

Child care provider licensing committee

Minutes: November 13, 2025



The audio recording of this meeting can be found on dlbc.utah.gov and on the [Utah Public Notice website](#).

Members present: Jody Zabriskie, Tamara Thomas, Josh Koahou, Holly Kingston, Alan Rice, Monica Gailey, Alanna Brickley, Bree Murphy, Ariel Baker, Marissa Bernard, Mindy Brown, Joshua Koahou

Members excused: Astrid Arias

Executive secretary: Crystal Knippers

Welcome – Jody Zabriskie

- Committee roll call was conducted.

Minutes

- It was acknowledged that September meeting minutes were approved unanimously by email.

Committee vacancies

- We currently do not have any vacancies. However, the following seats have a term end date of June 30, 2026.
 - SEAT-14129 - A child development expert from the state system of higher education - currently held by Bree Murphy will become available in July 2026, pending whether she reapplies.
 - SEAT-15570 - A Parent with a child in center-based childcare (SLC) - currently held by Monica Gailey will become available in July 2026, pending whether she reapplies.
 - SEAT-15989 - An Owner or Director with an active Child Care Center license with at least five + years of experience - currently held by Tamara Thomas, reappointment eligibility is being reviewed.

Agency and committee report

- Office of Child Care (OCC) - Karrie Phillips
 - OCC administrative rule changes are open for public comment, primarily subsidy related.
 - A rule change was proposed that would allow high quality programs receiving a CMP to retain enhanced subsidy payments through the certification period.
 - Child Care Quality System (CCQS) revised framework has been finalized. High quality programs rating will go down with a higher extreme finding instead of automatic CMPs. New framework will be effective July 2026.
 - We anticipate programs that apply in March will be using the new application, they will have an anticipated effective date of July 2026 when this will all go public.
 - Applications for intensive coaching will open soon. Programs eligible have or will receive an email

from CCQS with more information, including dates and times of informational meetings. These will be held in mid-December, and attendance is required to be able to submit an application for intensive coaching.

- Utah Afterschool Network (UAN) – Holly Phillips
 - We are working to help co-host training on the Utah Statewide Immunization Information System on December 4th. The training will target afterschool programs receiving CCDF funding. Those programs will need to start collecting, recording immunization records.
 - Our Annual Wellbeing Institute will be held January 10, 2025. It will include holistic child wellbeing training with University of Utah presenters. This is open to anybody who would like to learn more.
 - Additional events coming up:
 - Northern Recharge will be February 21, 2025.
 - Virtual Rural Recharge so providers 80+ miles outside of the Salt Lake area can have a chance to join virtually if they prefer.
 - Annual Day on the Hill will be in February (Date TBD).

Check out our website for more information on these and other events that are going on.

- Office of Licensing (OL) – Travis Broderick
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Assignments

- Crystal: Resource Manuals
 - When you move over to childcare, under the Office of Licensing, there is now a direct link to the CCL training page. The resource manuals are now under the CCL training section on the dlbc.utah.gov website.
- Crystal: Link to guidelines
 - Corrective Action and CMP guidelines are now included in the online manuals.
- Crystal: Inspection Checklist
 - This checklist is available again upon request via email, post-inspection.
 - There was a language update. The check list now says items are reviewed or under review.
- Crystal: Public findings under appeal
 - Non-compliances are now withheld from the public view for 15 days during the appeal period.
 - If a program chooses to appeal a finding, the finding will be marked as under appeal and will not be public as well, while it goes through the internal review. If upheld and moved up to an

administrative hearing, it will be made public.

- This change fits in or goes above what many states are doing.
- Crystal: Medication Administration
 - Medications like inhalers or EpiPens may be accepted without original packaging if accompanied by a visible prescription label (e.g., photo attached to Ziploc).
 - Compliance requires documentation that includes the child's name, dosage, instructions, and expiration.
 - Blister packs are acceptable if labeled and accompanied by the prescription.
 - Monica – Clarification and official guidance on the rules for school-age children carrying their own medication are needed, particularly in the absence of the interpretation manual.
 - Crystal – The concern in ensuring the safety of the medication, specifically preventing access by other children for whom it is not prescribed. She offered to seek guidance from her team on how to follow rules while maintaining accessibility.
 - Josh - Stated in his opinion, life-saving medication should remain with the child. If current rules prohibit this, he recommends amending the rule to allow children to keep their medication accessible.
 - Monica – Requested clarification on the definition of staying with the child. Does this require the medication to be physically on the child (e.g., pocket or fanny pack), or is a backpack carried by the child considered sufficient?
 - Jody – noted that a formal discussion will be necessary should there be a recommendation to amend the current rule.
 - Josh – Shared that at camp where he previously worked, emergency medication was sent in a clear pencil pouch with the prescription information attached and kept inside the child's backpack, ensuring the medication was always accessible to the child.
 - Jody – As a provider who sometimes handles mixed age groups (school-age and preschool) she has concerns about allowing school-age children to carry medication knowing that a preschooler might gain access to it out of curiosity. She is also hesitant to place responsibility of safeguarding the item solely on the provider, as there may be a difference in how seriously a provider and an owner would handle the security of medication. She wants to prevent both accidental administration by unauthorized personnel and children getting into the item.
 - Bree – Wants to discuss the placement of medication, particularly for off-site activities. If teachers typically take an emergency backpack with them when leaving the classroom, maybe life-saving medication could potentially be kept in that bag. She also mentioned as a mother of a child with Type 1 diabetes, she strongly agrees that life-saving medication must be accessible to a child. While teachers are trained, many school-aged children are also trained to self-administer. She would like to discuss this further and potentially propose a motion to ensure medication protocols prioritize the safety of all children and providers.
 - Alanna – Supports adding this to our next meeting's agenda for discussion. She believes the issue has two aspects: prescription medications and over the counter medications, which require different management approaches. For prescriptions, she proposed a specific recommendation for each child, rather than a blanket one, given the nuances of individual needs. It could be a straightforward checkbox on school forms, indicating

that both parent and provider agree that self-carrying is the safest option. This is like current forms for inhalers and EpiPens. If a child doesn't feel safe self-carrying the default would be for staff to manage the medication.

- Crystal – Is concerned that the current broad requirement for medication to be on the child or immediately accessible, particularly in a toddler room, could inadvertently compromise safety. Given that we care for children from birth to age 12, a rule that works for a school-age child may not be appropriate for a toddler. The current rule already mandates that parents provide detailed guidance to the provider on dosing and administration. This inherent flexibility should already allow parents to specify the necessary proximity of the medication. We must remember that we would be out of compliance if the medication was kept farther away than the immediate response required by the parents' dosing instructions. If we are thinking of rewriting a rule, we need to look at all components, including the existing guidelines where parents dictate the dosing and immediacy of care.
- Josh – Agrees that it is essential to determine the appropriate age at which a child can safely and responsibly carry and self-administer their medication. Children need to develop the necessary judgment to correctly assess when an emergency is occurring. He recommends discussing age guidelines and developing training for providers to ensure they know when it is appropriate for a child to self-carry.
- Crystal – We currently have a requirement from the CCDF to provide training, and we are planning to update our materials to ensure full compliance with the CCDF guidelines. We can certainly add more detail to the training regarding proper permission, dosing, and other related specifics. The current training is located on dlbc.utah.gov under the childcare training section.
- Tamara – Is very interested in exploring the rules around accessibility for these devices. Her grandson has a sever peanut allergy and it's not always possible to store an EpiPen 48 inches above the floor while ensuring it remains readily accessible during an emergency. She welcomes and appreciates the opportunity to explore this discussion further, and agrees this topic deserves the time and attention to address it thoroughly.
- Jody – had a question regarding the risk level and potential solutions for medication administration, given we care for children of all ages. From a provider and risk management standpoint, she is curious about the possibility of storing medication in secure, accessible lockboxes rather than having children carry them. She is concerned if the prescription is in the hands of the child, it increases the legal and safety risk to her. She prefers the medication to be under the direct control of the provider. The provider could be trained on the importance of the medicinal needs and could quickly access using a key, ensuring it is readily available for the child when needed.
- Tamara – agrees that we need to address more creative ideas. Perhaps the teacher could carry the device, potentially in a fanny pack. While this might not strictly adhere to the 48-ich heigh requirement it addresses accessibility in practice. The use of keys makes her nervous, especially in an emergency situation. She would like to explore expanding the accessibility definition.
- Josh – believes keys are not safe and likes the idea of using a fanny pack for secure, portable storage. Suggested the board could consider a secure, designated container like a basket with a lid or a nice box as well.

- Crystal - stated that we need to strengthen the emphasis on following the correct dosing schedule, viewing it as equally important as ensuring the medication is inaccessible to children. She feels we're holding firm on the locked and stored requirement over the critical nature of the prescribed dosing. The responsibility is indeed on the provider to maintain inaccessibility while adhering to the necessary dosing. The existing rule already allows for a lot of what we are discussing, but we need further clarification and training on:
 - Immediate response medications
 - Ensuring medications are where they need to be
 - Supervision of children so the caregiver can respond immediately if a child needs medication and is properly trained to dose it.

The consensus of the committee is that the current rule is not clear and needs to be tightened up to remove any room for interpretation, as this may be a potential legal issue. This topic will be added to next month's agenda. This will allow the committee to vote on a recommendation that the Office of Licensing develop and propose tighter, clearer language for the medication section of the rule. This proposed language will then be presented for a vote.

- Holly made a motion for The Office of Licensing to bring back proposed language and add it to the new business items. Tamara seconded the motion. All other committee members were in favor.
- Crystal stated due to holidays and having to look at both the CCDF requirements and our legal stand on that as well as her having to look at our already in rule definition for accessible it may not be in January; it may be the March meeting.

Other Business

- Child to Caregiver Ratio
 - Monica asked if the Office of Licensing (OL) was considering removing the ability to have mixed two- and three-year-old groups, and/or reducing the older toddler ratio from 1:5 to 1:4. She noted that these potential changes would create significant operational and financial issues for programs and requested an update.
 - Crystal confirmed that the OL is currently following the existing rules regarding group size and ratios, as written in the rule. She stated no proposal has been discussed or raised within the office.
 - Crystal briefly shared and referenced the current rule, specifically mentioning the allowance for mixed-age groups and the current 1:5 ratio for older toddlers (18-23 months).

Public Comments

Action Items

- Medication accessibility will be added to the agenda under New Business for further discussion in January or March 2026.
- Crystal to review training materials and potential rule clarification.

Upcoming meetings

- January 8, 2025 (9:30 a.m. - 11:30 a.m.)
- A full calendar of upcoming meetings can be found on the [child care provider licensing committee webpage](#).

Reminders

- To add items to the agenda, please click [Request to add items](#)
- Committee meetings are conducted virtually, but members of the public are able to attend at a physical location upon request. To attend a future committee meeting in-person, please contact Crystal Knippers (cdknippers@utah.gov) no later than 48 hours prior to the start of the committee meeting.

Documentation

- [Committee by-laws \(2023\)](#)
- [Committee members](#)