

7.707 RULES REGULATING FAMILY CHILD CARE HOMES [Rev. eff. 1/1/10]

All family child care homes must comply with the “General Rules for Child Care Facilities”, “Rules Regulating Special Activities”, and the “Rules Regulating Family Child Care Homes.”

7.707.1 (None) [Rev. eff. 6/1/12]

7.707.2 DEFINITIONS AND TYPES OF FAMILY CHILD CARE HOMES [Rev. eff. 1/1/10]

7.707.21 Definitions [Rev. eff. 1/1/10]

“AAP” means the American Academy of Pediatrics.

“ASTM” means the American Society for Testing and Materials. ASTM is an organization that coordinates the development of voluntary industry standards that supplement mandatory standards such as information to the public on Standard Consumer Safety Specification on Toy Safety (ASTM F-963) and other voluntary standards that cover specific children’s products.

“Accessible” means children being able to obtain equipment and materials without adult aid, may be age/development specific.

“Adverse or negative licensing action” means a final agency action resulting in the denial of an application, the imposition of fines, or the suspension or revocation of a license or the demotion of such a license to a probationary license.

“Age of child(ren) in child care” means any child(ren) that will count towards provider’s license capacity, is between the age of birth to eighteen years of age, is in care for supervision in the parent(s) absence for a part or the whole of any day, and is not the provider’s own child(ren).

“Age of provider’s own child(ren) that counts towards license capacity” means any birth, adopted, step or foster child(ren) of a provider whose age ranges from birth to twelve years of age.

“Aide or staff aide” means an individual who assists the provider or substitute provider in the care of children at a family child care home. An aide or staff aide must never be allowed to supervise a child(ren) alone. The provider or substitute provider must always be present at all times when the aide or staff aide is providing care for a child(ren).

“Approved sleeping equipment” means equipment that is appropriate for the age of the child, is intended for sleep or rest, and allows the child freedom of movement in a safe and sanitary manner.

“Available” means materials or equipment that is not immediately accessible to children, but which may be introduced with adult aid.

“Blocked telephone” means a telephone that will not accept telephone calls when caller ID says “unavailable”. This does not include telephones that require the caller to enter a ten digit telephone number from the telephone that is being called from or require the provider to have their name listed in a telephone directory.

“Choking hazard” means an item that presents the possibility of restriction or elimination of airflow into the lungs.

“CPR training” means cardiopulmonary resuscitation for adult, infant, and child.

“Clean” means to be free of visible dirt and debris or to remove dirt and debris by vacuuming or scrubbing and washing with soap and water.

“Complaint severity level” means the level of seriousness (zero to five) the State Department assigns to a complaint reported against a family child care home based on the severity of the allegation(s). The severity level assigned determines the timeframe in which the allegation(s) must be investigated by the licensing specialist.

“Compromise” means to expose to possible loss or danger.

“Culturally sensitive” means to encourage, share and explore the differences and similarities of heritage and culture, and its effect on learning, values, and behavior.

“Custodial or control speech” means using speech to direct or influence authority over a child(ren) by the use of directive speech to change a behavior.

“Danger” means exposure to harm or injury.

“Decorative pond” means an artificially confined body of water which is usually smaller than a lake. The pond can be decorated with large and small rocks, water lilies, pond plants, tadpole, fish, and have features such as lights, waterfalls and fast moving water.

“Derogatory” means to belittle, diminish, and express criticism or a low opinion of.

“Developmentally appropriate” means to provide an environment where learning experiences are meaningful, relevant, and are based upon a child’s individually identified strengths and weaknesses, interests, cultural background, family history and structure.

“Director” means an individual that has been evaluated and received a written letter that verifies that he/she meets the Colorado State Director qualification requirements for a large child care center.

“Discipline” means to punish in order to bring a child’s behavior under control.

“Disinfect” means to eliminate germs from inanimate surfaces through the use of chemicals (e.g., products registered with the U.S. Environmental Protection Agency as “disinfectant”) or a solution of household liquid chlorine bleach and water.

“Early Childhood Mental Health Consultant” (ECMHC) means a consultant who provides culturally sensitive and primarily indirect services for children, birth through six years of age in group care and early education settings.

“Early Childhood Mental Health Consultation services” means the provision of services that promote social and emotional development in children and transform children’s challenging behaviors. This includes capacity building for providers and family members; directly observing and interacting with children and the care giving environment; and, designing and modeling interventions that involve changes in the behaviors of family members and caregivers. It also includes collaboration with providers, employees, volunteers, and family members and caregivers who intervene directly with children in group care, early education and/or home settings.

“EQ I/T” means the Department approved Expanding Quality Infant/Toddler training for child care providers.

“Emergency” means a sudden, urgent, usually unexpected occurrence or occasion requiring immediate action.

“Emergency or urgent situation” means a personal or family situation that is critical in nature, which requires the provider to take immediate action; and leave the home to handle the emergency situation.

“Employee” means paid or unpaid individual that cares for or assists with the care of children.

“Equally qualified” means that the employee or substitute provider has the same required training and qualifications as the primary provider as specified in the Rules Regulating Family Child Care Homes.

“Extreme weather” means weather conditions that require unusual or immediate action to reduce exposure to harm or injury.

“Fall zone” means the distance that a child can fall from elevated equipment based upon the child’s age and size.

“First Aid training” means training in which a person reacts to injuries and performs simple emergency medical care procedures before emergency medical professionals are available as necessary.

“Flexibility” means the provider has the ready capability to adapt to new, different, or changing requirements of parent(s) or guardian(s) for child care.

“Frequently” means to occur often; many times and at short intervals.

“Gentle physical holding” means to carefully hold a child with the arms, without force.

“Guidance” means a way of teaching that empowers children to make decisions that are ethical, intelligent, and socially responsible.

“Guidance approach” means the use of guidance, distinct from discipline, to reduce the need for and resolve the occurrence of mistaken behavior in ways that are non-punitive.

“Harsh treatment” means treatment that is ungentle and unpleasant in action or effect; unpleasantly severe; stern; or cruel.

“HealthCare Plan” means the document contains written instructions about a specific health condition including the when and how specific interventions are to be carried out in a school or child care setting. This document should be signed by the child’s health care provider and parent. Health Care Plans can be collaboratively created by the child care health consultant, the child’s parents, health care provider and center staff, and are necessary for the care of children with chronic health care conditions such as asthma, seizure disorder, diabetes, or severe allergy. Health Care Plans may also guide the care of children with acute conditions that may need short-term special management in the group care setting such as child returning to care with a cast, or after a surgical intervention.

“Health care professional” means an organization or person who delivers proper health care in a systematic way professionally to any individual in need of health care services.

“Health care provider’s scope of practice” means the boundaries and rules within which a fully qualified medical practitioner, with substantial and appropriate training, knowledge, and experience, may practice in a field of medicine or other specifically defined field. Such practice is governed by requirements for professional accountability.

“Home remedy” means a non-medical treatment to attempt to cure or treat an ailment with common household items or foods.

“If applicable” means if the rule should be applied depending on the circumstances of the situation.

“Immediately” means without delay or hesitation, without any interval of time.

“Interactive learning” means a method of learning through hands on activities that help a child gain knowledge and skills by connecting with information and experiences provided by the provider.

“Intoxicated” means that a person is under the influence of drugs or alcohol to the point that his/her actions and/or behavior presents an immediate danger to her/himself or others.

“Language development materials” means materials that focus on the development of listening and speaking skills, and contains experiences which familiarize children with pre-reading and pre-writing activities.

“Lead poisoning” means poisoning by a toxic metal that is found in and around homes, in lead-based paint, chipping paint, or lead dust from deteriorated paint. Lead may cause a range of health effects, from behavior problems and learning disabilities, to seizures and death.

“Legal signature” means the parent’s full signature that includes both the first and last name.

“Lockdown drill” means a drill in which the occupants of a building are restricted to the interior of the building and the building is secured.

“Lost child” means the provider is unable to find the child. The child is no longer in the care or supervision of the provider.

“Mental Health Practitioner” means a mental health professional who offers services for the purpose of improving an individual’s mental health or to treat mental illness.

“Nationally recognized” means to be known in the majority of businesses or residential areas of the United States and that may meet local or national accreditation standards.

“Offered” means materials, equipment or activities, including meals, which are presented as options to children but are not required or forced, to be utilized or engaged.

“On occasion” means from time to time, a special event or ceremony, or irregularly.

“Organic materials” means materials relating to, or derived from living organisms.

“Pattern” means repeating an activity at regular intervals.

“Pedodontist” means a pediatric dentist, specializing in children from birth to four years of age.

“Periodically” means an ongoing event or activity that occurs without an established pattern.

“Permanent climbing equipment” means climbing equipment installed that is stable, cannot be overturned or displaced, and cannot be moved or relocated to another area without assistance.

“Physical restraint” means the use of bodily, physical force to involuntarily limit an individual’s freedom of movement; except that physical restraint does not include the holding of a child by one adult for the purposes of calming or comforting the child.

“Place of residence” means the place or abode where a person actually lives and provides child care on a regular, ongoing basis.

“Potential threat” means the possible exposure to harm or injury.

“Prescriptive authority” means the legal right of a medical person to prescribe medications under Colorado law.

“Protective equipment” means the use of protective head, knee, elbow and ankle equipment to protect a child riding on a scooter, bicycle, skateboard or rollerblades.

“Protective surfacing” means an approved material that is used beneath climbing equipment and is designed to protect a child who falls from the highest designated play surface on a piece of equipment to the protective surfacing below.

“Provider” means the person that resides in the home and provides direct care, supervision and education to child(ren) in care at least 60% of the daily hours of operation of the family child care home.

“Psittacine birds”, means all birds commonly known as parrots, cockatoos, cockatiels, macaws, parakeets, lovebirds, lorries or lorikeets, and other birds of the order psittaciforme, may also be called hookbills because the upper beak is turned downward.

“Punished” means to impose a penalty on a person. The causes for punishment may be for a fault, offense or violation.

“Regionally accredited” means colleges and universities which earn regional accreditation status by meeting acceptable levels of quality and performance. The accrediting bodies for higher education are Middle States Association of Colleges and Schools, Northwest Association of Colleges and Schools, North Central Association of College and Schools, New England Association of Colleges and Schools, Southern Association of Colleges and Schools, and Western Association of Colleges and Schools.

“Regular basis” means occurring with normal frequency or routine schedule.

“Relative” means any of the following direct relationships by blood to the first degree, marriage, or adoption: parent, grandparent, son, daughter, grandson, granddaughter, brother, sister, stepparent, stepbrother, stepsister, stepson, stepdaughter, uncle, aunt, niece, nephew or first cousin.

“Reside” means to be in a residence, to dwell permanently or continuously, to occupy a place as one’s legal domicile.

“Restraint” means any method or device used to involuntarily limit freedom of movement including, but not limited to, bodily physical force, mechanical devices, or chemicals.

“Reverse evacuation drill” means a drill in which persons seek shelter and safety inside a building when said persons are outside the building and are faced with a threat, such as an armed individual or a dangerous animal.

“Routine medications” means any prescribed oral, topical, or inhaled medication, or unit dose epinephrine, that is administered pursuant to Section 26-6-119, C.R.S.

“Safe” means free of hazards posing danger of injury including, but not limited to, “keep out of reach” items, protrusions, broken items, areas of entrapment, strangulation or choking hazards, insufficient cushioning, poisonous chemicals, etc.

“Sanitized or sanitary” means to remove filth or soil and some small bacteria. For an inanimate surface to be considered sanitary the surface must be clean and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfection and is applicable to a wide variety of routine housekeeping procedures.

“Satisfactory experience” means the adequate practical knowledge, skill or practice necessary.

“Serious” means an injury or illness of an urgent nature needing immediate emergency attention.

“Serving” means an amount of food or beverage that is appropriate to meet a child’s nutritional and developmental needs.

“Severe weather drill” means a drill in which occupants of a building seek shelter appropriate to the severe weather threat, such as a blizzard, electrical storm, flood or tornado.

“Shelter-in-place drill” means a drill in which the occupants of a building seek shelter in the building from an external threat.

“Social-emotional development” means the development of self-awareness and self-regulation as reflected in the desire and growing ability to connect with others and the ability to experience, express and regulate a full range of emotions, to pay attention, make transitions from one activity to another, and cooperate in the context of relationships with others.

“Soft bedding” means, but is not limited to, any soft sleep surface like a water bed, sofa, pillows, bumper pads, soft materials like fluffy blankets, thick blankets and/or comforters, sheep skins, plush toys, and stuffed animals.

“Special need” means a child may have mild learning disabilities or profound developmental disabilities of mental functioning and/or bodily movement; food allergies or terminal illness; developmental delays that catch up quickly or remain entrenched; occasional panic attacks or serious psychiatric problems.

“Substitute provider” means a paid, volunteer or contract individual responsible for caring for the children in the capacity of the provider during the provider’s absence.

“Sweet foods” means a sweet bread or grain product that is high in fat and /or sugar.

“Under the influence” means that a person is under the influence of drugs or alcohol to the point that his/her actions and/or behavior present an immediate danger to her/himself or others.

“Universal precautions” means safe work practices to prevent exposure to blood and bodily fluids.

“Urgent” means an unforeseen combination of circumstances that requires immediate attention.

“USDA” means the United States Department of Agriculture.

“Varying” means to be at different times or different days; to give variety to activities; to bear no resemblance to a prior activity.

“Verbal abuse” means abusive behavior involving the use of language that is demeaning and is intended to insult, manipulate, ridicule, or offend. Harmful acts and the use of harsh or coarse language often characterize it.

“Volunteer” means a person who performs a service willingly and without pay.

“Written medication order” means a document for a specific medication for a specific child signed by the child’s health care provider. This must be a person with prescriptive authority. The order shall include the child’s name, medication, dose, time, route, and for how long the medicine is to be given. Orders for children over two years of age can only be valid for a period of up to one year, but may only be for a very brief duration of time as well. Children over two may need written medication orders more frequently since the dosage of the medication will change with the child’s weight. Written orders may also include information on the reason the medication is being given, potential side effects and any special instructions for administration.

7.707.22 Types of Family Child Care Homes [Rev. eff. 6/1/12]

All Family Child Care Home licenses, except infant/toddler, are issued with an age range for children from birth to eighteen (18) years of age. This allows for the care of older children with special needs. Each individual provider will determine the age range of children that he/she will enroll in the provider’s child care home. The providers own birth, adopted, step or foster children twelve (12) years of age and older do not count in the provider’s license capacity.

The capacity for a Family Child Care Home (generally referred to within these rules as “the home”) is determined by the amount of indoor and outdoor space designated for child care, as well as the following factors.

- A. A “Family Child Care Home” (FCCH) is a type of family care home that provides less than twenty-four (24) hour care at any time for two (2) or more children that are unrelated to each other or the provider, and are cared for in the provider’s place of residence.
 - 1. Licensed family child care homes enrolling children five (5) years of age or younger are required to participate in Colorado Shines, the state quality rating and improvement system.
- B. In a regular (FCCH) home, care may be provided for six (6) children from birth to eighteen (18) years of age with no more than two (2) children under two (2) years of age.

1. Care also may be provided for no more than two (2) additional children of school age attending full-day school. School-age children include children six (6) years of age and older who are enrolled in the first grade or above. A child enrolled in a kindergarten program is not considered a school-age child until the child begins attending kindergarten a year before they enter first grade.
 2. Residents of the home under twelve (12) years of age who are on the premises and all children on the premises for supervision are counted against the approved capacity, except where specifically indicated otherwise. Residents of the home include, but are not limited to, birth, adopted, step or foster children of the provider.
- C. A three (3) under two (2) license is a type of license that allows a provider to care for six (6) children from birth to eighteen (18) years of age with no more than three (3) children under two (2) years of age, with no more than two (2) of the three (3) children under twelve (12) months; the capacity includes the provider's own children under twelve (12) years of age. This license type may be approved with the following conditions:
1. The licensee has held a permanent license to operate a family child care home for at least two (2) years in Colorado immediately prior to the issuance of the license that would authorize the care of three (3) children under two (2) years of age;
 2. The licensee has completed the State Department approved Expanding Quality Infant/Toddler course of training;
 3. In the past two years, the licensee has had no substantiated complaints with a severity level of one (1) to three (3), consistent or willful substantiated rule violations of ratio, supervision, safety, or injury to a child observed during any licensing visit, or adverse licensing action;
 4. Care of additional children of school age is not authorized;
 5. Licensees issued a three (3) children under two (2) years of age license are approved for both the three (3) under two (2) and the regular license capacities and may switch between the two (2) capacities without notifying the State Department as long as they are in compliance with all licensing rules.
- D. An infant/toddler license is a type of family care home that provides less than twenty-four (24) hour care only for children who are between birth and three (3) years old. This license type may be approved with the following conditions:
1. If there is one (1) provider, there may be a maximum of four (4) children, with no more than two (2) of the four (4) children under twelve (12) months of age, including the provider's own children. The provider's own children, under the age of twelve (12), count in the capacity of four (4).
 2. If there are two (2) equally qualified providers, as specified in Section 7.707.31, B, 3, caring for children at all times when children are present, there may be a maximum of eight (8) children between birth and three (3) years old, and no more than four (4) of those children can be between birth and one (1) year old, including both providers' own children.
 3. The provider has completed the State Department approved Expanding Quality Infant/Toddler (EQ I/T) course of training; and

4. A provider that has also been licensed as a regular and three (3) under two (2) provider in the past, and is approved for an infant/toddler license, has the flexibility to provide care on any given day for the ages and capacities of a regular or three under two license without written approval of the State Department, as long as the provider is in compliance with all applicable rules at all times.
- E. A large child care home is a family child care home that provides care for seven (7) to twelve (12) children.
1. Child care may be provided to children from birth to eighteen (18) years of age. The provider needs an assistant when the ninth child arrives at the facility.
 2. Care may be provided to no more than two (2) children under two (2) years of age.
- F. The Experienced Child Care Provider
1. An Experienced Child Care Provider (ECCP) home is a licensed child care home where care is approved for no more than nine (9) children of different age combinations depending upon which option the home is operating.
 2. The requirements for an Experienced Child Care Provider are:
 - a. Have been a licensed family child care home provider in Colorado for at least the last six (6) consecutive years; equal experience operating as a licensed military family child care home is acceptable;
 - b. Have completed ninety (90) clock hours of training within the preceding six (6) years, including the State Department approved infant/toddler course. The ninety (90) hours of training does not include licensing training universal precautions, First Aid and CPR, and medication administration training;
 - c. Have had no adverse licensing action;
 - d. Have had no adverse action taken against the provider's license in the preceding two (2) years; and,
 - e. Comply with local zoning restrictions.
 3. Applying for the Experienced Provider License

At least sixty (60) calendar days prior to the proposed date of operation as an experienced provider, the applicant must submit to the State Department a completed and signed experienced provider application form, which:

 - a. Affirms compliance with all the rules for family child care home providers and experienced providers;
 - b. Affirms that the 90 clock hours of training have been completed;
 - c. Includes an agreement to waive the right to appeal rules related to capacity and space requirements; and,
 - d. Affirms the provider understands that the experienced provider's license will immediately revert to a regular license if capacities are exceeded at any time.

4. ECCP Options Table

The following chart describes the various options available to the experienced family child care home. Providers may change options without notifying the State Department, as long as the home is in compliance with one option at any one time and all licensing rules.

Experienced Child Care Provider License

All options include provider's own children under twelve (12) years of age.

| Number of Children | Total Children in Care at a Given Time | Birth Up to School-Age | Additional School-Age | Number of Children Under 2 Allowed | (Of Those Under 2) Number Under 12 Months Allowed |
|--------------------|--|------------------------|-----------------------|------------------------------------|---|
| Option 1 | 9 | 7 | 2 | 2 | 2 |
| Option 2 | 9 | 8 | 1 | 2 | 2 |
| Option 3 | 9 | 5 | 4 | 2 | 2 |
| Option 4 | 9 | 6 | 3 | 3 | 2 |
| Option 5 | 4 | 4 | 0 | 4 | 2 |

7.707.3 PERSONNEL [Rev. eff. 1/1/10]

All infant/toddler family child care homes and large family child care homes must meet all of the personnel requirements in Section 7.707.31, except where rules specific to infant/toddler homes and large family homes replace other rules.

7.707.31 Requirements for Personnel [Rev. eff. 6/1/12]

A. General Requirements

1. Primary providers must physically reside at the family child care home and must provide the child care.
2. Primary providers and/or substitutes must be at least eighteen (18) years of age. Aides must be at least sixteen (16) years of age. Aides and volunteers shall work under the direct supervision of a primary provider at all times.
3. Providers, employees, substitutes, and volunteers must demonstrate an interest in and knowledge of children and a concern for their proper care and well-being.
4. Children for whom the provider has custody and responsibility must not have been placed in foster care or residential care because the provider or other resident of the home was abusive, neglectful, or a danger to the health, safety, or well-being of those children.
5. Providers must not be under the influence of any substance that impairs their ability to care for children.
6. The primary provider is responsible for ensuring that all employees, substitutes and volunteers are familiar with the children in care, the Rules Regulating Family Child Care Homes rules, the home's policies, and the location of children's files and emergency numbers.

7. The primary provider must plan for the selection, orientation, training and/or staff development of any employee, volunteer, or substitute.
8. The primary provider must plan for and supervise the care and activities of children.
9. All providers and all persons residing in the home must submit to the State Department at time of original application on the form required by the State Department, a health evaluation signed and dated by a licensed physician or other health professional.
10. Subsequent health evaluations for the provider and children residing in the home who are less than twelve (12) years of age must be submitted every two (2) years or as required in a written plan signed by a physician or other health professional. A new family member and/or a new resident of the home must submit to the State Department, within thirty (30) days from the date the individual began living in the home, a State Department approved health evaluation form signed and dated by a licensed physician or other health professional.
11. If, in the opinion of a physician or mental health practitioner, a physical, medical (including side effects of medication), emotional, or psychological condition exists at any time that may jeopardize the health of children or adversely affect the ability of a provider to care for children, an equally qualified substitute provider must be employed, or child care services must cease until the physician or mental health practitioner states in writing that the health risk has been eliminated.

B. Infant/Toddler Home Provider Requirements

1. For an infant/toddler home with one (1) provider, that provider must be at least twenty-one (21) years of age.
2. For an infant/toddler home with two (2) providers, one (1) provider must be at least twenty-one (21) years of age and the second equally qualified provider must be at least eighteen (18) years of age.
3. Each provider must have completed one (1) year of supervised experience caring for children who are younger than three (3) years old. The provider must be able to submit to the State Department official written verification of the required experience. The experience may have been obtained as:
 - a. A Colorado licensed family child care home;
 - b. A military licensed child care home;
 - c. A provider, in a family foster home certified for children younger than three (3) years of age; or,
 - d. An employee in a licensed child care center in an infant and/or toddler program.

C. Large Home Provider Requirements

1. The licensee must be at least eighteen (18) years of age, the primary provider, and must reside in the large child care home.
2. The primary provider at a large child care home must meet one of the following:

- a. A minimum of two (2) years of documented satisfactory experience in the group care of children under the age of six (6) years or as a licensed home provider in Colorado. Equal experience operating as an approved military child care home is accepted; or,
 - b. A minimum of two (2) years of college education from a regionally accredited college or university, with at least one (1) college course in early childhood education, plus one (1) year of documented satisfactory experience in the group care of children as:
 - 1) A licensed home provider in Colorado;
 - 2) A military licensed child care home;
 - 3) A Colorado certified family foster home; or,
 - 4) A staff member in a licensed child care center.
 - c. Current certification as a Child Development Associate (CDA); or,
 - d. Completion prior to licensing of the State Department approved Expanding Quality Infant/Toddler course; and,
 - 1) A minimum of two (2) years of experience as a licensed child care provider holding a permanent license in Colorado immediately before becoming a licensee of a large child care home; or,
 - 2) A minimum of two (2) years of full-time experience in a licensed program. The group care shall have been with children who are under the age of six (6) years.
3. If the provider was previously licensed to operate a family child care home, there must have been no:
- a. In the past two years, the licensee has had no substantiated complaints with a severity level of one (1) to three (3), consistent or willful substantiated rule violations of ratio, supervision, safety, or injury to a child observed during any licensing visit, or adverse licensing action; and,
 - b. Adverse action on the license within the last two (2) years; and
 - c. Substantiated specific rule violations of ratios, supervision, safety, or injury to a child observed during any licensing visit in the past two (2) years.
4. Staff aides must be at least sixteen (16) years of age and must work directly under the supervision of the primary provider in charge and responsible for the care of the children. If left alone with children, the staff aide or assistant provider must meet all same age and training requirements as the provider.

7.707.32 Training [Rev. eff. 6/1/12]

- A. Prior to issuance of the license, the licensee and primary provider must complete:
1. A State Department approved fifteen (15) clock hour pre-licensing course of training that includes nine (9) core knowledge standards. The content of one of the standards must specifically address appropriate guidance with children and that corporal discipline is never allowed. The clock hours of pre-licensing training do not include certification in First Aid, CPR, and medication administration training;
 2. A monitored written test or approved alternate method to verify knowledge and comprehension of the content of the training materials must be administered by the trainer to the trainee at the end of the pre-licensing training course. The trainee must have a passing score of no less than 80%. Part of approval of pre-licensing is that the provider must be able to access and understand the Rules Regulating Family Child Care Homes. The provider must take pre-licensing training for any original application except for change of address; or,
 3. Individuals who are currently director qualified or have a two (2) or four (4) year degree in early childhood education from a regionally accredited college or university are exempt from pre-licensing training, except for the one and one-half (1½) hours of universal precautions training, and the section of the pre-licensing training that covers the business requirements for operation of a home; and,
 4. A state department approved training in standard precautions that meets current occupational safety and health administration (OSHA) requirements prior to working with children. This training must be renewed annually and may be counted towards ongoing training requirements. This standard precautions training can be included as part of the pre-licensing training, in which case the total number of hours for pre-licensing training required in 7.707.a1 is increased to sixteen (16) clock hours, and standard precautions training may count as no more than one (1) hour of the sixteen (16) clock hours; and,
 5. Documentation of this training must include the number of hours of training, completion date, and expiration date. Renewal of standard precautions training can be taken as a part of the first aid training, but must be in addition to the renewal First Aid training;
 6. First Aid and CPR training, for all ages of children from infant to twenty-one (21) years of age; and,
 7. The State Department approved course of training for medication administration.
 8. Effective December 31, 2016 all providers and staff must complete a building and physical premises training prior to working with children. The training must include:
 - a. Identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and
 - b. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants.
 9. Effective December 31, 2016 each provider or staff member responsible for the collection, review, and maintenance of the child immunization records must complete the Colorado department of public health and environment (CDPHE) immunization course within thirty (30) calendar days of employment. This training must be renewed annually and may count towards ongoing training requirements.

10. Effective December 31, 2016 each provider, staff member or regular volunteer working with children less than three (3) years of age must complete a department approved prevention of shaken baby/abusive head trauma training prior to working with children less than three (3) years of age. This training must be renewed annually and may count towards ongoing training requirements.
 11. Effective 12/31/2016 each provider, staff member or regular volunteer must complete a department approved training about child abuse prevention, including common symptoms and signs of child abuse within thirty (30) calendar days of employment. This training must be renewed annually and may count towards ongoing training requirements.
- B. Licensees requesting continuation of a permanent license shall:
1. Complete fifteen (15) clock hours of training each year. At least three (3) of the fifteen (15) clock hours must be in social emotional development; and,
 2. Ongoing training and courses shall demonstrate a direct connection to one or more of the following competency areas:
 - a. Child growth and development and learning courses that align with the competency domains of child growth and development;
 - b. Child observation and assessment;
 - c. Family and community partnership;
 - d. Guidance;
 - e. Health, safety, and nutrition;
 - f. Professional development and leadership;
 - g. Program planning and development; and
 - h. Teaching practices:
 1. Each one (1) semester hour course with a direct connection to the competency area listed in section 7.707.33, b, 2, a-g, taken at a regionally accredited college or university shall count as fifteen (15) clock hours of ongoing training.
 2. Training hours completed can only be counted during the year taken and cannot be carried over.
 3. The fifteen (15) clock hours of training do not include recertification in First Aid and CPR.
 4. To be counted for ongoing training, a provider must receive for each training, a training certificate that includes:
 - a. The title of the training; and,
 - b. The competency area; and,
 - c. The clock hours of the training; and,

- d. The name and signature of the trainer or another approved method of verifying the name and qualifications of the trainer.
5. The trainer must have documentation of the qualifications for each topic of training conducted, which must be available for review by representatives of the State Department.

7.707.33 Substitutes [Rev. eff. 1/1/10]

All infant/toddler family child care homes and large family child care homes must meet all of the substitute requirements, except where rules specific to infant/toddler homes and large family homes replace other rules.

7.707.331 General Substitute Information [Rev. eff. 1/1/10]

- A. The provider must have a plan for an urgent, emergency, personal or family situation that requires the provider to leave the family child care home immediately.
- B. Any substitute must be at least eighteen (18) years old and capable of providing care and supervision of children, and handling emergencies in the absence of the provider.
- C. Prior to caring for children, any substitute, except a substitute used in an urgent, emergency, personal or family situation, shall become familiar with:
 1. The Rules Regulating Family Child Care Homes;
 2. The home and provider's policies and procedures;
 3. The names, ages and any special needs or health concerns of the children; and,
 4. The location of emergency information.
- D. Parents or guardians must be notified each time a substitute is used to provide supervision of all children in care in the absence of the primary provider.
- E. Substitutes used in an urgent, emergency, personal or family situation must:
 1. Be given the names, ages of the children, and any special needs or health concerns;
 2. Immediately call each parent(s) or guardian(s) to notify them that the provider has been called away from the family child care home for a personal or family emergency; and,
 3. If the substitute does not meet all the requirements for the position, must notify parent(s) or guardian(s) immediately to pick up their children.
- F. In the infant/toddler family child care home, the substitute for the provider(s) must meet the same age requirements as the provider as specified in Section 7.707.31. C.
- G. In the large family child care home, the substitute for the:
 1. Primary provider must be equally qualified, as specified in Section 7.707.31, C, to provide care and supervision of children in the absence of the primary provider; and,
 2. Staff aide must be equally qualified, as specified in Section 7.707.31, A, 2, to substitute for the staff aide when necessary.

7.707.34 Employees [Eff. 1/1/10]

- A. Any employee who is eighteen (18) years of age and older must complete:
 - 1. A fingerprint based criminal background record check as required at section 7.701.33 and,
 - 2. The State Department mandated automated system background check for child abuse and neglect as required at Section 7.701.32.
- B. Any employee who is sixteen (16) years of age to eighteen (18) years of age must only complete the State Department mandated automated system background check for child abuse and neglect.
- C. Additionally, employees and substitutes for the primary provider, who provide care to children for fourteen (14) days (112 hours) or more per calendar year must complete:
 - 1. A fingerprint based criminal background record check as required at Section 7.701.33;
 - 2. The State Department mandated automated system required background check for child abuse and neglect as required at Section 7.701.32;
 - 3. Verification of current certification of First Aid and CPR for all ages of children;
 - 4. A statement of a current health evaluation, signed by an approved health care professional, that was completed within the last twenty-four (24) months;
 - 5. Verification of current State Department approved medication administration training; and
 - 6. Verification of current State Department approved universal precaution training.

7.707.35 Volunteers [Eff. 1/1/10]

- A. Volunteers cannot be used to meet staff to child ratio.
- B. Volunteers must be directly supervised by the child care provider and have clearly established written duties.
- C. Volunteers must be made familiar with the Rules Regulating Family Child Care Homes and the provider's written policies and procedures prior to assisting with the care of children.
- D. Any adult volunteer eighteen (18) years of age or older who works more than fourteen (14) days (112 hours) a calendar year must complete:
 - 1. A fingerprint based criminal background record check as required at Section 7.701.33; and,
 - 2. The State Department required automated system background check for child abuse and neglect, as required at Section 7.701.32.

7.707.36 Employee, Volunteer, and Substitute Records [Eff. 1/1/10]

- A. Personnel files for each employee, substitute, and volunteer must contain all required information within thirty (30) calendar days of the first day of employment, volunteering, or functioning as a substitute.

- B. The personnel files for each employee, substitute, and volunteer shall be available for review by any representative of the State Department and must include:
1. The name, address, telephone number, and birth date of the individual;
 2. Information received from the state automated systems check on child abuse;
 3. Information received from the fingerprint based criminal record background check as required at Section 7.701.33 for individuals eighteen (18) years of age and older;
 4. A record of the dates and hours of employment, volunteering, or functioning as a substitute, including the first date and the final date;
 5. Names, addresses, and telephone numbers of persons to be notified in the event of an emergency; and,
 6. A signed statement:
 - a. Clearly defining child abuse and neglect pursuant to state law and outlining the employee, substitute, or volunteer's personal responsibility to report all incidents of suspected child abuse or neglect according to state law; and,
 - b. Verifying that the employee, substitute, or volunteer has read and understands the home's policies and procedures.
 7. Official written verification of training, completion and expiration dates as required for the position including:
 - a. Current First Aid and CPR for all ages of children;
 - b. Universal precautions; and,
 - c. Medication administration training.
 8. Official written verification of education, work experience, and previous employment, as applicable for the position; and,
 9. If obtained, a copy of a current Colorado Early Childhood Professional Credential.

7.707.37 Administrative Records and Reports [Rev. eff. 1/1/10]

- A. The provider must report in writing to the State Department any critical incident as defined at Section 7.701.52 and any fire that occurs at the home to which a local fire department has responded.
- B. The provider must immediately telephone and also submit to the State Department within twenty-four (24) hours, excluding weekends and holidays, a written report about any child who has been lost from the provider's care and whether authorities have been contacted or not. Such report must indicate:
1. The name, birth date, address, and telephone number of the child;
 2. The names of the parents or guardians and their address and telephone number if different from those of the child;

3. The date, location, time, and circumstances when the child was last seen;
 4. All actions taken to locate the child, including whether local authorities were notified; and,
 5. The name of the provider and/or person supervising the child at the time the child was last seen.
- C. The home must have a written plan and emergency response procedures that explain, at a minimum, the life saving procedures that will be followed, and how the home will function during a fire, severe weather, lockdown, reverse evacuation, or shelter-in-place emergency situation. The plan must include, but not be limited to:
1. Prompt notification of parents or guardians;
 2. When local authorities will be notified; and
 3. How emergency transportation will be provided.
- D. The following records must be kept and maintained in the files at the home for three (3) years after termination of care or employment:
1. A daily attendance sign in/sign out sheet for each child, including the time the child arrives at and departs from the home;
 2. Children's records per Section 7.707.51.
 3. A list of current employees, volunteers, and substitutes work schedules;
 4. Employee, substitute, and volunteer records per Section 7.707.36; and
 5. A record of visitors and volunteers in the home during scheduled business hours.
- E. Confidentiality and Retention
1. Information and records concerning all employees, substitutes, volunteers, children and their families must be maintained confidential and all required records must be stored in a secure location.
 2. Employee and children's records must be available, upon request, to authorized representatives of the State Department.

7.707.4 POLICIES AND PROCEDURES

7.707.41 Statement of Policies [Rev. eff. 1/1/10]

- A. At the time of enrollment, the provider must give the parent(s) or guardian(s) a written statement of the home's policies and procedures, and provide the opportunity to ask questions. Written copies must be available either electronically or in hard copy. The provider must obtain a signed document stating that the parent(s)/guardian(s) have received the policies and procedures and by signing the policies and procedures document, the parent(s)/guardian(s) agree to follow, accept the conditions of, and give authorization and approval for the activities described in the policies and procedures.
- B. The written policies and procedures must be developed, implemented and followed, which include all updates, changes, and must include at a minimum the following information:

1. Admission and registration procedures;
2. Authorization of parents or other designees to pick up children, including the policy for how the provider will respond to individuals not authorized by parents/guardians to pick up a child and if a parent arrives under the influence of a controlled substance;
3. An itemized fee schedule or individual fee agreement; fee expectations when fees may be reimbursed, when child does not attend program; when child is requested to leave the program; and, authorization for field trips;
4. Procedure, including fees, when a child arrives or departs other than expected agreed upon care hours;
5. Parent and provider responsibilities for special activities or programs outside of the licensed facility, such as inclusion and/or exclusion of children and the payment of additional fees;
6. Hours of operation or individual hours agreement to include regularly closed days and applicable special program hours; policy on closure due to provider illness or family emergency and unscheduled closures;
7. Procedure for managing a situation where children remain after the scheduled closure of the facility and the parent, guardian or other emergency contacts cannot be reached. This may include notification of the local county department of social services or police, if necessary. In the event that the provider has not been approved for overnight care, the provider cannot keep the children in care beyond midnight;
8. Activities and snacks for children who remain at the home after closing;
9. Services offered for children with special needs in compliance with the Americans with Disabilities Act;
10. Acceptance of non-immunized children and notification if the provider's own birth, adopted, or step children have not been immunized;
11. Substitute care, and the clarification of responsibility for obtaining back-up care;
12. How and by whom children are supplied with appropriate clothing and equipment necessary to participate in indoor and outdoor activities, including helmets, wrist protection, and knee and elbow pads when riding a scooter, bicycle, skateboard or rollerblades;
13. Storage, loss, damage or theft of provider's or child's personal belongings;
14. Scheduled and unscheduled trips away from the family child care home; the requirement of notification of the excursion prior to the event and need for signed permission from the parent(s) or guardian(s) for the excursion and a phone number where the provider can be reached during a field trip;
15. Transportation availability, vehicle restraint requirements, and seating capacities;
16. Written authorization or denial for media use including, but not limited to, television shows, video, music, software used at the facility and time limits for all media use;

17. Meals, snacks, and parental notification of menus, and how children with food allergies are accommodated;
18. Policy on transitioning a child from either breast feeding to a bottle and/or cup, or from a bottle to a cup;
19. Behavior guidance and discipline appropriate to the age and development the child, including positive instruction, supporting positive behavior, discipline and consequences. Policies shall include how the provider will:
 - A. Cultivate positive child, provider, staff (if applicable) and family relationships;
 - b. Create and maintain a socially and emotionally respectful early learning and care environment;
 - c. Implement strategies supporting positive behavior, pro-social peer interaction, and overall social and emotional competence in young children;
 - d. Provide individualized social emotional intervention supports for children who need them, including methods for understanding child behavior; and developing, adopting and implementing a team-based positive behavior support plan with the intent to reduce challenging behavior and prevent suspensions and expulsions; and,
 - e. Access an early childhood mental health consultant or other specialist as needed.
20. Rest time and equipment;
21. Diapering and toilet training, including, but not limited to, process, communication, time frames, supplies, and expectation;
22. Provision of daily outside play time;
23. Use of and how often sunscreen is applied, including authorization for use of sunscreen, and how infants are protected from sun exposure without the use of sunscreen;
24. Protection of children from exposure to second hand smoke;
25. Notification of parents or guardians for handling children's illnesses, accidents, injuries, or other emergencies;
26. Specific circumstances and symptoms for not admitting ill children and conditions for re-admittance;
27. Storing, administering, recording and disposing children's medicines in compliance with the State Department approved medication administration course;
28. Adverse weather precautions to include temperature extremes; inclement weather expectations and procedures, and fee expectations if home is closed during inclement weather and notification of how to find out;
29. Emergency response procedures that explain, at a minimum, the life saving procedure that will be followed and how the home will function during a fire, severe weather, lockdown, reverse evacuation, or shelter-in-place emergency situation;

30. Reporting of child abuse, including the name of the county department of social/human services and phone number of where a child abuse report should be made;
31. Filing a complaint about a family child care home, including the name, address and telephone number of the Colorado Department of Human Services, Division of Child Care, where a complaint may be filed;
32. Where a parent may obtain the official Rules Regulating Family Child Care Homes, including the Secretary of State's website;
33. What steps are taken prior to the suspension, expulsion or request to parents or guardians to withdraw a child from care due to concerns about the child's behavioral issues, these procedures must be consistent with the policy on guidance, positive instruction, discipline and consequences, and include documentation of the steps taken to understand and respond to challenging behavior; and
34. Regularly identifying on a routine basis recalled toys, equipment, and furnishings and developing a plan to remove the recalled items from the home.

7.707.5 ADMISSION PROCEDURE [Rev. eff. 1/1/10]

- A. An admission process must be completed prior to the child's attendance at the home and must include:
 1. A pre-admission interview, by telephone or in person, with the child's parent(s) or guardian(s) to determine whether the services offered by the home will meet the needs of the child and the parent(s) or guardian(s);
 2. An explanation of the provider's written policies and procedures. The child's parent(s) or guardian(s) must sign a statement indicating that they have read, received, and understand the provider's current policies and procedures;
 3. A plan for payment of fees;
 4. Completion of the registration information and authorizations required for inclusion in the child's record.
- B. At the time of admission, the provider must obtain:
 1. Contact information for parents or guardians;
 2. Contact information for other responsible adults;
 3. Where the parent or guardian and can be reached in the event of an accident, illness or other emergency; and,
 4. The telephone number of the child's health care provider;
 5. Written authority to arrange for medical care in the event of an emergency; and
 6. Names of individuals authorized to take the child from the home.

7.707.51 Children's Records [Rev. eff. 1/1/10]

- A. An admission record must be completed for each child prior to or at the time of the child's admission and updated annually, unless otherwise specified in these rules. The admission record must include:
1. The child's full name, date of birth, current address, and date of enrollment;
 2. Family member names;
 3. Parent(s) and guardian(s) home and e-mail addresses; telephone numbers, including home, work, cell and pager numbers, if the parent chooses to provide those numbers; employer name and work address; and, any special instructions as to how the parent(s) or guardian(s) may be reached during the hours that the child is in care at the child care home;
 4. Names and telephone numbers of persons other than parent(s) or guardians(s) who are authorized to take the child from the family child care home;
 5. Names, addresses, and telephone numbers of persons who can assume responsibility for the child in the event of an emergency if the parent(s) or guardian(s) cannot be reached immediately;
 6. Names, addresses, and telephone numbers of the child's health care provider, dentist, pedadontist, and hospital of choice, if applicable;
 7. Health admission information, including a health care plan, chronic medical conditions, allergies, and immunization history, shall be provided to the child care provider the first day the child attends the family child care home;
 8. A dated, written authorization for emergency medical care signed and updated annually by the parent(s) or guardian(s);
 9. A written record of any serious accident, illness, or injury occurring during care must be retained in each child's record, with a copy provided to the parent or guardian;
 10. Written authorization, obtained in advance of the event from a parent or guardian, for a child to participate in field trips or excursions, whether walking or riding in an approved vehicle;
 11. Written authorization for media use including, but not limited to, television and video viewing, music, video games, and computer use. The authorization must include approved time limits. The authorization form only needs to be on file if media use is not addressed in the home policies and procedures statement; and
 12. Written authorization for special activities (see Section 7.714.1).
- B. All forms contained in the admission record must be current and accessible to providers, substitutes, and representatives of the State Department.
- C. The complete file for each child in care must be retained by the home for at least three years after the child leaves the home. It must be available without restriction to the licensing agency and to the child protective services worker, police, child's parent(s) or guardian(s).

- D. Except for the licensing authority, child protective services worker, police, and the child's parent(s) or guardian(s), children's reports and records and facts learned about children and their families must be kept confidential.

7.707.6 COMMUNICATION, EMERGENCY AND SECURITY PROCEDURES [Rev. eff. 4/1/15]

- A. The home must have a working unblocked telephone that has the capacity to receive all incoming and Reverse 911 calls, and record messages during child care hours.
1. The telephone must be on the premises in the general area of the primary provider.
 2. The telephone number must be made available to each parent and the licensing authority.
 3. The following emergency telephone numbers must be posted near the telephone:
 - a. 911 or the alternate emergency number for local fire or police;
 - b. Name and phone number of at least one (1) designated emergency substitute for the provider;
 - c. Name and physical address of the family child care home;
 - d. Hospital or emergency medical clinic;
 - e. Local health department;
 - f. Rocky Mountain Poison Center number at 1-800-222-1222; and,
 - g. Location of children's personal emergency numbers.
 4. The telephone and alternative emergency telephone numbers for parent(s) or guardian(s) and other authorized emergency contacts of each child in care must be accessible in one designated place.
 5. If 911 is not available, the provider must have a plan for accessing emergency transportation at all times.
 6. The provider or substitute must notify parent(s) or guardian(s) when accidents, injuries, or illnesses occur.
 7. Emergency health care providers' numbers must be accessible in one designated place.

B. Release of Children

The provider must release the child only to the person(s) to whom the parent or guardian has given written authorization. Written authorization must be maintained in the child's record. In an urgent and/or emergency situation, the child may be released to a person twelve (12) years of age or older for whom the child's parent or guardian has given verbal authorization. If the provider who releases the child does not know the person, picture identification must be required to assure that the person is authorized to pick-up the child.

C. Sign In/Out Procedure

The provider must maintain a daily sign in/out method containing the date, the child's name, the time that the child arrived at and left the home, and the parent, guardian, or authorized person's signature. A full signature is required by the parent or guardian every time the child arrives at or leaves the home. The provider may sign in or out children who arrive directly from school or an activity as needed on a daily basis. The provider must use their full signature. The parent/guardian must provide a signature on a weekly basis to verify the record.

D. Visitors

Visits from all non-family members to the home must be on the sign in/out log, including the name, date, and arrival/departure times.

7.707.7 CHILD CARE SERVICES

7.707.71 Health Care, Medication, Communicable Disease, Sun Protection, Second Hand Smoke, and First Aid Supplies [Rev. eff. 6/1/12]

A. Statements of Health Status and Immunization

1. At the time of admission, the parent or guardian must provide the following information to the provider for each child entering the home:
 - a. Health information, including any known allergies, medication being taken and possible side effects, special diets required, and chronic health conditions;
 - b. Information and health care plan on the care of each child who has an identified health condition or developmental concerns, including, but not limited to seizures, asthma, diabetes, allergies, heart or respiratory conditions, and physical or emotional disabilities; and,
 - c. Documentation of immunization status or exemption, including month and year each immunization was administered. Immunizations must be updated and recorded as specified on the certificate of immunization or alternate certificate of immunization as supplied and approved by the Colorado Department of Public Health and Environment. Colorado law requires that proof of immunization be provided prior to the first day of admission.
2. Within thirty (30) days after admission, and within thirty (30) days following the expiration date, the parent or guardian of each child must submit a statement of the child's current health status or written verification of a scheduled appointment with a health care practitioner. The statement of the child's current health status must be signed and dated by a health care provider who has seen the child within the last twelve (12) months, or within the last six (6) months for children under two and one-half (2-1/2) years of age. The statement must include when the next visit is required by the health care provider. All health statements must be kept at the licensed child care home.
3. If the parent or legal guardian of a child wishes an exemption from the requirement for immunizations due to religious or personal beliefs, the child's parent or legal guardian, must complete and sign the current Colorado Department of Public Health and Environment immunization card which states the reason for such an exemption. The home has the right to refuse to admit any child if a completed current immunization card is not submitted.

4. Parent(s) or guardian(s) must be notified in the written policies if the provider's children are non-immunized, if children attending facility are non-immunized, and if children with personal and religious exemptions to immunization are accepted in care.
 5. Statements of health status of children under two (2) years of age must be updated in accordance with the national pediatric recommended schedule for routine health supervision or as required in writing by health care provider.
 6. Health statements for children over two (2) years to seven (7) years of age must be updated annually.
 7. For children seven (7) years of age and older, health statements must be updated every three (3) years as long as the children are in care.
- B. Emergency Medical Care
1. The provider must obtain written authority to arrange for emergency medical care for each child. Written authorization to obtain emergency medical care must be on file prior to or on the first day of admission and must be re-authorized annually.
 2. In the event of injury or illness, the affected child must be separated from the other children in the room or area where child care is being provided and made as comfortable as possible. First Aid care must be provided as required. If additional care, medical attention, or removal from the home is indicated, the child's parent or guardian must be contacted by telephone, if possible, and medical assistance obtained without undue delay.
- C. Medication
1. Any routine medication, prescription or non-prescription (over-the-counter), homeopathic or vitamin, may be administered by the provider only with a current written order of a health care provider with prescriptive authority and with written parental consent. Home remedies may never be given to a child.
 - a. If the routine medication involves; the administration of unit dose epinephrine, the administration must be accompanied by a written individual health care plan by the prescribing health care provider that identifies the factors for determining the need for the administration of the medication, and is limited to emergency situations.
 - b. If the routine medication involves the administration of a nebulized inhaled medication, the administration must be accompanied by a written health care plan by the prescribing health care provider that identifies the factors for determining the need for the administration of the medication.
 - c. Topical preparations used for prevention on unbroken skin including, but not limited to, petroleum jelly, diaper rash ointments, sunscreen, and insect repellent can be administered solely with written parent authorization. Topical preparations used as treatment on open wounds or broken skin must have a written order from a prescribing health care provider in addition to parent authorization.

2. The provider can accept such medicines only in the original container. Prescription medicine containers must bear the original pharmacy label that shows the prescription number, name of medication, date filled, physician's name, child's name, and directions for dosage. When no longer needed, medications must be returned to the parent or guardian or destroyed.
 3. Over-the-counter and homeopathic medication must be labeled with the child's first and last name. The provider can administer medication only to the child whose name appears on the written order from the prescribing health care provider.
 4. All providers who administer medication must have daily face-to-face verbal contact with parents of children needing medication and must be currently trained through the State Department-approved medication administration course and must administer medication in compliance with the concepts taught in the course.
 5. Medication must be stored in a locked cabinet, cupboard, or locked box so that it is inaccessible to children. If refrigeration is required, it must be stored in a leak-proof container in a designated area of the refrigerator separated from food.
 6. Medication must be administered, documented and disposed of in accordance with the State Department approved training in medication administration.
 7. A written medication log must be kept for each child. This log is a part of the child's record. The log must contain the child's name, time medication was given, name of the medication, dosage and route, special instructions, name or initials of the individual giving the medication, notation if the medication was not given, and the reason.
- D. Control of Communicable Illness
1. When a child in care, resident of the home or provider has been diagnosed with a reportable communicable illness, including, but not limited to, chicken pox, hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, giardia, tuberculosis, and shigella, the provider must immediately notify the parents or guardians of all children in care and report to the local county department of health or the Colorado Department of Public Health and Environment.
 2. Any individual diagnosed with a reportable communicable illness must be excluded from contact with children in care at the home for a period of time determined by the individual's health care provider or by the local health department.
- E. Sun Protection
1. The provider must inform the parent or guardian, through the policies and procedures statement or an authorization form, that sunscreen will be applied to the children's exposed skin prior to outside play. A doctor's permission is not needed to use sunscreen at the home. When a parent or guardian supplies sunscreen for an individual child, the container must be labeled with the child's first and last name. If sunscreen is provided by the provider, parents must be notified in advance, in writing, of the type of sunscreen the provider will use. Parent(s) or guardian(s) must notify the provider if sunscreen has been applied to the child's skin prior to arriving at the home. Sunscreen must never be applied to an infant's skin.
 2. Children over four years of age may apply sunscreen to themselves under the direct supervision of the provider.

3. Sunscreen used must be full spectrum UVA/UVB with an SPF of thirty or greater and applied according to manufacturer's instructions.

F. First Aid Supplies

Supplies must be maintained and stored in an area inaccessible to children. Supplies shall include band aids, tape, gauze, disposable gloves and compression bandages.

7.707.72 Personal Hygiene, Hand Washing and Bathing, Diapering and Toileting, and Cleaning Toys [Rev. eff. 1/1/10]

A. Hand Washing and Bathing

1. All providers must wash their hands thoroughly with soap under warm running water, when available, and dry with an individual use and/or single use disposable towel before preparing, serving, and eating food; before administering medication; after helping a child with toileting or diapering; after provider's own toileting; after wiping a child's nose; whenever possible on field trips, at a park, or at another location away from the home; after handling animals, their toys, or food and water bowls; after contact with bodily fluids or secretions; and, any other time the hands become soiled or contaminated.
2. All children must wash their hands thoroughly with soap under warm running water, when available, and dry with an individual use and/or single use disposable towel; before preparing and eating food; after toileting or diapering; after wiping his/her nose; whenever possible on field trips, at a park, or at another location away from the home; after handling animals, their toys, or food and water bowls; after contact with bodily fluids or secretions; and, any other time the hands become soiled or contaminated.
3. The hand washing area should promote self-help skills to include, but not be limited to, step stools, soap, and towels accessible to children.
4. If paper towels are not used, each child shall have an assigned towel that is used consistently, doesn't touch other towels, and is laundered weekly or more often if needed.
5. Children's towels and drinking cups must not be shared.
6. Hand washing areas shall be routinely disinfected when visibly dirty or prior to use different from hand washing.
7. Hand sanitizers and wipes are not acceptable alternatives to hand washing, except on outings where running water may be unavailable. Alcohol based hand sanitizers shall not be used for children under three (3) years of age.
8. When a child is bathing, the bath water must be between ninety (90) and one hundred (100) degrees. Children under five (5) years of age must not be left unattended while being bathed.

B. Diapering and Toileting

1. The home must have a designated diaper change area for all children in need of diaper changing. The diaper change area must:
 - a. Have a smooth, durable, nonabsorbent, and easily cleanable surface; and
 - b. Be large enough to accommodate the size of the child being changed.

2. The following procedure must be followed each time a diaper is changed:
 - a. Soiled or wet diapers and clothing must be changed promptly and be replaced with clean diapers and clothing whenever necessary;
 - b. The child must be placed on a clean, sanitized, dry changing table or mat;
 - c. Providers must use single use disposable gloves;
 - d. Use closest hand washing sink to the diaper changing area that is not used for food preparation;
 - e. Children's hands must be washed with soap and water after diapering;
 - f. Providers must clean and disinfect the diaper changing area after each diaper change;
 - g. Providers must vigorously clean all parts of their hands with soap and warm running water and dry their hands with individual paper or cloth towels after diapering each child;
 - h. During child care hours, clothing soiled by bodily fluids must be placed in a leak proof container. The container must be stored inaccessible to children and sent home on a daily basis;
 - i. Parent(s) or provider(s) must provide extra clothing;
 - j. For each child who is learning to use a toilet, the provider must accommodate the child's individual developmental abilities and needs, in accordance with nationally recommended procedures, and as contained in the provider's written policies and procedures;
 - k. Toilets must be flushed between uses; and
 - l. If potty chairs are used, all parts of the potty chair must be disinfected immediately after each use.
- C. Cleaning Toys
 1. Toys that are not mouthed or otherwise contaminated by body fluids shall be cleaned and sanitized at least once a week and whenever visibly soiled.
 2. Toys that are placed in children's mouths or are otherwise contaminated by body fluids shall be cleaned and sanitized prior to use by another child.

7.707.73 Food and Nutrition [Rev. eff. 1/1/10]

- A. A nutritious snack or meal must be offered during the midmorning and mid-afternoon hours. A mid-day meal must also be provided and must meet at least one-third (1/3) of the child's daily nutritional needs as required by the USDA child and adult care food program meal pattern requirements. Arrangements must be made for feeding children who are in care before 6 a.m. or after 6 p.m.
- B. Food must be offered to children when they are awake at intervals not more than three hours apart.

- C. Food must be wholesome and nutritious and stored in a safe and sanitary manner. A wide variety of foods, including fresh fruits and vegetables and whole grain products must be provided to children to ensure adequate intake of dietary fiber, vitamins, minerals, and other important nutrients.
- D. If the provider does not regularly provide meals, the provider must supplement children's meals that are inadequate with foods to meet the nationally recognized meal pattern requirements.
- E. Provider(s) and parent(s) must have ongoing communication regarding special diet and feeding needs of the child(ren).
- F. Foods offered shall be age appropriate and not pose a choking hazard.
- G. Children are encouraged, but not forced, to eat food or drink fluids.
- H. Children with special needs are included in regular meal areas and routines.
- I. All milk and juice offered to children must be pasteurized.
- J. Juice must be limited to one (1) serving a day. Sweet type foods must be limited to no more than two (2) servings per week.
- K. Water must be offered and available at all times and cannot be a substitute for milk during meals.
- L. Food must be offered to the child from the child's individual dish and utensil(s). If uneaten portion(s) from the child's plate are saved, they must be refrigerated and stored safely and must be served, eaten, or discarded within four hours of being prepared.
- M. Children must not be given foods that are contrary to the religious beliefs of their families or that are known to cause an allergic reaction or a health hazard.
- N. Dishes, cookware, high chair trays and utensils must be washed, sanitized, and stored in a safe and sanitary manner. When used, disposable dishes and utensils must be disposed of after use. Food preparation and service areas including, but not limited to, sinks, faucets, counters, and tables must be sanitary.
- O. Bottles and Formula
 - 1. Bottles of milk, formula or breast milk must never be warmed or thawed in a microwave oven. Infant formula and breast milk cannot be reused. If a child does not finish the bottle of formula or breast milk within one (1) hour, the contents must be thrown out.
 - 2. If the infant is breast fed, the provider must not offer formula, water, or other liquids without discussing substitutions or supplementation with the infant's parent.
 - 3. The provider must make an area in the home available for a breast feeding mother to breast feed her infant while visiting the home during business hours.
 - 4. All infants unable to hold their own bottles must be held by the provider during bottle feedings and should be held so they can see the face of the provider if it is appropriate for the child.
 - 5. Infants and toddlers must not be allowed to hold their own bottles or sippie cups when lying flat to prevent choking, ear infections, bottle mouth or tooth decay.

6. There must be a sufficient supply of bottles provided for the entire day; or, if bottles are to be reused, they must be washed, rinsed, and sanitized after each use.
7. Commercially prepared formula must be mixed in accordance with the directions of the manufacturer or the child's health care provider.
8. Each bottle must be marked with the child's name when there is more than one (1) child in care that drinks from a bottle.

P. Solid Foods

1. At a minimum, meals and snacks provided for infants under the age of one (1) year must contain the foods listed in the USDA child and adult care food program meal pattern for infants.
2. Foods must be appropriate for infants' developmental stages as determined by instructions obtained from the infant's parent(s), guardian(s), or health care provider.
3. No new foods shall be introduced to children under twelve (12) months of age without parental permission.
4. Infants who are eating solid foods shall be provided with developmentally appropriate solid foods that encourage freedom in self-feeding.
5. Provider(s) must either feed infants and toddlers or directly supervise them while they are eating.
6. Honey and products containing honey must never be served to infants under twelve (12) months of age.

7.707.74 Direct Care of Children

7.707.741 Supervision [Rev. eff. 1/1/10]

- A. The primary provider must supervise and know the location and activity of all children at all times while they are in care.
- B. The provider's own children who are age twelve (12) years of age and over may each have one (1) friend over during child care hours if the following conditions are met:
 1. The visiting children are not present for supervision; and,
 2. The visiting children can immediately be sent home if needed; and,
 3. The visiting children must be age twelve (12) years or over; and,
 4. Visiting children must not compromise or participate in the care and supervision of children.
- C. The provider may have other children over on occasion if the following conditions have been met:
 1. The visiting children are under the active supervision of their parent or guardian or their own child care provider; and,
 2. The square footage requirements for the home accommodates all children present.

7.707.742 Physical Care [Rev. eff. 1/1/10]

- A. Children must be provided a developmentally appropriate environment.
- B. Provider(s) must provide for children's appropriate care and well-being, taking into consideration the individual needs of each child.
- C. Throughout the day, each child must have frequent, individual personal contact and attention from an adult, such as being held, rocked taken on walks inside and outside the home, talked to, and sung to.
- D. Infants in care who are unable to hold a bottle must be held during bottle feedings.
- E. Infants must be held frequently while in care.
- F. Provider(s) must pick-up children appropriately around their upper chest and under their arms, and based on the developmental needs of the child.
- G. Children leaving the family child care home for school or other activities must be dressed appropriately to protect the health and safety of children for the weather.
- H. Provider(s) must respond to the needs of a child, including, but not limited to: crying, toileting, hunger, and thirst. The timing of the response must not result in physical harm to the child.
- I. Providers must investigate whenever children cry.
- J. Providers must develop/provide an environment that minimizes the risk to children from hurting themselves or each other.
- K. Greetings/Departures
 - 1. Children should be greeted individually and pleasantly upon arrival and departure.
 - 2. Parent(s) or guardian(s) shall be allowed access to their children and all approved and licensed areas at all times.
 - 3. When necessary, upon arrival and departure, the parent or guardian and provider shall share information related to the child's health and safety including, but not limited to, special diets, accident reports, specific fears, and family traumas.
- L. Providers must not use any controlled substance or consume any alcoholic beverage during the operating hours of the facility or be under the influence of a controlled substance or alcoholic beverage during the operating hours of the facility, or use any substance that impairs their ability to care for children.
- M. Providers, substitutes, visitors, volunteers, and residents of the provider's home who consume or are under the influence of alcohol are not permitted to work with children or be in the area used for child care during business hours.
- N. Illegal drugs or paraphernalia must never be present on the premises of the child care home.

7.707.75 Sleep and Waking Time [Rev. eff. 4/1/15]

- A. Children must be allowed to form and observe their own pattern of sleep and waking periods. Provision must be made so that children requiring a nap time have a separate area for their nap away from other children currently playing.
- B. Children who are awake must not be confined for more than thirty (30) minutes at a time to cribs, high chairs, swings, playpens or other equipment that inhibit freedom of movement, unless they are eating. Confinement must never be used as a form of discipline. They must have an opportunity each day for freedom of movement, such as creeping, crawling, or walking in a safe, clean open, uncluttered area.
- C. The provider must provide a rest period for all preschool-age children remaining in the home for longer than four (4) hours. A rest period and rest equipment must also be provided for older children who require a rest time.
- D. Rest or sleep periods must be scheduled appropriately for the age and development of the child(ren) and not forced. Children who do not sleep after thirty (30) minutes must be provided with developmentally appropriate alternative activities. Infants and toddlers must be placed in their approved sleeping equipment within ten (10) minutes of falling asleep, unless being held by the provider, while being transported on a field trip, or if children are not at the provider's home.
- E. Toddlers, preschoolers, and older children, as necessary, must have a suitable mat not less than two inches thick, cot, bed, or sofa, with a clean washable sheet that has been sanitized between uses by different children. Children must be provided with a clean blanket.
- F. During rest/nap time the provider must remain alert and supervise all children by sight or sound. The atmosphere should be calm and conducive to rest or sleep.
- G. **Safe Sleep Training for Family Child Care Staff**

All staff who work with infants must complete Department-approved safe sleep training prior to working with infants and on an annual basis
- H. **Safe Sleep Environments for Infants**
 - 1. Each infant up to twelve (12) months of age must be provided with an individual crib or futon approved for infants or other approved sleep/rest equipment meeting Consumer Product Safety Commission (CPSC) standards.
 - 2. In the infant room, soft bedding or materials that could pose a suffocation hazard are not permitted in cribs, futons approved for infants or other approved sleep/rest equipment.

Soft bedding means, but is not limited to; any soft sleep surface like bumper pads, pillows, blankets, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, plush toys, and stuffed animals.
 - 3. Infants must be placed on their back for sleeping.
 - 4. Alternative sleep positions for infants must only be allowed with a health care plan completed and signed by the child's physician.
 - 5. Swaddling of infants must only be allowed with a health care plan completed and signed by the child's physician.

6. Each infant up to twelve (12) months of age who uses a pacifier must have the pacifier offered when being put down to sleep, unless the parent directs otherwise.
7. All sleep/rest equipment must be safe, sturdy, and free from hazards including, but not limited to: broken or loose slats, torn mattress, chipping paint or loose screws.
8. Approved sleeping equipment mattresses must be firm and must fit snugly ensuring no more than two adult fingers are able to be inserted between the mattress and the side of the approved sleeping equipment.
9. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of sleeping equipment must be kept away from sleeping infants and out of sleep environments, including hanging toys. Blankets and other items must not be hung from or draped over the sides or any part of sleeping equipment.
10. Drop side and stacking cribs are prohibited.
11. Infant monitors must be used when infants are sleeping in a separate room out of the direct supervision of the primary caregiver. When in use infant monitors must meet the following conditions:
 - a. The sound monitoring equipment must be able to pick up the sounds of all sleeping infants;
 - b. The receiver of the sound monitoring equipment must be actively monitored by the primary provider or staff member at all times;
 - c. All sleeping infants must be physically observed at least every ten (10) minutes by the primary provider or a staff member; and
 - d. Sound monitoring equipment must be regularly checked to ensure it is working correctly.
12. Infants who fall asleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, sofa, adult futon, adult bed or ANY other piece of equipment not approved for sleep must immediately be moved to their approved sleep area and placed on their back to sleep.
13. Cribs must be used for sleeping, not extended play or confinement.
14. Children who are awake must not be confined for more than fifteen (15) minutes at a time to cribs, playpens, swings, high chairs, infant seats, or other equipment that inhibits freedom of movement. Children who are actively eating may be in a high chair or other approved feeding equipment for longer than fifteen (15) minutes. Children must be moved once feeding is complete.
15. If music is played in the infant sleep area, the music must not be played at a loud volume that would prevent infants from being heard by the caregiver(s). Music equipment must not be placed under a crib or within three (3) feet of the sleeping infant.
16. Supervised tummy time be offered to infants one month of age or older up to twenty to thirty (20-30) minutes per day. If the infant falls asleep during tummy time, immediately place him/her on their back in approved sleeping equipment.

17. When the caregiver places infants in approved sleeping equipment for sleep, they must check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed. Clothing sacks or other clothing designed for sleep must be used in lieu of blankets if needed for additional warmth.
 18. Infants must not be placed to sleep in the same crib or futon as another infant or child, and must never sleep with an adult in a bed, on a couch, or in any other setting or manner.
- I. The facility must have policies, and ensure they are followed for safe sleep environments for infants.
 - J. The facility must have a policy, and ensure it is followed on the protection of infants from second hand smoke.

7.707.76 Overnight Care [Rev. eff. 1/1/10]

- A. Regular overnight care (care that past midnight) of children is permitted only when licensed to do so.
- B. All children in care must be provided with a comfortable cot, crib, bed, or couch suitable for the child's age, two (2) sheets, and a suitable warm covering. At least forty (40) square feet of floor space must be available for each bed. Beds arranged in parallel must be at least two (2) feet apart.
- C. Sheets must be changed weekly, between use by different persons, and more frequently if needed. No provider shall knowingly allow a child to sleep in a wet bed.
- D. Children's faces and hands must be washed, teeth brushed, and children must change into comfortable clothing for sleeping. Extra sleepwear must be available in the event that a change is necessary.
- E. When the provider goes to sleep, the provider must sleep on the same level of the home where children under eight (8) years of age are sleeping.
- F. Written permission must be obtained from parent(s) or guardian(s) on where the child sleeps, whether the child shares a room with another individual, and the equipment that the child is sleeping on.

7.707.8 GUIDANCE, LEARNING ACTIVITIES, MATERIALS AND MEDIA USE

7.707.81 Guidance [Rev. eff. 1/1/10]

- A. At the time of admission, the provider shall discuss with the parent or guardian the home's guidance expectations and consequences of a child's behavior.
- B. Guidance must be appropriate to the developmental age of child, constructive or educational in nature, and may include such measures as diversion, separation, talking with the child about the situation, praise for appropriate behavior, and gentle holding.

- C. Children must not be subjected to physical or emotional harm or humiliation. The provider must not use, or permit anyone else to use, corporal or other harsh punishment, including, but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of discipline.
- D. Physical, mechanical, and chemical restraint shall never be used.
- E. Guidance must not be associated with food, rest or toileting. Children must not be punished for not resting or sleeping, toileting accidents, failure to eat all or part of meals or snacks, or failure to complete an activity. Food or drink may not be denied or forced upon children as a disciplinary measure.
- F. Meals and snacks can be temporarily postponed or provided individually, but deprivation of meals, snacks and beverages must not be used as punishment.
- G. Separation, when used as guidance, must be brief and appropriate for the child's age and circumstances. The child must be in a safe, lighted, well-ventilated room within hearing and vision of the provider or other qualified adult. Children must never be isolated in a locked room, attic or closet area.
- H. Verbal or emotional abuse and derogatory remarks about any child and/or any child's family and home environment is prohibited.
- I. The provider or approved substitute is responsible for and shall supervise all guidance used within the home. The provider must not allow one child to punish another child.
- J. A child must not be punished for the actions of a parent or guardian. This includes, but is not limited to, failure to pay fees, failure to provide appropriate clothing, failure to provide materials for an activity, or any conflict between the provider and the parent or guardian.

7.707.82 Learning Activities [Rev. eff. 1/1/10]

- A. Talking with children is generally social and not limited to only custodial or control speech.
- B. Children must be encouraged to relate or to communicate with each other and with adults using developmentally appropriate behavior.
- C. Provider(s) shall respond to children's attempts to communicate, using culturally sensitive eye contact and making an effort to create two-way conversation.
- D. Each child in care must be provided with an opportunity for both group and individual play.
- E. The provider shall encourage individual expression and adult directed projects shall be kept to a minimum, since children's work is varied and individual.
- F. Children shall not be forced to participate in activities; alternate developmentally appropriate activities shall always be available.
- G. Activities must be available to the children that are culturally sensitive and represent diversity in ethnicity, race, gender, and age. Variety shall exist in toys, books, and pictures.
- H. Boys and girls should not be restricted to specific roles in play.
- I. At least one (1) provider-initiated language activity shall be offered daily, such as reading, storytelling, flannel boards, or puppetry.

- J. The provider(s) shall initiate at least one (1) interactive musical activity weekly, such as singing, dancing, playing instruments, marching, listening to tapes or recordings, radios, and musical videos.

7.707.83 Materials [Rev. eff. 1/1/10]

- A. A selection of at least four (4) books must be available for the group of infants/toddlers in care.
- B. A selection of at least ten (10) books must be available for all children over two (2) years of age in care and must be organized and accessible to children most of the day. If children over five (5) years of age are in care, books relevant to that age of child must be included within the ten (10) books.
- C. Materials must be available to the children that are developmentally appropriate, culturally sensitive and represent diversity in ethnicity, race, gender, and age. Variety shall exist in toys, books, and pictures.
- D. At least four (4) language development materials appropriate to age of the children shall be available, such as telephones, puppets, story boards, dolls, and chalk boards.
- E. At least four (4) types of age-appropriate eye-hand materials shall be available for use daily which should include at least some of the following: crayons, paper, scissors, non-chokable small building toys, developmentally appropriate multi-size stringing beads, pegs, sewing cards and puzzles.
- F. Age-appropriate blocks and accessories shall be accessible for free play daily allowing at least two (2) children to play independently, yet simultaneously.
- G. A selection of at least four (4) types of developmentally appropriate nature or science related games, materials, or activities shall be available: natural object collections, plants, gardens, pets, magnets, magnifying glasses, or science props.
- H. At least four (4) types of developmentally appropriate math or number materials shall be available: counting objects, balance scales, rulers, number puzzles, magnetic numbers, and dominoes.
- I. At least four (4) types of art materials shall be available: crayons, pencils, markers, paints, play dough, scissors, and glue. Some art materials must be readily available each day.
- J. At least four (4) types of dramatic play materials shall be accessible for free play daily such as: backpacks, purses, hats, dress up clothing, housekeeping toys, dolls and accessories, toy telephones, play houses, toy animals, cars and trucks, costumes, and safe jewelry.
- K. Outdoor physical free play materials shall consist of at least four (4) age appropriate toys and equipment including, but not limited to, the following in good repair: push toys, riding toys, tossing toys, climbing equipment, balance boards, stationary swings, slides, balls, toss games, and sports equipment. These must be provided daily except in extreme weather, such as rain, snow, or extreme temperatures when indoor physical play may be substituted.
- L. Materials provided in large homes must be double the requirements for the regular home as listed above.
- M. Some sand or equivalent dry material or water play should be offered indoors or outdoors at least monthly and year round. If used, food and/or organic material must be discarded each week.

7.707.84 Media Use [Eff. 1/1/10]

- A. Media use including, but not limited to, television, video viewing, music, video games, and computer use should be permitted only with:
 - 1. The written approval of a child's parent(s) or guardian(s). The authorization may be included in the parent handbook or contract;
 - 2. Parent-approved time limits; and
 - 3. Activities must not contain violence, profanity, nudity, or sexual content, and must have a rating appropriate for the age of children in care.
- B. All children must be provided with a developmentally appropriate alternative activity once the child(ren) loses interest in the media activity.

7.707.9 FACILITY REQUIREMENTS AND TRANSPORTATION

7.707.91 General Requirements [Rev. eff. 1/1/10]

- A. The entire premises are subject to inspection for licensing and safety purposes including, but not limited, to the entire residence and where care is to be provided, the grounds surrounding the residence, the basement, the attic (if accessible), the storage shed, garage and/or carport, and any vehicles used for transportation of children in care.
- B. A business of a nature and any activity that might be hazardous to the health, safety, or well-being of children, or that interferes with the supervision of children, cannot be operated or conducted on the premises of the home during child care business hours.
- C. Mobile homes used as family child care homes must have at least two (2) exits, be secured, attached, skirted, and properly installed and stabilized.
- D. The premises of the family child care home must be kept safe and free from hazards to health at all times.
- E. All weapons must be locked and inaccessible to children. Ammunition and arrows must be locked and stored separately. This includes, but is not limited to, firearms, air rifles, bb guns, paintball guns, bows, hunting knives, swords, hunting sling shots, and martial arts weapons. Trigger locks are acceptable. Antique and other guns used for decoration must be unloaded, inoperable and have the firing pin removed. An unstrung bow need not be stored in a locked container. Weapons must not be transported in any vehicle in which children are riding unless the weapons are made inoperable and inaccessible. The provider, employees, and substitutes must know the location of any weapons in the home.
- F. All garbage and other wastes must be stored in a manner that is inaccessible to children and disposed of in a manner that does not constitute a health hazard or nuisance.
- G. Fire hazards, such as defective electrical or gas appliances and electric cords, dangerous or defective heating or cooking equipment, exposed wiring and flammable material stored in such a manner as to create a risk of fire must be corrected or eliminated.
- H. All stairways must be free from hazards, and those with more than five (5) steps must be equipped with banisters or handrails within reach of children. The slats on all railings must be no wider than four (4) inches apart or modified to prevent entrapment.

- I. Drinking and food preparation water from any source other than a regular municipal water supply or commercially bottled water must be tested annually and the results available for review. The water must be in compliance with water quality requirements of the Colorado Department of Public Health and Environment.
- J. Any provider's, employee's, substitute's, volunteer's, and/or visitor's animal(s) and/or fish that are dangerous, and/or pose a potential threat to a child's safety or health must be confined in a place away from the child care area and inaccessible to children. The provider's animals must be vaccinated as required by state law and local ordinance, and proof of vaccination must be available for review by the licensing specialist.
- K. Psittacine/hooks beak birds must be in a separate room inaccessible to children in care.
- L. Children must not be permitted to mistreat animals.
- M. All play equipment must be designed to guard against entrapment and strangulation. Swing sets and other outdoor play equipment must be correctly assembled, well maintained, and securely stabilized or anchored. All swings for children three (3) years of age and older must have seats made of flexible material.
- N. All exercise equipment must be inaccessible to children.

7.707.92 Indoor Requirements

7.707.921 General Indoor Requirements [Rev. eff. 1/1/10]

- A. There must be open, indoor play space of at least thirty-five (35) square feet of floor space per child, including space for moveable furniture and equipment exclusive of:
 - 1. Hallways;
 - 2. Bathrooms;
 - 3. Stairways;
 - 4. Closets;
 - 5. Laundry rooms;
 - 6. Furnace rooms; and
 - 7. Space occupied by permanent built-in cabinets and permanent storage shelves.
- B. The large home must provide sufficient floor space in the specific room(s) designated for use for child care that does not include space used by household furniture.
- C. One room or area in the home, within sight or sound of the provider, that contains a bed, cot or sofa must be available for a child in the event of an illness or injury where a child can be separated from other children and comfortably cared for. A crib or playpen with a pad must be provided for children under twelve (12) months of age. A clean, washable sheet and blanket must be provided for each child, and shall be cleaned and changed after each use by a sick or injured child.
- D. All floors must have an easily cleanable finish including, but not limited to: carpets, tile, wood or concrete.

- E. Interior walls must be free of holes and constructed of solid material with a smooth finish that can be easily cleaned. Painted finishes shall be maintained free from peeling, chipping or otherwise deteriorating paint.
- F. The home must be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy. The heating facility must be capable of maintaining a draft-free temperature of a minimum of sixty-eight (68) degrees Fahrenheit at floor level in all rooms used for child care.
- G. All rooms must be kept in a clean and sanitary condition and be free of any evidence of pest or rodent infestation.
- H. Stairways of more than four (4) steps that are accessible to children must have gates that prevent access from the area being used when children under two (2) years old are present. The gate may be taken down as long as the provider is providing direct supervision of the child who is learning climbing skills on the stairs. Because of the risk of serious physical injury to a child, providers, employees, substitutes, volunteers, and visitors must never lift children over the gates while on a stairway.
- I. Because of the risk of serious physical injury to a child, providers, employees, substitutes, volunteers, and visitors must never step over a gate while holding a child or lift a child over a gate.

7.707.922 Indoor Equipment, Materials and Furnishings [Rev. eff. 1/1/10]

- A. Toys, toy parts and any material accessible to children under three (3) years of age must be large enough that they cannot be swallowed or inhaled, to prevent a choking hazard.
- B. An adequate number of high chairs and other child size suitable equipment that meets nationally recognized standards must be provided when feeding each child under two (2) years of age.
- C. Children's use of walkers with wheels is prohibited unless specifically provided for a child's special needs as ordered in the child's health care plan.
- D. Furnishings and equipment in the area approved for child care must be in good repair.
- E. Furnishings for relaxation and comfort shall include, but not be limited to:
 - 1. Soft play areas, which may include rugs, carpets, mats, and cushions; and
 - 2. Clean and soft toys.

7.707.923 Indoor Safety [Rev. eff. 6/1/12]

- A. All hazardous items and materials must be inaccessible to children including, but not limited to, office supplies, matches, plastic bags, cleaning and laundry materials, medicines, perfumes, curling irons, adult sharp scissors and knives, cosmetics, shaving lotions, hair products, poisonous plants, and all items labeled by manufacturer as "keep out of reach of children.
- B. In rooms accessible to children, all electrical outlets and power strips must have protective covers, or safety outlets must be installed; all exposed light bulbs must have protective covers. Electrical cords must be in good condition and shall not pose a hazard, such as strangulation, falling or tripping.

- C. Window blind cords and coverings must be secured out of children's reach or otherwise made safe to prevent strangulation.
- D. During child care hours, fans that pose a safety hazard to children (such as dangling cords, fans that can be pulled onto the child, and those where the child can stick fingers in the blades) must be inaccessible to children.
- E. Although exterior doors can be locked, they must be maintained so as to permit easy exit; interior doors must be designed to prevent children from becoming trapped.
- F. No locks or fastening devices can be used that would prevent emergency evacuation.
- G. Any level where child care occurs must have two (2) means of escape. A basement exit may include a window large enough for the provider, employees, substitute, volunteers, visitors, and children to individually exit.
- H. If the window sill height is over thirty (30) inches, there must be permanent access to the window. This includes a ladder bolted to the wall or sturdy and easily climbed furniture or steps.
- I. Upper levels where child care occurs, without a second exit, must have escape ladders designed specifically for the purpose of evacuation of children.
- J. All heating units, unvented gas or electric, must be installed and maintained with safety devices to prevent fire, explosions, and other hazards. No open-flame gas or oil stoves, unscreened fireplaces, hot plates, or unvented heaters can be used.
- K. Any cooking stoves with controls within reach of a child shall have a safety guard.
- L. Flammable or combustible items must be stored in a locked area remote from the kitchen, at least three (3) feet from the furnace, hot water heater or any other heating device. These items include, but are not limited to, paints, fuels, insecticides, and other hazardous chemicals.
- M. A smoke detector in working condition must be installed on each level of the home.
- N. There must be a carbon monoxide detector installed in the area of the home as recommended by the manufacturer and in the area where children sleep.
- O. The home must contain at least one (1) fire extinguisher in working condition with the minimum weight of five (5) pounds, and minimum rating of 2A-10-BC. The fire extinguisher or identifying sign where the fire extinguisher is located must be highly visible and easily accessible.
- P. The use of indoor and/or climbing equipment indoors is subject to Section 7.707.932.

7.707.93 Outdoor Requirements

7.707.931 General Outdoor Requirements [Rev. eff. 1/1/10]

- A. At least seventy-five (75) square feet of useable outdoor play space must be available for each child.
- B. The outdoor play space must be enclosed with at least a forty-two inch (42") fence or natural barrier. If a natural barrier is used, it must begin no higher than three and one-half inches (3-1/2") from the ground. If the home does not have a fenced play space, provisions must be made for outdoor play in an area approved by the State Department.

- C. All parts of the play area must be visible and easily supervised.
- D. Shade must be available.
- E. Decks that are more than twelve (12) inches high must have or be modified to have a protective railing or other barrier with slats no wider than four (4) inches apart. Additionally, for decks installed at ground level with more than a twelve inch (12") gap between flooring and ground, the gap must be inaccessible to children.
- F. Tiered yards that have drop offs of more than twelve inches (12") must have a protective railing or other barrier with slats no wider the four inches (4") apart.
- G. All outdoor areas where children may pass or play shall be kept free of animal contamination. All animal wastes must be promptly removed and placed in a lidded container or otherwise inaccessible to children.
- H. Window wells accessible to children must have covers that are in good condition and will protect children from falling into the window well. Window well covers must not prevent exiting from a basement window designated as the second exit.
- I. Swimming pools, permanent wading pools, and above ground pools located on the property of the home must be enclosed with a five foot (5') fence and a locked gate.
- J. Water used by children in play areas, including wading pools, must be clean and not left to stand more than one (1) day.
- K. All hot tubs must have bolted and securely locked covers.
- L. Decorative ponds in the designated play area must use childproofing grates to prevent risk of drowning when there is no fence.
- M. The use of a trampoline by children in care is prohibited. If there is a trampoline on the property of the home, it must be stored in a way that makes it totally inaccessible to children.
- N. Tree houses must be inaccessible to children in care.
- O. Walkways must be cleared of snow and ice to provide safe entry and exit from the home.

7.707.932 Outdoor Equipment, Materials and Surfaces [Rev. eff. 1/1/10]

- A. Protective Surfacing Requirements
 - 1. All pieces of permanently installed climbing equipment must be surrounded by and have at least four inches (4") of a nationally recognized protective surface underneath the equipment.
 - 2. By December 31, 2010, all pieces of permanently installed playground equipment must be surrounded by and have at least six inches (6") of a nationally recognized protective surface underneath the equipment.
- B. Sand may be used as a protective surfacing when regularly raked, rototilled or replaced to retain its resiliency.

- C. If during any type of licensing visit the sand has become compacted and lost resiliency or depth, the provider must immediately replace the sand with one of the other approved protective surfacing materials.
- D. Portable climbing equipment over two feet (2') in height, whether indoor or outdoor, must be on a protective surfacing. No equipment can be placed on cement or grass.
- E. By December 31, 2010, all swing sets or permanent climbing equipment must ensure a minimum fall zone consistent with the nationally recognized standards.

7.707.933 Outdoor Activities [Rev. eff. 1/1/10]

- A. The home program must include outdoor play for all ages each day except when the severity of weather, including temperature extremes, makes it a health hazard or when a child must remain indoors as indicated in writing by a health care provider or in a health care plan.
- B. Developmentally appropriate supervision must be provided during outdoor play in the approved, adjoining fenced play area.
- C. Children playing in an unfenced area or any other outdoor play area, other than the required, approved fenced play area must be under direct supervision at all times.
- D. Children must wear helmets, wrist protection, and knee and elbow pads when riding a scooter, bicycle, skateboard, or rollerblades. Motorized riding toys are not permitted.
- E. All protective surfacing (excluding sand, wood chips, wood mulch, engineered wood fiber, pea gravel, synthetic pea gravel, and shredded rubber tires) and rubber mats must be manufactured for such use consistent with federal guidelines and be approved by the State Department.
- F. With written permission of the parent(s) or guardian(s), children in care shall be permitted to use the permanent pool in the presence of an adult who holds a current Red Cross basic lifeguarding certificate or equivalent, and is actively responsible for lifeguarding protection.

7.707.934 Outdoor Safety [Rev. eff. 1/1/10]

- A. Children must be directly and actively supervised near standing water including, but not limited to, fountains, buckets, wading pools, and animal troughs.
- B. All outdoor play areas shall frequently be surveyed and must be kept safe and free from hazardous materials or debris that could cause harm to children.
- C. Outdoor play space, including areas under decks must be free from safety hazards including, but not limited to, lawn mowers, tools, propane, gasoline, building scraps, and scrap metal. Gas grills with propane tanks must have a safety on/off knob on it.

7.707.94 Transportation [Rev. eff. 1/1/10]

- A. The driver of a vehicle used to transport children must follow required state laws, including possession of a current valid Colorado driver's license, automobile insurance, and meet the requirements of Colorado child passenger safety laws.
- B. At least one (1) adult in the vehicle transporting children must have a current State Department-approved First Aid and safety certificate that includes CPR for all ages of children. A First Aid kit must be available in the vehicle.

- C. Any child transported must be properly restrained in a child restraint system that meets the requirements of the Colorado child passenger safety law that requires:
1. Children must ride in a rear-facing child safety seat until they are at least one (1) year old and weigh at least twenty (20) pounds.
 2. Children ages one (1) to four (4) years and who weigh twenty (20) to forty (40) pounds must be restrained in a forward-facing car seat.
 3. Children at least four (4) years of age and are less than six (6) years old must continue to ride in a child restraint (unless they are fifty-five inches tall); typically, this is a booster seat; and
 4. Children between six (6) and sixteen (16) years old or are fifty-five inches (55") tall must be properly restrained in a seat belt.
- D. When any vehicle is used by the home to transport children in care, the following requirements must be met:
1. Each child under four years of age and weighs less than forty pounds must be properly fastened into a child restraint system in a seating position equipped with a safety belt or other means to secure the system according to the manufacturer's instructions;
 2. Two or more children must never be restrained in one (1) seat belt or child restraint system;
 3. It is the responsibility of the driver transporting children to ensure that such children are provided with and that they properly use a child restraint system or safety belt system;
 4. Children between six (6) and sixteen (16) years of age or are fifty inches tall or more must be instructed and monitored to keep the seat belt properly fastened and adjusted;
 5. Children, who are appropriately placed in a safety belt system according to state law, must be properly secured by the safety belt system. The shoulder belt must never be placed behind the back or under the arm. The lap belt must be secured low and tight across the upper thighs;
 6. Children under thirteen (13) years of age must never be transported in the front seat of a vehicle;
 7. Children must never be left alone in a vehicle;
 8. Children must be loaded and unloaded safely and out of the path of moving vehicles;
 9. The total number of passengers being transported shall never exceed the manufacturer's specifications;
 10. The provider cannot transport more children than any vehicle can safely accommodate with child restraint systems and seat belts that are properly installed in the vehicle;
 11. The seats of the vehicle must be constructed and installed according to the manufacturer's specifications;

12. Modifications to vehicles including, but not limited to, the addition of seats and seat belts must be completed by the manufacturer or an authorized representative of the manufacturer. Documentation of such modifications must be available for review;
 13. The vehicle must be enclosed and have door locks in proper working order;
 14. The vehicle must be kept in satisfactory condition to assure the safety of occupants. Vehicle tires, brakes, and lights must meet safety standards set by the Colorado Department of Revenue, Motor Vehicle Division (Section 42-4-236, C.R.S.) and
 15. At a large home, there must be at least one (1) adult supervisor, in addition to the driver, for nine (9) to twelve (12) children using the vehicle.
- E. The home must obtain written permission from the parent or guardian for transportation of the child.
 - F. If the child care home provides transportation to and from care, the provider must monitor the child between the vehicle and the child's home or another home authorized by the child's parent or guardian until the child is safely in the care of another adult.
 - G. Transportation arrangements for school-age children must, be by agreement between the home and the child's parent or guardian (e.g., whether the child can walk, ride a bicycle, or travel in a car). The home must exercise reasonable precaution to see that the children arrive at the home from school when expected and must follow up on their whereabouts if late. Written permission from a parent or guardian for the child to attend community functions after school hours must include agreements regarding transportation.
 - H. If transportation is provided between the home and school for school-age children, the required adult-to-child ratio and supervision must be maintained for children remaining at the home.