and objects that can be washed and sanitized

- 5 **True or False:** Toys that cannot be washed and sanitized should not be used.
- 6 What should be done with toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion?
- 7 List two objects intended for the mouth that should be cleaned and sanitized between uses.
- 8 **True or False:** Machine-washable cloth toys should be used by only one individual until they are laundered.

## rag and disposable towels used for cleaning

- 9 Which are preferable for cleaning: disposable towels or reusable rags?

# health

1. Use a facial or toilet tissue to apply any necessary diaper creams.
2. **False.** Caregivers should clean and sanitize the changing surface after each diaper change.
3. To clean and sanitize the diaper-changing surface, first wet the entire changing surface with the sanitizing solution. All solutions require a minimum contact time with the surface to be effective. For example, a sanitizing bleach solution of 1/4 cup of household liquid chlorine bleach in one gallon of tap water, mixed fresh daily, requires a minimum contact time of two minutes to effectively sanitize the surface. Other sanitizing solutions may have other instructions from the manufacturer, which should be followed.
4. In the daily log, record what was in the diaper and any problems (such as a loose stool, an unusual odor, blood in the stool, or any skin irritation). Report information to parents as necessary.
5. **True.** Toys that cannot be washed and sanitized should not be used.
6. Toys that have been placed in a child's mouth or have been otherwise contaminated should be set aside where children cannot access them. They should be set aside until they are washed with water and detergent, rinsed, sanitized, and air-dried or washed and dried in a mechanical dishwasher.
7. Thermometers, pacifiers, teething toys, and similar objects should be cleaned and reusable parts sanitized between uses.
8. **True.** Machine washable cloth toys should be used by only one individual until they are laundered.
9. Disposable towels are preferable for cleaning.

# nutrition

Nutrition and feeding rules and routines are as unique as each child in your care. However, the following items address some of the most common guidelines.

## written menus, introduction of new foods, feeding plans

- 1 What steps can care providers take to avoid problems of food sensitivity in very young children?
- 2 **True or False:** Before a child enters a child care facility, the caregivers should obtain a written history of any special nutrition or feeding requirements for that child.
- 3 List three main elements that should be included in a feeding plan.

## care for children with food allergies

- 4 Based on the child's special care plan, caregivers need to demonstrate competency in which three areas?
- 5 **True or False:** The facility should notify the parents of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food only if a reaction occurs.
- 6 **True or False:** Parents of children in the child's class should be advised to avoid any known allergies in class treats or special foods brought into the child care setting.

## foods that are choking hazards

- 7 What are four adjectives to describe foods that are choking hazards and therefore prohibited for children under 4 years of age?
- 8 List four of the foods that are most common in choking incidents in children under the age of 4.

# nutrition

1. To avoid problems with food sensitivity in very young children, care providers should obtain from the child's parents a list of foods that have already been introduced (without any reaction), and then serve some of these foods to the child. Before new foods are introduced, child care providers should discuss these foods with the parents.
2. **True.** Caregivers should obtain a written history of any special nutrition or feeding requirements for a child entering a child care facility.
3. The main elements in a feeding plan are: ■ written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; ■ a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction; ■ specific symptoms that would indicate the need to administer one or more medications.
4. Caregivers need to demonstrate competency in: ■ preventing exposure to the specific food(s) to which the child is allergic; ■ recognizing the symptoms of an allergic reaction; ■ treating allergic reactions.
5. **False.** Even if a reaction did not occur, the facility should notify the parents of any contact with the problem food, the ingestion of the problem food, or suspected allergic reactions.
6. **True.** Parents of all children in the child's class should be advised to avoid any known allergies in class treats or special foods brought into the child care setting.
7. Foods that are choking hazards and therefore prohibited for children under the age of 4 can be described as: ■ round; ■ hard; ■ small; ■ thick and sticky; ■ smooth; ■ slippery.
8. The foods most commonly involved in choking incidents in children under age 4 are: ■ hot dogs (whole or sliced into rounds); ■ raw carrot rounds; ■ whole grapes; ■ hard candy; ■ nuts; ■ seeds; ■ raw peas; ■ hard pretzels; ■ chips; ■ peanuts; ■ popcorn; ■ marshmallows; ■ spoonfuls of peanut butter; ■ chunks of meat larger than can be swallowed whole.

# nutrition

## techniques for bottle feeding

- 1 True or False:** Infants who are unable to sit should always be held for bottle feeding.

## preparation and handling of bottle feeding

- 2 True or False:** Containers of human milk should be kept frozen or refrigerated, and opened iron-fortified formula should be refrigerated until immediately before feeding.
- 3** Prepared bottles of formula from powder or concentrate or open containers of ready-to-feed formula should be discarded after how long?
- 4** If refrigerated, unused expressed human milk should be discarded after how long?

## warming bottles and infant foods

- 5 True or False:** Bottles and infant foods should be warmed in a microwave oven.

## food preparation area

- 6 True or False:** Children should never be in the kitchen unless they are directly supervised by a caregiver.

## healthy eating and behavior

- 7 True or False:** It is part of the caregiver's responsibility to model healthy eating and behavior.

## prohibited uses of food

- 8 True or False:** In certain situations, it is appropriate for caregivers to use food as a reward or punishment.

# nutrition

- 1. True.** Infants who are unable to sit should always be held for bottle feeding.
- 2. True.** Containers of human milk should be kept frozen or refrigerated, and opened iron-fortified formula should be refrigerated until immediately before feeding.
- 3.** Prepared formula from powder concentrate or open containers of ready-to-feed formula should be discarded after 48 hours if not used.
- 4.** If refrigerated, unused expressed human milk should be discarded after 48 hours. Unused frozen human milk that has been thawed in the refrigerator should be used within 24 hours.
- 5. False.** Bottles and infant foods should be warmed using warm water.
- 6. True.** Children should never be in the kitchen unless they are directly supervised by a caregiver.
- 7. True.** The facility should require all staff members to model healthy behaviors and attitudes in their contact with children in the facility, including eating nutritious foods, complying with no-tobacco-use policies, and handwashing protocols.
- 8. False.** Caregivers should never use food as a reward or punishment.

# facilities

The environment you create for the children in your care directly affects their learning and well-being. The following questions and answers review ways to keep your space clean, safe, and stimulating.

## safety of equipment, materials, and furnishings

- 1 List five common safety hazards for child care equipment as identified by the U.S. Consumer Product Safety Commission (CPSC).

## routine checks of play equipment

- 2 How often should a staff member check the play area and all play equipment for safety?

## storage of toxic substances

- 3 **True or False:** Toxic substances may be stored near food or medication as long as they are properly sealed.

## removal of hazards from outdoor areas

- 4 List five things that should be removed (if present) from an outdoor activity area in order to maintain a clean and safe environment.

## equipment

- 5 **True or False:** Children are not allowed to use infant walkers that move across the floor.
- 6 Climbing equipment should not be placed over or next to what three types of surfaces?

# facilities

1. Common safety hazards for child care equipment include: ■ openings that could entrap a child's head or limbs; ■ elevated surfaces that are inadequately guarded; ■ lack of specified surfacing and fall zones under and around climbable equipment; ■ mismatched size and design of equipment for the intended users; ■ insufficient spacing between equipment; ■ tripping hazards; ■ components that can pinch, shear, or crush body tissues; ■ equipment that is known to be of a hazardous type (such as large animal swings); ■ sharp points or corners; ■ splinters; ■ protruding nails, bolts, or other components that could entangle clothing or snag skin; ■ loose, rusty parts; ■ hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; ■ flaking paint; ■ paint that contains lead or other hazardous materials.

2. A staff member should check the play area and all play equipment for safety at least monthly, and daily for standing water, poor drainage, or accumulation of ice. In addition, the staff should observe equipment while children are playing on it to ensure that it is safe for children.

3. **False.** Toxic substances should be kept in a locked room or cabinet, fitted with a child-resistant opening device, inaccessible to children, and separate from stored medications and food.

4. To maintain a clean and safe environment, these things should be removed from outdoor activity areas: ■ debris; ■ any structures in disrepair; ■ broken or worn play equipment; ■ building supplies and equipment; ■ glass; ■ sharp rocks; ■ stumps and roots; ■ twigs; ■ toxic plants; ■ anthills; ■ beehives and wasp nests; ■ unprotected ditches; ■ wells; ■ holes; ■ grease traps; ■ cisterns; ■ cesspools; ■ unprotected utility equipment.

5. **True.** Children are not allowed to use infant walkers that move across the floor.

6. Climbing equipment should not be placed over hard surfaces: asphalt, concrete, dirt, grass, flooring covered by carpet, or gym mats not intended for climbing equipment.