Reservation Form
UAF RecCamp SUMMER 2018

PLEASE INDICATE WEEKS OF ATTENDANCE

<table>
<thead>
<tr>
<th>Attending:</th>
<th>Full/Half</th>
<th>Attending:</th>
<th>Full/Half</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>5/21-5/25</td>
<td>Week 8</td>
<td>7/9-7/13</td>
</tr>
<tr>
<td>Week 2</td>
<td>5/29-6/1</td>
<td>Week 9</td>
<td>7/16-7/20</td>
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<tr>
<td>Week 3</td>
<td>6/4-6/8</td>
<td>Week 10</td>
<td>7/23-27</td>
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<tr>
<td>Week 4</td>
<td>6/11-6/15</td>
<td>Week 11</td>
<td>7/30-8/3</td>
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<tr>
<td>Week 5</td>
<td>6/18-6/22</td>
<td>Week 12</td>
<td>8/6-8/10</td>
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<tr>
<td>Week 6</td>
<td>6/25-6/29</td>
<td>Week 13</td>
<td>8/13 &amp; 14</td>
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<tr>
<td>Week 7</td>
<td>7/2-7/3 &amp; 7/6</td>
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If attending half day, please indicate AM (7:30am to 12:30pm) or PM (12:30pm to 5:30pm)

Camper's Name: ____________________________________ Age:_______ Phone: ___________

Parent’s Name: ______________________ Email: _______________

Has child attended UAF Recreational Camp before? __________

PLEASE NOTE: This form is only to RESERVE a space at camp. Complete registration packet (including current immunization record) is REQUIRED before camper will be allowed to remain at camp. Registration packet is not required for returning campers, unless significant changes since last attendance.

Campers can be dropped off after 7:30am, and must be picked up no later than 5:30pm.

Camp fees

- $285 per week
- $260 per week for current SRC member
- Half days are $155 per week.

Special Weeks: Week 2 = $235, Week 7 = $170, & Week 13 = $120

Drop-ins are $70 for a full day; $35 for a half day (7:30am to 12:30pm or 12:30pm to 5:30pm). Drop-in availability cannot be confirmed in advanced.

DISCOUNTS: 10% off if you pay for four or more full weeks at one time. Weeks do not need to be consecutive, please pay in person to apply this discount

No refunds will be given for camp days that are not attended.

Please Online at https://mydraw.uaf.edu/ OR call 474-5886 to pay by credit card.

PRINT FORM, COMPLETE, AND MAIL, EMAIL or FAX (907-474-1998) TO:
UAF Recreational Camp
University of Alaska Fairbanks
P.O. Box 757450
Fairbanks, AK 99775-7450
UAF-Rec-Camp@alaska.edu

PAYMENT REQUIRED PRIOR TO CAMP ATTENDANCE
NO REFUNDS
UAF RecCamp

UAF RECREATIONAL DAY CAMPS
First and foremost thank you so much for choosing our camp for your child to grow, learn, and explore. Camp is a great way for children to stay active during school breaks, learn to improve on individual and team skills, experience new and varied recreational activities, have fun, and socialize in a safe and friendly UAF environment. The UAF RecCamp has been in existence since the summer of 1995 and continues to improve every year.

RECREATIONAL OPPORTUNITIES
The Student Recreation Center is a great place to hold a camp. We have use of 3 multi-purpose courts, a climbing wall, Patty Center swimming pool, Patty Ice Arena, outdoor field space, and numerous other areas to offer a wide range of activities.

CAMP STRUCTURE/SUPERVISION
Each child will be placed in small age appropriate groups with a camp counselor(s). Groups will participate in a new activity every hour for a well-rounded camp experience.

SPECIAL SITUATIONS
In order to best accommodate both you and your child, we ask that any unusual circumstances (late arrivals, doctor's appointment, special event, etc.) be communicated to the camp staff in writing. This information will prepare our staff for the safe release of your child at all times. If you need to drop off or pick up your child at a time other than the scheduled one, please come into the SRC office so our staff may assist you. The phone number is 474-6814 or 474-5886 to leave a message.

DROP OFF and PICK UP
Each camper will need to be signed in and signed out of camp every day by an authorized adult. A camp counselor will be located near the entrance of the Student Recreation Center (SRC) 1910 Tanana Loop, Fairbanks AK 99775.

Please do not arrive early as staff will not be available to assist your child. Parents who do not pick up their child within 10 minutes of the designated pick up time will be charged $25.00. This will continue to accrue following each 15 minutes past 5:30 p.m.

PARKING
In order to avoid congestion at camp drop off and pick up times, we ask that you park your vehicle in the parking lot or metered spaces if you need to talk with our staff.

ATTENDANCE
Parents are asked to please call the camp office, 474-5886, if your child will not be attending for any period of time.

MEDICAL
Please inform our staff of any special medical conditions your child may have by filling out the HEALTH HISTORY FORM. If you wish to meet our staff to discuss a medical condition, we will be happy to make arrangements. If your child needs to take medication during camp, please properly mark it and check it into the camp office. In the event that your child should become ill or injured during camp, every possible effort will be made to inform you of this situation. The camp staff is certified in CPR and First Aid, and they will take the necessary steps appropriate to each situation.

Required annual notification for nondiscrimination
The University of Alaska does not discriminate on the basis of race, color, creed, national origin, religion, age, sex, sexual orientation, gender identity, veteran status, physical or mental disability, marital status, changes in marital status, pregnancy or parenthood, genetic code or retaliation. This policy affects employment policies and actions, as well as the delivery of educational services at all levels and facilities of the University. For a full explanation of what laws apply and contact information on how to file a report visit http://www.uaf.edu/oed/civil-rights/notice-of-non-discriminat/
SUPERVISION
Camp Counselors will be directly supervising the groups. If an individual needs to be away from their group, they are required to check in and tell the camp counselor where they will be. Camp Counselors will be in close proximity to their group at all times.

SNACK & LUNCH TIME
There will be morning and afternoon breaks whenever each group decides. Please send multiple snacks for your child. Food and drinks will not be provided by the camp. We keep the campers running and they need a snack for extra energy. We encourage, but do not require, healthy snack options. Throughout the summer our parent newsletter will include great options to keep your children energized and hunger free.

Children who are enrolled in camp for both the morning and afternoon sessions should bring their own lunches. **No cold storage or microwaves are available.** Please make sure everything is marked.

Water is greatly needed. Encourage your campers to drink water throughout the day, counselors will remind them throughout the day, but it’s helpful if you reiterate this importance at home as well.

PERSONAL BELONGINGS
We ask that campers **DO NOT** bring in any form of digital equipment or any type of trading cards. This would include iPhone, iPod, telephones, MP3 players, CD players, hand held video games, Pokemon cards, baseball cards or whatever the “IN” thing is. If they do bring these items in they will not be allowed to access them during camp hours (7:30 AM - 5:30 PM).

CLOTHING
Children **MUST provide a second pair of shoes for inside the Student Recreation Center!** One pair for **indoors only** and one pair to be worn only outdoors. Please have them bring appropriate outdoor clothing, as we will spend as much time outside as possible.

BEHAVIOR OF CHILDREN
In order to ensure a safe, fun, and positive environment for all campers, disruptive and/or dangerous behavior by any child will receive immediate attention from our staff as outlined by our behavior guidance policy.

CAMP HOURS AND FEES
A full day of camp is 7:30am to 5:30pm. A half day of camp is either 7:30am-12:30pm, or 12:30pm to 5:30pm. A full week of camp is $285 for non-SRC members; $260 for current SRC members. A full week of half days (7:30am-12:30pm or 12:30pm-5:30pm) is $155. Drop-ins will be allowed when available: $70 for a full day a $25 fee will be applied to campers that are picked up after 5:30pm.

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**Required annual notification for nondiscrimination**
The University of Alaska does not discriminate on the basis of race, color, creed, national origin, religion, age, sex, sexual orientation, gender identity, veteran status, physical or mental disability, marital status, changes in marital status, pregnancy or parenthood, genetic code or retaliation. This policy affects employment policies and actions, as well as the delivery of educational services at all levels and facilities of the University. For a full explanation of what laws apply and contact information on how to file a report visit [http://www.uaf.edu/oeo/civil-rights/notice-of-non-discriminat/](http://www.uaf.edu/oeo/civil-rights/notice-of-non-discriminat/)
UAF RecCamp
PARENT AUTHORIZATION/CONSENT FORM

Child’s Name: ___________________________ DOB: _______ Home phone: ____________

Parent’s Name: _________________________ Day phone: _______________ Cell: ___________

Parent’s Name: _________________________ Day phone: _______________ Cell: ___________

Mailing Address: ____________________________

If not available in an emergency, please notify:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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Authorized pick-up people are: (including parents)

1. ___________________________  2. ___________________________  3. ___________________________

4. ___________________________  5. ___________________________  6. ___________________________

In the event of any emergency and someone not listed must pick up your child, please call the SRC 474-5886 and inform the DIRECTOR. Please do not send anyone to pick up your child whom your child will not recognize.

Authorization for my child to walk/bike home
My child has permission to leave the UAF Outdoor Adventure Camp site and walk/bike home without adult supervision. I understand that UAF and its staff are not responsible for my child’s safety after this time. Walkers/ bikers are not to leave the SRC before 4:00pm unless a signed note has been sent by the parent.

Parent/Guardian Signature: ___________________________ Date ______________

Field Trip Consent
I/We give permission for my/our child to attend camp and participate in all phases of the UAF Youth Adventure Camp program including off-campus field trips if they apply. Weekly field trips include climbing, canoeing, hiking, and mountain biking off campus as well as the driving necessary to get to those sites. I understand that the staff will take every precaution and care to ensure my child’s safety. Adults accompanying the group will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with state licensing regulations. By signing below I am granting my child permission to attend weekly field trips and agree to the terms discussed above.

Parent/Guardian Signature: ___________________________ Date ______________

Please note, Emergency Consent Authorization is good for 6 months and must be updated following this period!
UAF RecCamp

ACTIVITY WAIVER for ____________________________ (child’s name)
I accept and acknowledge that the activities my child will participate in involve several inherent
risks of bodily injury. In consideration of the right to participate in the following activities, I
waive and release any and all rights and claims for damage I may have against the University of
Alaska, its Board of Regents, employees and agents, for any and all injuries suffered by my child
while participation in activities listed below unless such injury is caused by the gross negligence
of the University of Alaska. I give my consent to emergency treatment, including hospitalization
as may be needed for the welfare of my child.

NOTE: Your child cannot participate in any
camp activity unless you have each activity initialed.

HIGH RISK ACTIVITIES

_____ Climbing Wall

_____ Swimming

MODERATE RISK ACTIVITIES

_____ Basketball

_____ Badminton

_____ Bowling

_____ Broomball

_____ Creative new games

_____ Dodgeball

_____ Floor Hockey

_____ Ice Skating

_____ Lacrosse

_____ Play with parachute

_____ Racquetball

_____ Sledding

_____ Soccer

_____ Softball

_____ Fort Building

_____ Table Tennis

_____ Tennis

_____ Ultimate Frisbee

_____ Volleyball

_____ Kickball

Is there specific information regarding any of the activities that would be helpful for us to know?

__________________________________________

Parent’s Signature: ___________________________________ Date: ______

12/17/2014
UAF RecCamp

BEHAVIOR GUIDANCE FORM

In order to guarantee a safe, positive and enjoyable environment for your child as well as the other children in the program we are utilizing the following discipline plan. The camp staff has the responsibilities to carry out this system. Praise and recognition of good behavior are built into the everyday plan. Behavior modification plans have been developed in order to help each child CHOOSE to behave appropriately.

We are here to plan and lead activities that are safe, creative, and fun for the children, which will give you a peace of mind about their participation at the UAF Summer RecCamp. Therefore, no child’s behavior should interfere with our right to carry out this program, hinder another child’s right to enjoy being here, nor go against the best interest either of him/herself or the group as a whole.

We are proud of the fact that we are a very diverse environment. In order to create a safe environment for all of our campers we do practice zero tolerance in regard to bullying and racial remarks. We work hard to foster respect, understanding, and acceptance of all backgrounds here at RecCamp.

CAMP RULES

1. Follow directions
2. Keep hands and feet to yourself
3. Stay with your assigned group
4. Respect people, property, and equipment
5. Use of electronic equipment is not permitted during camp hours
6. Listen to the counselors

CONSEQUENCES -- Should a child choose to break a rule:

1. Verbal Warning
2. Five minute time-out
3. Ten minute time-out in isolation from the rest of the group
4. Child is removed from the rest of the group and sent to the Camp Director until the child’s behavior has stabilized. A letter is written to the parent(s) explaining the problem and is to be returned and signed by a parent/guardian before the child is allowed to participate the next day

Each child starts over with a clean slate every day. However, the second time a child reaches consequence #4 NO letter is written. Instead:

5. Child will be sent to the Camp Director until their behavior stabilizes and the situations will be discussed. A parent conference is set up.
6. Should a child reach this point twice the child will be suspended from camp for the remainder of the week.
7. SEVERE CAUSE: Should a child be out of control, or in the judgment of the camp staff, jeopardizing the safety of the other children s/he will be taken out of the group immediately, and a phone call made to the parent/guardian to have the child picked up AS SOON AS POSSIBLE.

Camper Signature: ____________________________ Date: ______________

Parent Signature: ____________________________ Date: ______________
HEALTH HISTORY FORM FOR (CHILD’S NAME:)

PARENTS: Please complete this form and return it to the UAF Camp Staff. This information will be kept confidential and will be used only by professional staff who read it to better understand and work with your child.

HEALTH HISTORY: (if any of the following apply, please check & give needed information; if not please, put N/A)

**MEDICAL**
- Ear Infections
- Seizures
- Diabetes
- Asthma
- Behavior Problems

**ALLERGIES**
- Hay fever
- Insect Stings
- Prescription drugs
- Food

**DISEASES**
- Chicken Pox
- Measles
- German measles
- Mumps

Please state briefly any reaction to the mentioned above or other areas to be aware of: ____________________________

____________________
**IMMUNIZATION RECORDS WILL BE REQUIRED FOR ALL CHILDREN.**
**PLEASE PROVIDE US WITH THE MOST CURRENT RECORDS. UPDATED RECORDS ARE REQUIRED AS ADDITIONAL IMMUNIZATIONS ARE RECEIVED.**

<table>
<thead>
<tr>
<th>Name of Family Physician</th>
<th>Phone Number</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Operation or serious injuries (dates)</th>
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</table>

Chronic or recurring illness

Physical condition(s) requiring special attention:

Any specific activities to be encouraged restricted

Is child hyperactive? Is child on medication for hyperactivity?

Is there any medication to be taken during the program day? (Name it and give instructions, we will keep all medication in the office until prescribed time)

**Waiver & Consent for Emergency Treatment**

I am aware that the activity for which I am registering my child involves several inherent risks of bodily injury. In consideration of the right to participate in this activity, I waive and release any and all rights and claims for damage I may have against the University of Alaska, its Board of Regents, employees and agents, for any and all injuries suffered by my child while participating in this activity unless such injury is caused by the gross negligence of the University of Alaska. I give my consent to emergency treatment, including hospitalization, as may be needed for the welfare of my child.

Parent/Guardian Signature: ___________________________ Date: ________________

This authorizes the UAF Recreational Camp Staff to transport or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency care for _________________________ (Child’s name) to a medical or hospital facility for emergency medical or surgical care if I cannot be contacted immediately. I understand a conscientious effort will be made to locate the parents or legal guardian before any action is taken. I understand my obligation to keep my child care provider informed on my whereabouts. I will assume the cost of necessary medical or surgical care.

Parent/Guardian Signature: ___________________________ Date: ________________
Parent’s/Guardian’s Consent
I/We have read and understand the information presented in this packet. **I/We are aware that the activities included during the UAF Outdoor Adventure Camps are of high risk (including climbing, canoeing, rafting, kayaking, hiking and other activities).** I/We agree to cooperate with all camp procedures and regulations. My/Our child may be photographed and pictures released for publicity.

Parent/Guardian Signature: ___________________________ Date ____________

Medical Information

Medication or medical treatment required by my child: __________________________

Allergies (including food, drug or others): __________________________

Consent for Emergency Transportation and Medical Care

This authorizes **UAF RecCamp** to transport or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency medical care for (child’s name) __________________________

If I cannot be contacted immediately. I understand that a conscientious effort will be made to locate me, or my child’s other parent/guardian, or emergency contact before any action is taken. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care including emergency transportation.

_________________  ______________________
Signature of Witness  Signature of Parent/Guardian

_________________  ______________________
Date  Date

_________________
Date

_________________
Signature of Witness

_________________
Date

Please note, Emergency Consent Authorization is good for 6 months and must be updated following this period!
PARENTS’ GUIDE TO LICENSED CHILD CARE

♦ Choosing care for your child is a significant decision.
  When you entrust the care of your child to another person, you are making an important decision. Visit, ask questions, and carefully compare several programs. Licensed care includes child care homes, group homes, and centers. Your choice depends on what you want and need for your child.

♦ Licensing is a key to quality child care.
  Licensing promotes good care by setting basic standards. Before a center, group home, or home is granted a child care license, it must meet minimum health, safety, and program requirements (see summary below). A licensing representative from the Department of Health and Social Services visits and investigates the facility and investigates complaints. The goal of licensing is to prevent risks to children; however, licensing cannot guarantee that a facility meets all requirements at all times.

♦ You as an informed parent are a key to quality child care.
  Parents are responsible for choosing and monitoring their child’s care. Licensors generally visit once a year, but you visit each time you take your child. Visit unexpectedly sometimes or in the middle of the day. Keep an eye on the quality of care. What do you see when you visit? Is the environment safe? Are caregivers capable and nurturing? How many children are present? Are meals nutritious? Are activities appropriate? Watch how your infant responds to the program and listen to what your child says. You are the person best able to decide whether the child care program meets your standards for safety, health, and quality.

♦ If you have questions or concerns about your child’s care.
  Discuss concerns with your caregiver. Talk to the caregiver if you observe health or safety problems or if you feel the program needs improvement. If you are still concerned, or if you believe children may be in danger or a standard is violated, contact your local licensing office. The Child Care Program Office will investigate your complaint. Your local licensing office address and phone number is:

<table>
<thead>
<tr>
<th>Department of Health and Social Services</th>
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<tbody>
<tr>
<td>Child Care Program Office</td>
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</table>

HOW MANY CHILDREN MAY HOMES, GROUP HOMES, AND CENTERS CARE FOR?
(Children under the age of 13, including children related to caregivers under the age of 12)

<table>
<thead>
<tr>
<th>CHILD CARE HOMES</th>
<th>CHILD CARE GROUP HOMES</th>
<th>CHILD CARE CENTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No more than 8 children total under age 13, including caregiver’s own children under age 12</td>
<td>• No more than 12 children total under age 13</td>
<td>• 13 or more children</td>
</tr>
<tr>
<td>• No more than 5 children without Fire Marshal approval</td>
<td>• No more than 5 children under 30 months</td>
<td>• 1 caregiver for every 5 infants</td>
</tr>
<tr>
<td>• No more than 3 children under 30 months</td>
<td>• No more than 4 non-ambulatory children</td>
<td>(birth through 18 months)</td>
</tr>
<tr>
<td>• No more than 2 non-ambulatory children</td>
<td>• No more than 5 children in nighttime care including caregiver’s own children under age 18</td>
<td>• 1 caregiver for every 6 toddlers</td>
</tr>
<tr>
<td>• At least 1 adult caregiver</td>
<td>• 2 caregivers required</td>
<td>(16 months up to 36 months)</td>
</tr>
<tr>
<td>• No more than 5 children in nighttime care including caregiver’s own children under age 18</td>
<td>Exception: one caregiver may care for</td>
<td>• 1 caregiver for every 10 preschool children (3 and 4 year olds)</td>
</tr>
<tr>
<td></td>
<td>8 children if home requirements are met</td>
<td>• 1 caregiver for every 14 kindergarten children (5 and 6 year olds)</td>
</tr>
<tr>
<td></td>
<td>10 children if all are over 30 months, 12 children if all are school age AND</td>
<td>• 1 caregiver for every 18 school age children (7 through 12 years old)</td>
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<tr>
<td></td>
<td>caregiver has completed one year of licensed home child care or the equivalent OR</td>
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<tr>
<td></td>
<td>caregiver meets the college credit, CDA, or Montessori credential requirements</td>
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CHILD CARE FACILITIES MUST MEET THE FOLLOWING REQUIREMENTS

**TO BE LICENSED**
- Required to apply for a Provisional or Biennial License
- Must meet all licensing standards and requirements
- Must be in compliance with all licensing regulations
- Must allow Child Care Licensing access to inspect the facility and premises to ensure licensing compliance and to investigate complaints

- All staff/household members must have valid criminal history check from the State of Alaska Background Check Program
- All caregivers must meet the licensing early child development training requirements

**OBTAIN FROM PARENTS**
- Child’s immunization records or an approved exemption form
- Child emergency information must be updated by parent when changes occur or at least semi-annually
- Permission for:
  - medication administration
  - transportation
  - field trip participation
- A plan of care for a child identified with a special need
- A behavior guidance plan for a child with a behavior issue

**PROGRAM REQUIREMENTS**
- Must promote children’s healthy development
- Must include quiet and active, group and individual, indoor and outdoor activities
- Must include minimum of 20 minutes of vigorous physical activity for every 3 hours in care
- Must ensure screen time viewing is limited to 1/2 hours in a 24-hour period
- Must have a specialization approved by Child Care Licensing to provide nighttime care or allow children to participate in a moderate risk activity

**SUPERVISION**
- Ensure children are always supervised by an adult caregiver
- Ensure children receive age appropriate supervision
- Ensure a child’s whereabouts are known at all times while in care
- Ensure child-to-caregiver ratios are always met

**SAFETY**
- Must meet Child Care Licensing and fire safety standards
- Must have an emergency evacuation plan, train staff, and document monthly evacuation drills
- Ensure water temperature is between 100 and 120 degrees Fahrenheit
- Ensure firearms and ammunition are stored properly away from children. Note: firearms and ammunition are prohibited in a child care center.
- Ensure the facility is free of hazards inside and outside
- Ensure electric outlets accessible to children under age 5, have child protective outlet covers

**BEHAVIOR GUIDANCE**
- Must be positive and never cruel, humiliating, or damaging to the child
- Must set realistic expectations and clear and consistent limits
- Must not be disciplined or punished related to eating, napping, or toileting
- Ensure if time-outs are used they are age appropriate and a child is never removed from other children for more than 10 minutes
- Ensure corporal punishment of children is prohibited. Note: corporal punishment means “the infliction of bodily pain as a penalty for a disapproved behavior. It includes: shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling or any other action that seeks to induce pain.”

**HEALTH**
- Ensure the facility meets cleaning and sanitation standards
- Ensure meals and snacks are nutritious and follow Alaska Food Program standards
- Ensure sanitary practices are used for food preparation and handling
- Must notify parents if their child is exposed to a contagious or communicable disease
- Ensure a medical provider approves attendance before admitting a seriously ill child
- Ensure drinking water is safe
- Ensure facility is smoke free
- Ensure there is always a caregiver with CPR and first aid certification present
- Ensure medicine and toxic materials are labeled and stored safely out of reach
- Ensure medicine is only administered with parent permission
- Ensure a caregiver’s own child and all children in care are treated equally

**EQUIPMENT AND SUPPLIES**
- Ensure furniture and equipment are safe and durable
- Ensure there is an adequate and varied amount of age appropriate toys and books available for children in care
- Ensure children have storage space for their belongings
- Ensure children under age 5 have a cot/matt and bed and bedding that is clean and sanitary for resting
- Ensure infants sleep on their backs in an approved crib free from materials and blankets that could increase the risk of suffocation

**SPACE**
- Must have indoor and outdoor space to accommodate the physical and developmental needs of children in care:
  - 35 square feet of usable indoor space per child
  - 75 square feet of usable outdoor space per child