

Table of Contents

CHAPTER 6

ADMINISTRATIVE RULES FOR CERTIFICATION

OF CHILD CARE FACILITIES

RULES RELATING SPECIFICALLY TO FAMILY CHILD CARE HOMES

A licensed child care facility in which care is provided for no more than ten (10) children in the primary residence of the provider.

Section No.	Subject	Page No.
1	Capacity/Supervision Requirements	6-1
2	Provider and Staff Requirements	6-4
3	Parental Rights	6-6
4	Discipline and guidance	6-7
5	Medications	6-9
6	Transportation/Field Trips	6-11
7	Training	6-12
8	Records and Reports	6-14
9	Confidentiality	6-17
10	Overnight Care of Children	6-17
11	Hazardous Conditions	6-18
12	General Compliance	6-20
13	Outdoor and/or Indoor Play Space	6-24
14	Food Service	6-27
15	Infant and/or Toddler Care	6-27

CHAPTER 6

ADMINISTRATIVE RULES FOR CERTIFICATION
OF CHILD CARE FACILITIES

RULES RELATING SPECIFICALLY TO FAMILY CHILD CARE HOMES

Section 1. **Capacity/Supervision Requirements.**

(a) The licenser shall determine total capacity for the facility. The licensed capacity shall never exceed the maximum capacity of ten (10) children.

(i) The children counted in the capacity include the provider's own infant, toddler and/or children ages three (3) to five (5). The provider's own children who have completed kindergarten or are enrolled in first grade or higher or are six (6) years or older are not included in the capacity. All other children under the age of thirteen (13), to include foster children and children related to staff shall be included in the capacity.

(ii) Maximum group size may be limited by facility capacity.

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

(c) Staff:child ratios and maximum group size shall be maintained as follows (Table 6-1) during all hours of operation when homes care for only one (1) age group:

Table 6-1

Ages of Children	Staff:Child Ratio	Maximum Group Size
Birth to 12 mos.	1:4; 2:8	8
12 mos. - 24 mos.	1:5; 2:10	10
24 mos. - 36 mos.	1:8; 2:10	10
3 year olds	1:10	10
4 and 5 year olds	1:10	10
6 and older	1:10	10

(d) When age groups are combined

(i) and Table 6-1 is used staff:child ratios and group size for the age of the youngest child present shall apply; or

(ii) if Table 6-1 is not used the following (Table 6-2) maximum staff:child ratios and group sizes shall be followed. Slots may be shifted to older age groups but not to younger. When only one (1) staff person is present, if at least two (2) children's slots are shifted out of the Birth -24 month categories, then the maximum group size can be increased to ten (10), with no more than five (5) children present in the 24- 36 months age group.

Table 6-2

Ages of Children	One Staff	Two Staff
Birth - 12 months	2	4
12 months-24 months	2	4
24 months- 36 months	2	2
Over 36 months	2	0
Total	8	10

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

(f) Supervision of children ten (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 parental approved activities. This will allow support for development of age appropriate independence in these children.

(g) In order to be counted in the staff:child ratio, staff must 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, must 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.

(h) Staff and auxiliary staff under age of majority shall be under direct supervision by an adult staff member at all times. Minimum age of staff must be sixteen (16) years.

(i) Youth trainees shall be supervised, aided and assisted by an adult staff at all times. There can only be one (1) youth trainee per one (1) adult staff.

(i) Facilities that have youth trainees must include it in their program policy.

(ii) Youth trainees are never counted in staff:child ratios.

(iii) Facilities shall have on file for each youth trainee the following records, to be kept for three (3) years:

(A) Current TB test results in accordance with Wyoming Department of Health recommendations,

(B) Emergency contact information,

(C) Start and expected end date and actual end date of the training time,

(D) Trainee's training goals and objectives,

(E) Listing of the supervising trainer(s) involved for that youth, and

(F) Documentation charting training time in the facility; dates, time, location and supervising trainer.

(j) There shall be at least one (1) adult staff supervising the care of children at all times and the following supervision requirements also apply:

(i) Awake infants and toddlers must be directly supervised by staff at all times;

(ii) Children who have completed kindergarten or are enrolled in first grade or are six (6) years old or older may be located in adjacent fenced outdoor areas of the facility if there is direct access, the staff person can clearly hear what happens in the adjacent area and the staff person remains attentive and moves from one area to the other every couple of minutes;

(iii) Children ages three (3) and older may be located in adjacent indoor areas of the facility if there is direct access, the staff person can clearly hear what happens in the adjacent area and the staff person remains attentive and moves from one area to the other every couple of minutes;

(iv) If children are in more than two (2) areas a staff person must be present and attending the children in each area;

(v) All children must be located on the same level of staff at all times;
and

(vi) Napping children who are not within sight of the staff person must be within easy hearing distance at all times must be checked on every few minutes and once awake must meet all other requirements.

(vii) 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 2. **Provider and Staff Requirements.**

(a) The provider shall have attained the age of majority and be physically and mentally able to care for children.

(b) The provider shall have a high school diploma or a GED certificate; or

(i) Shall be able to document a minimum of three (3) months of supervised work experience or education in the care of children other than his/her own; or

(ii) Shall have completed six (6) clock hours of child care training in addition to provider orientation prior to licensing; or

(iii) Shall have received a professional credential from an organization recognized by the Department of Family Services.

(c) It is the responsibility of the provider to ensure that all records and reports required in these standards are maintained on site.

(d) The provider must be present at the facility a minimum of seventy-five percent (75%) of the operating week based on a forty (40) hour work week. Exception may be made for training, vacation, illness or other types of necessary extended absence that is approved by the licenser.

(e) When a provider is not present at the facility, an adult staff person with sufficient knowledge and training in the operation of the facility, as well as decision-making authority, must be left in charge.

(f) Before the provider and their staff or auxiliary staff assume responsibility for direct care of children, work in the facility or move into the home, providers shall have the following on file:

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

(ii) Start date or date moved into home; and

(iii) A child abuse/neglect Central Registry check and criminal background prescreen on all staff and auxiliary staff is required to be completed and must not reveal any disqualifying information.

(iv) If indicated by the prescreen, a full criminal background check is required. Staff and auxiliary staff may not be employed or present in the facility during child care hours of operation if the background check indicates they have been convicted or have a pending deferred prosecution of a felony or misdemeanor involving:

(A) Child abuse or neglect;

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

(C) A crime involving violence, including rape, sexual assault or homicide;

(D) One of the following if the conviction occurred within the last five (5) years:

(I) Physical assault whether felony or misdemeanor;

(II) Domestic Violence;

(III) Battery whether felony or misdemeanor;

(IV) A felony related drug offense; or

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

(E) The provider shall determine if rehabilitation has occurred for individuals with criminal convictions outlined in (E) above that occurred more than five (5) years ago. The provider shall document this rehabilitation for those that shall be employed.

(g) All persons who provide direct care to children and are used in staff:child ratios twenty-four (24) hours or more in one (1) month shall meet the same training requirements as the provider. See Chapter 6, Section 7.

(h) All staff, auxiliary staff, visitors, youth trainees and all other persons coming in contact with the children in child care facilities shall demonstrate appropriate behaviors in the presence of children.

(i) The provider shall be held responsible for the actions of any staff, auxiliary staff or youth trainee who has contact with the children while the facility is operating.

Section 3. Parental Rights.

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

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

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

(B) Recognized individuals or those who have identified themselves to the provider, staff or auxiliary staff, shall be granted immediate access to the facility; and

(C) All panic hardware must be maintained and operational to allow exit from the interior of the building, as per the Fire Inspector's direction.

(b) Parents shall be informed of all known and/or treated injuries that occur to their child while they are in care.

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

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

(ii) Staff:child ratio requirements;

(iii) Menus;

(iv) Information on obtaining complaint and compliance history of providers from the Department of Family Services; and

(v) Documentation of provider/director training.

(d) Parents must be given a copy of written program policies, initially and when there are changes to the policy, (changes to policy must be given to parents prior to implementation of new policy). Program policy must include the following:

- (i) Phone number for facility;
 - (ii) Discipline;
 - (iii) Sick children in care;
 - (iv) Administration of medication;
 - (v) Safety procedures outlining conditions for use of a swimming or wading pool if one is used;
 - (vi) Administrative policy such as payment, hours of operation and services provided by the child care facility;
 - (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 procedures as outlined in Section 12 (g) of this chapter;
- and
- (xi) Complaint procedures for reporting concerns:
 - (A) To the provider; and
 - (B) To the Department of Family Services;
- (e) Current license must be prominently displayed for public viewing at all times.

Section 4. **Discipline and guidance.**

- (a) Written discipline policy must be developed and followed by all staff and shall;
- (i) Not include any discipline that is in violation of the child abuse or neglect statute. This includes excessive or unreasonable physical discipline;

(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 must:

(i) Enable the child to regain control of himself/herself and must 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) Used infrequently and for very brief periods. It shall be used selectively, taking into account the child’s developmental stage and the usefulness of “time out” for the particular child.

(c) Only adult staff with knowledge of the facility’s guidance and discipline policies shall discipline children.

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

(e) 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;
and

(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.

Section 5. Medications.

(a) All child care facilities shall have written policies and procedures governing the supervision of the administration of medication to children. These policies and procedures shall be available for inspection.

(b) Medications can only be given in child care when:

(i) Child care staff who administer medication have received training approved by the Department of Family Services on administration of medication.

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

(A) Name of child and parent/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.

(c) Prescription medications and pharmaceutical samples prescribed by a physician or licensed health professional shall bear the original prescription label or written statement specifying the:

(i) Child's name;

(ii) Amount and frequency of dosage; and

(iii) Name of prescribing physician or other health professional.

(d) Over-the counter medications shall be stored in the original container labeled with the child's name and shall be accompanied by written instructions from the parent or medical professional specifying the:

(i) Name of the child;

(ii) Name of the medication; and

- (iii) Amount and frequency of dosages.
- (e) All Medications shall be stored:
 - (i) In a safety lock container and made inaccessible to children;
 - (ii) In an enclosed space that is inaccessible to children; or
 - (iii) In a refrigerator separated from food in a sealed plastic container on the top shelf or in a drawer of the refrigerator if refrigeration is required.
- (f) A written record of all medication, including over the counter medication, given to children shall be kept by the child care facility. This record shall include:
 - (i) Name of child;
 - (ii) Name of medication;
 - (iii) Date the medication was administered;
 - (iv) Amount of medication given;
 - (v) Time the child received the medication; and
 - (vi) Signature of person administering medication.
- (g) Any deviation from recommended dosage on the label must be accompanied by a physician's written instructions.
- (h) Medications shall not be used beyond the date of expiration.
- (i) Exception: the use of sunscreen, bug spray and over the counter topical medications such as but not limited to; diaper ointments and antibiotic creams, shall not be subject to the conditions of this Section. When used, however, the following requirements apply:
 - (i) The sunscreen, bug spray and over the counter topical medications must be stored in the original container and the manufacturer's instructions for use must be followed;
 - (ii) A consent form, signed by the parent or legal guardian, which allows the application of sunscreen, bug spray and over the counter topical medications on his/her

child and indicates the brands of sunscreen unless supplied by parent for their child only, bug spray and over the counter topical medications that can be used must be on file; and

(iii) When an over the counter topical medication is applied the parents must be notified that day.

Section 6. Transportation/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 eighteen (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, and within the age and weight requirements of subsection (a) of W.S. § 31-5-1303, shall be properly secured in a child safety restraint system.

(i) The child safety restraint system must conform to Federal Motor Vehicle Safety Standards for child restraint systems.

(ii) The child must be properly secured in the restraint, and the restraint must be properly installed, both as per manufacturer's instructions.

(e) Any child who is not required by subsection (a) of W.S. § 31-5-1303 to be secured in a child restraint system shall wear seat belts in accordance with W.S. § 31-5-1402.

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

(i) A first aid kit;

(ii) Emergency medical release forms on all children being transported;

(iii) A current and updated attendance to ensure children are released to a parent, another person designated by the parent or to a location at the request of a parent or are returned to the facility; and

(iv) Adult supervision during all outings.

Section 7. **Training.**

(a) Completion of approved provider orientation training to include information affecting the safety and health of children, fire safety, sanitation procedures, and the Department licensing rules is required of all applicants within twelve (12) months prior to issuance of a child care license.

(b) The orientation training and other approved training completed by the provider, staff or auxiliary staff within twelve (12) months prior to the issuance of the initial license may be applied toward the first biennial training requirements.

(c) Within three (3) months of staff's or auxiliary staff's start date or prior to assuming responsibility for unsupervised direct care of children, all staff shall receive a minimum of two (2) hours approved facility staff orientation training. The provider is responsible for scheduling or delivery of staff orientation. This training may be used to meet biennial training requirements in Chapter 6, Section 7(g).

(d) Within three (3) months of start date in child care and whenever necessary to keep current, any person providing direct care for children shall be certified in first aid and infant/child Cardiopulmonary Resuscitation (CPR).

(e) One (1) training hour each shall be given for first aid and infant/child CPR as part of the Health and Safety requirement of Chapter 6, Section 7 (l) (i).

(f) Any staff person engaged in child care twenty-four (24) hours or more per month, providing direct care for children, and counted in staff:child ratios must complete a minimum of thirty (30) hours of training biennially, with a minimum of fifteen (15) hours to be completed during the first year of the facility's training biennium.

(g) Training must be completed in each of the following areas as part of the required biennial training requirements for all staff, and new staff must complete within the first three (3) months:

- (i) Blood borne pathogens;
- (ii) Fire safety approved by the fire authority;
- (iii) Sanitation approved by the health authority; and
- (iv) Recognition and reporting of suspected child abuse or neglect.

(h) Training hour requirements for partial years of service shall be prorated at a rate of one point two five (1.25) hours per month.

(i) The training biennium shall be shortened when a change in licensure dates occurs.

(j) No more than fifty percent (50%) of the required training hours shall be acquired from videos and/or books, except when it is demonstrated that other training options are not available within fifty (50) miles of the facility.

(k) Providers must ensure that training hours for all staff reflect a minimum of one (1) hour of training in each of the following areas during each biennial training period:

(i) Health, Nutrition and Safety: including how to establish and maintain a safe, healthy environment for children; plan an appropriate nutrition program; establish and implement emergency procedures; educate children and families about healthy, safe living and administration of medication;

(ii) The Active Learning Environment: including use of space, materials, activities and relationships as resources for creating an indoor/outdoor play environment; planning and implementing experiences which are appropriate for the age and individual needs of children and advances all areas of children's development;

(iii) Guidance and Discipline: including how to help children develop independence, self control, cooperative skills, and respect for others through a variety of positive strategies including encouragement, problem solving, modeling, prevention, and time alone;

(iv) Child Growth and Development: including understanding and promotion of children's physical, emotional, social, intellectual, creative and language development including activities to meet special needs of children; observation and assessment of children's growth; and recognition of developmental delays;

(v) Family, Community and Cultural Relationships: including building cooperative partnerships/relationships with family; knowledge and respect for the beliefs, traditions and heritage of each child and the community around them; valuing the family as the child's most important teacher; knowledge of and referral to appropriate community resources; and understanding sources of family stress;

(vi) Program and Business Management: including management and administration of programs; organization and maintenance of records for efficient operation; and cooperation with co-workers; and

(vii) Professionalism and Leadership: including adherence to licensing standards and other regulations; self assessment; program assessment; confidentiality; ethical practices; recognition and reporting of suspected child abuse or neglect.

(l) Proof of completion of child care training must be kept on file for all child care staff who are required to receive training as outlined in Section 8 of this chapter.

(i) Acceptable proofs of training are awards of approved training hours, grade reports, or certification in the case of first aid and infant/child CPR.

(ii) Documentation of all training shall be maintained on-site in the facility's files, except in the case of multiple location facilities where staff training records may be kept in a central location.

(m) Training must be approved by the Department of Family Services before credit shall be allowed. Training sponsored by an accredited college or university does not require Department of Family Services approval if it is related to the care of children. Each college credit hour shall equal fifteen (15) clock hours.

(n) Training hours may be obtained from a community college, university, child care organization, provider sponsored training, correspondence courses, training given by other agencies and organizations or using material from the Wyoming Childcare Clearinghouse.

(o) Any staff member who has a professional certificate or license requiring continuing education hours (CEU's) in the area of child growth and development, may apply those hours to meet child care licensing requirements. Each CEU will equal 15 clock hours.

(p) The training can only be applied to the child care training requirement during the two (2) year training period it was received with the exception of hours awarded in Section 7 (b) of this chapter.

(q) For infant training see Section 15 (d) (i), (ii) and (iii).

Section 8. **Records and Reports.**

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

(b) The confidentiality of all personnel and children's records shall be maintained. Personnel and children's records shall be available, upon request, to authorized personnel of the Department.

(c) If records for multiple location facilities are kept in a central file, duplicate records for children shall also be kept on file at the facility attended by the child.

- (d) Administrative records shall include:
 - (i) Attendance record for each child to include dates attended, and arrival/departure times verified by staff;
 - (ii) Current health inspection report;
 - (iii) Current fire inspection report;
 - (iv) Private water testing reports if required; and
 - (v) Current Department of Family Services licensing inspection.
- (e) Staff (auxiliary staff wherever indicated) records shall include:
 - (i) Name;
 - (ii) Address;
 - (iii) Telephone number;
 - (iv) TB test results for all staff and auxiliary staff in accordance with Wyoming Department of Health Recommendation;
 - (v) Start date or date moved into home for auxiliary staff;
 - (vi) Documented proof of all required training received by staff to include the number of hours of training, dates and titles of training;
 - (vii) Dates, hours worked and area of responsibility. This applies to the provider, staff, volunteers, and substitutes that are counted in staff:child ratios;
 - (viii) Results of a child abuse/neglect Central Registry check and criminal background prescreen on all staff and auxiliary staff. Results of the full criminal background check if it is required. (See Chapter 6, Section 2, (f) (v) for details);
 - (ix) Date of birth for all staff and auxiliary staff; and
 - (x) A physician's statement may be required when there is a question of any staff member's ability to provide safe and adequate care for children.
- (f) Individual child's records shall be in place before a child is left in care and include:

- (i) The child's full name, birth date, current address and date of enrollment;
- (ii) Name, home and employment address and phone number of parent(s) or the person(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 and reports shall be completed and maintained by the provider 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 thirty (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;
- (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; and
- (xiii) All records for children actively participating in a program must be reviewed and updated annually.

(g) All child care facilities shall, within twenty-four (24) hours, report to the child care licenser for their county and immediately to the parents of the child(ren) involved, any injury, illness or incident which occurs at the facility and which results in medical treatment, hospitalization or death. 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, must be reported.

(h) All staff are required by the Child Protective Services rules to report cases of suspected child abuse or neglect. A provider, director or their staff shall report immediately to the Department of Family Services office in their county or local law enforcement any circumstances indicating that a child in care may have been subjected to abuse or neglect. Under WY state law 14-3-205 (a) all persons professional and non-professional are mandated reporters.

Section 9. **Confidentiality**

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

(b) Names of children and their relatives are confidential to the public. All facts learned about children and their relatives shall be treated as confidential to the public.

(i) No information of children or their families shall be shared on any website including social media websites.

(c) Pictures shall not be shared within the facility or on social media websites without written permission from parents.

(d) Personal information of the provider and staff, such as but not limited to social security numbers, date of birth, background check results and, physician's statements are confidential to the public.

Section 10. **Overnight Care of Children.**

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

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

(ii) Children sleeping at the facility shall have separate cots or beds on which to sleep. (See Ch 6, Section 12 (m)).

(iii) Sleep areas must be arranged in accordance with health and sanitation rules and regulations as outlined in Chapter 9, Section 4 (xxiv) of these rules.

(iv) Children of the opposite sex over six (6) years of age shall have separate sleeping areas.

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

(vi) There must be a staff person awake and on duty to release or receive a child.

Section 11. **Hazardous Conditions.**

(a) Uncrowded conditions

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

(ii) Not counted in the play space are hallways, stairways, closets, furnace rooms, storage space, food preparation areas, bathrooms and other areas not available to the child care children; however, the licenser may inspect these rooms. The dining area of a kitchen may be counted when it is made available to the children for activities other than dining.

(b) A facility shall be maintained free of conditions hazardous to the physical well-being of children.

(c) 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 gate or guard rails to prevent falls, entrapment or other accidents. (See Chapter 10.)

(d) Play areas, equipment, and toys shall be maintained in a safe condition.

(e) Window wells must be covered to prevent tripping, falling or other accidents but can't impede egress or allow for entrapment.

(f) Children shall not have access to cords or ropes, such as, but not limited to, window treatment cords or electrical cords.

(g) Spaces that could entrap children, such as, but not limited to, openings in guardrails, banisters must measure 3.5” or less, or more than nine (9) inches to prevent entrapment.

(h) Potentially dangerous or unsafe items shall be made inaccessible to children through child proof locks or some other means.

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

(j) Unused electrical outlets shall be covered with safety caps or tamper resistant outlets. All new construction and remodeled child care must be fitted with tamper resistant outlets.

(k) Any appliance too hot to touch shall be made inaccessible to children unless its use is for an activity directly supervised by an adult.

(l) All heating appliances, if too hot to touch, shall be screened or not used when the child care is in operation. If they are not used, a note shall be made on the inspection form to indicate the provider's acceptance of this requirement.

(m) 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.

(n) Chemicals shall not be used around children or in a manner that will contaminate play surfaces such as, tables, carpets, lawns, food, or food preparation areas.

(o) When water hazards are present or in use within the approved play area, the following shall apply:

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

(ii) Facility policy must include written safety procedures outlining conditions for use of a swimming or wading pool 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 must be in the immediate vicinity at all times when a water hazard is available;

(v) An adult shall remain within arms reach of infants when using a wading pool and in direct physical contact with infants at all times during swimming;

(vi) There must be at least one (1) certified lifeguard present when a swimming pool is in use;

(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 and for children three (3)- five (5) years old 1:4 and for children who have completed kindergarten or are enrolled in first grade or higher or are six (6) years or older 1:6 while swimming. Certified lifeguards may be used to meet these staff:child ratios when the lifeguard is age sixteen (16) or older and assigned only to that group of children;

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

(q) Full sized trampolines may not be used and must 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.

(r) Firearms and ammunition shall be stored separately from each other, locked and made inaccessible to children. Archery equipment and any other type of weapon shall be handled in the same manner as firearms.

(s) Other safety issues not included in this subsection must be complied with when identified by an authorized inspector.

Section 12. **General Compliance.**

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

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

(b) The overall condition of the child care facility and ground shall be maintained in a clean, uncluttered, sanitary and healthful manner.

(c) Media such as, but not limited to, movies and internet sites that are inappropriate for children shall not be accessible to children during child care hours.

(d) The use of tobacco or the consumption of alcohol shall be prohibited in all licensed child care facilities anytime during hours of operation and in all vehicles while transporting children. Illegal drugs are prohibited by law and therefore not allowed on the premises of a licensed child care facility at anytime whether the facility is open or closed.

(e) An operable telephone or cell phone must be available in the facility at all times and the following conditions apply:

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

(f) Fire safety and emergency evacuation plans must be posted.

(g) An emergency preparedness plan shall be written and include:

(i) Plans for evacuation, shelter-in-place and the possible lockdown of the facility;

(ii) Procedures for responding to each type of emergency likely in the area;

(iii) Children's emergency contact phone numbers and children's attendance records shall be taken outside with children during all fire or emergency drills and evacuations and used to account for all children and staff;

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

(v) Children with special needs must be addressed in the plan as soon as they are enrolled in the program; and

(vi) Procedures must be given to parents in writing and include;

(A) How parents must 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.

(h) Non-walking children shall have opportunities during each day for freedom of movement such as crawling in a safe, clean, open, uncluttered area.

(i) Each child shall have periodic individual attention appropriate to the age of the child, such as being held, rocked, talked to or hugged.

(j) All cries of children shall be investigated promptly and responded to appropriately.

(k) Inflatable beds must be properly inflated and in good repair and shall not be used for children under the age of twenty four (24) months. When used for children twenty-four (24) months and older, they must be able to raise and move their heads easily.

(l) Wet or soiled clothing shall be changed promptly. A sufficient supply of clean clothing for emergency use shall be provided;

(m) Children shall be provided opportunity for but shall not be required to sleep and;

(i) Alternative quiet activities shall be provided for children unable to sleep.

(ii) Children shall have their own separate bedding for nap/rest time. 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.

(n) Floors, walls, and window coverings shall be kept clean;

(o) 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, handling food; and

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

(iii) The kitchen sink cannot be used for hand washing after diaper changing.

(p) Children shall wash their hands:

(i) Before and after eating; and

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

(q) Toys, table tops, phones, doorknobs, door casings, handles and railings must be cleaned and sanitized once a week or whenever visibly soiled;

(r) Dirty laundry shall not be accessible to children;

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

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

(u) A first aid kit shall be available and meet the following criteria:

(i) 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.

(ii) This kit shall be a closed container for stocking first aid supplies, accessible to staff members but out of reach of children. The first aid kit shall contain at least the following:

- (A) Band Aids;
- (B) Sealed packages of alcohol wipes or antiseptic;
- (C) Scissors;
- (D) Tweezers;
- (E) Thermometer with probe covers;
- (F) Bandage tape;
- (G) Sterile gauze pads;
- (H) Flexible roller gauze;
- (I) Triangular bandages;
- (J) Safety pins;
- (K) Eye wash;
- (L) Pen/pencil and note pad;
- (M) Poison Control phone number;
- (N) Cold pack;

(O) Current American Academy of Pediatrics, American Red Cross Standard First Aid Text, or equivalent first aid guide; and

(P) Disposable gloves.

Section 13. **Outdoor and/or Indoor Play Space.**

(a) There shall be a minimum of seventy-five (75) square feet of outdoor play space for each child when ages of children are combined.

(i) 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.

(b) When children are separated into age groups, and only one (1) age group is using the outdoor and/or 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 eighteen (18) months of age;

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

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

(c) If the required outdoor space is not available, the same amount of indoor space required in (a) and (b) above may be used if it provides for types of activities equivalent to those performed in an outdoor space; and

(i) This indoor play space must be used at least one (1) time per day for at least 30 minutes.

(d) 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.

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

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

(g) Equipment shall be sturdy, stable, and free of hazards that are accessible to children during normal supervised play including sharp edges, lead based paint, loose nails, splinters, protrusions, pinch and crush points.

(h) All pieces of equipment shall be installed as directed by the manufacturer's instructions and specifications.

(i) All broken equipment shall be repaired or removed from the premises immediately or made inaccessible to the children.

(j) Anything that could cause strangulation, such as but not limited to, ropes; jump ropes; clotheslines; and/or pet leashes cannot be attached to play equipment.

(k) All equipment and spaces that could entrap children, such as but not limited to, openings in equipment or between ladder rungs must measure three and one-half (3 ½) inches or less, or more than nine (9) inches.

(l) Platforms and ramps must have guardrails to prevent falls.

(m) All play equipment with a fall height of more than twenty-four (24) inches shall be installed over a resilient surface covering the appropriate use zones.

(n) Acceptable materials to be used for outdoor resilient surfacing include wood mulch, double shredded bark mulch, uniform wood chips, fine sand, coarse sand, and pea gravel. Other materials that have been certified by the manufacturer to be shock-absorbing resilient material in accordance with the American Society for Testing Materials (ASTM) Standard can be used when these materials are installed, maintained and replaced according to the manufacturer's instructions.

(i) Outdoor resilient surfacing must meet the following requirements for the depth of the resilient surface:

(A) Equipment with a fall height of more than twenty-four (24) inches but less than seven (7) feet shall have six (6) inches of uncompressed resilient surface, except for sand. (See (iii) below);

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

(C) Sand should not be used as a surfacing material when the fall height is greater than four (4) feet. (Child care facilities which were licensed between December 1, 2005 and the date of these 2012 rules shall be subject to the sand resilient surface requirements outlined in the September 1, 2008 Administrative Rules For Certification of Child Care Facilities, unless the facility moves to a different location, adds

new outdoor/indoor play equipment or replaces existing equipment (excluding regular replacement of parts and repair).

(o) Indoor equipment with a fall height of twenty-four (24) inches or more shall have indoor resilient surfacing in accordance with the American Society for Testing Materials (ASTM) and be installed, maintained and replaced in accordance with the manufacturer's instructions.

(p) The facility must maintain a use zone for stationary equipment which is free of all other equipment and obstacles which extends a minimum of six (6) feet in all directions from the perimeter. For specific use zone requirements for slides and swings see (r) and (s) below.

(q) When stationary pieces of equipment are located adjacent to each other, the use zone may overlap and share the same six (6) foot use zone when both pieces of equipment are less than three (3) feet high. When adjacent stationary pieces of equipment are higher than three (3) feet, the overlapping use zone must be nine (9) feet.

(r) The back and side use zone for a slide must be six (6) feet. The use zone for the front of the slide shall be determined by adding four (4) feet to the height of the slide but does not have to exceed fourteen (14) feet.

(s) For swings, a use zone is required both in front and in back of the swing and the use zone must extend a minimum distance of twice the height of the swing as measured from the ground to the swing hangers on the support structure.

(t) 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 must meet licensing requirements.

(u) Providers shall assure that children have protection appropriate for weather conditions.

(v) Play areas shall be free from miscellaneous debris or litter such as tree branches, soda cans, bottles, glass, animal waste, or any other hazard identified by an authorized inspector.

(w) Child care facilities which were licensed prior to December 1, 2005 shall be subject to the outdoor play space and resilient surface requirements outlined in the July 1, 2001 Administrative Rules for Certification of Child Care Facilities, unless the facility moves to a different location, adds new outdoor play equipment or replaces existing equipment (excluding regular replacement of parts and repair).

Section 14. **Food Service.**

(a) Food served shall be planned for the needs of the children and shall be appropriate for their ages. Menus shall be kept on file for public review.

(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 healthy snack shall be provided. Each meal shall be planned to be balanced and to provide at least one-third (1/3) of the child's daily nutritional needs.

(c) Nutritious snacks shall be provided at suitable intervals.

(d) Pasteurized, inspected and approved milk produced under sanitary conditions shall be served at all meals, unless written documentation is on file of a child having specific reason prohibiting milk.

(e) Parents may provide meals for their own child. These meals must be stored and served in accordance with approved health and sanitation procedures.

(f) Children shall be served appropriate sized portions and permitted to have one (1) or more additional servings to meet the needs of the individual child.

(g) Children's 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 such as, but not limited to, tables and floors.

(h) A child shall be encouraged, not forced, to eat.

(i) When parents supply a child's food or bottle, it shall be clearly marked with the child's name, stored, and served in accordance with approved health and sanitation procedures.

(j) Provide and encourage adequate fluids.

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

Section 15. **Infant and/or Toddler Care.**

(a) Safe conditions

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

- (ii) When cribs, bassinets or play pens are used the following applies:
 - (A) Must be separated by a space of not less than three (3) feet;
 - (B) Must comply with the Consumer Product Safety Commission's current standards and in accordance with manufacturer's instructions; and
 - (I) Stacking cribs shall not be used.
- (iii) Sleeping infants shall:
 - (A) Be placed on their backs for sleeping, unless a licensed health provider signs a waiver. Once placed on the back to sleep, an older infant may be allowed to assume any position that seems comfortable. If the baby can repeatedly turn from back to side or tummy, then it is allowable for him/her to sleep in that position;
 - (B) Be placed on a firm, flat surface for sleeping;
 - (C) Have only a light blanket and pacifier allowed with him/her;
 - (D) Have nothing placed over his/her head or face while sleeping; and
 - (E) Be placed in a 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.
- (iv) 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.
- (v) Toys must be suitable for the age and development of the infant and/or toddler.
- (vi) No infant or toddler shall be confined to a crib, playpen, swing, high chair, car seat, or carrier or in one position for excessive periods of time.
- (vii) 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.
- (viii) Clothing worn by staff members shall be clean and made of non-irritating material.

(b) The following staff requirements also apply whenever four (4) or more infants are enrolled:

(i) An infant director who holds an Infant/Toddler Director Credential recognized by the Department shall be responsible for the infant program;

(ii) The infant director must be available for at least fifty percent (50%) of a forty (40) hour work week in the facility in which they are listed as the infant director with the exception of times the infant director is absent due to training, vacation, illness or other types of necessary prolonged absences which have been approved by the licenser;

(iii) If a facility takes only infants, the provider shall meet provider qualifications as specified in Section 2 of this Chapter; and

(iv) A minimum of two (2) adults must be in the facility at all times when four (4) or more infants are present.

(c) Food Service for Infants

(i) Staff may prepare bottles and mix formula using water from an approved source as outlined in Chapter 9, Section 2. Formula must be stored in its original container and the manufacturer's mixing instructions must be followed and any deviation from these instructions must be accompanied by written instructions from a medical professional.

(ii) Expressed human milk must be:

(A) In a clean sanitary BPA-free bottle with a nipple;

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

(C) Refrigerated immediately upon arrival at the facility;

(D) Delivered in a single use plastic bag sold for this purpose and placed in a freezer with a separate door from the refrigerator door when it's frozen and will be defrosted in the refrigerator and then heated briefly in bottle warmer or under warm running water so the temperature does not exceed 98.6 degrees F;

(E) Not be fed to an infant who's mother didn't express it; and

(F) Fed to a breastfed infant, infant formula will not be fed without the mother's written permission to do so.

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

(iv) An individualized diet and feeding schedule for infants shall be provided according to a written plan submitted by the parents or by the child's physician with the knowledge and consent of the parent. Any changes in an infant's diet and feeding schedule shall be posted in an area clearly visible to the staff.

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

(vi) All infant feeding shall be documented for each infant and available to parents daily.

(d) Training for Infant Staff

(i) Whenever four (4) or more infants are enrolled, at least one (1) staff person working directly with infants shall provide satisfactory evidence of eight (8) hours specialized training in the care of infants. If a provider or staff member has not received this training during the previous two (2) years, at least four (4) of these hours must be taken during the first year of either biennium or employment.

(ii) All staff caring for infants shall complete a minimum of four (4) hours of specialized infant/toddler training as part of their biennial training requirements. If a provider or staff member has not received this training during the previous two (2) years, at least two (2) of these hours must be taken during the first year of either biennium or employment.

(iii) All staff caring for infants must complete SIDS training prior to infant care and biennially thereafter.